



		Chopra v & Microbiology) onsultant Pathologist	Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	
NAME	: Mr. HARBANS SINGH			
AGE/ GENDER	: 52 YRS/MALE		PATIENT ID	: 1621332
COLLECTED BY	:		REG. NO./LAB NO.	: 012409220001
<b>REFERRED BY</b>	:		REGISTRATION DATE	: 22/Sep/2024 06:53 AM
BARCODE NO.	: 01517436		COLLECTION DATE	: 22/Sep/2024 06:54AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 22/Sep/2024 10:42AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	D, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CLI	NICAL CHEMIS	TRY/BIOCHEMISTR	r
		LIPID PRO	OFILE : BASIC	
CHOLESTEROL TOTA by CHOLESTEROL OX		184.29	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0
				HIGH CHOLESTEROL: > OR = 240.0
TRIGLYCERIDES: SER by GLYCEROL PHOSP	UM HATE OXIDASE (ENZYMATIC)	148.54	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
HDL CHOLESTEROL ( by SELECTIVE INHIBIT		42.28	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0
LDL CHOLESTEROL: S by CALCULATED, SPE		112.3	mg/dL	HIGH HDL: > OR = 60.0 OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0
NON HDL CHOLESTE by calculated, spe		142.01 <sup>H</sup>	mg/dL	OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 220.0
VLDL CHOLESTEROL: by CALCULATED, SPE		29.71	mg/dL	0.00 - 45.00
TOTAL LIPIDS: SERUI	N	517.12	mg/dL	350.00 - 700.00
CHOLESTEROL/HDL I by CALCULATED, SPE	ratio: serum	4.36	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0
LDL/HDL RATIO: SER	UM	2.66	RATIO	LOW RISK: 0.50 - 3.0
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by CALCULATED, SPECTROPHOTOMETRY				MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0
TRIGLYCERIDES/HDL RATIO: SERUM   3.51     by CALCULATED, SPECTROPHOTOMETRY   3.51		3.51	RATIO	3.00 - 5.00

## INTERPRETATION:

 1.Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogeniclipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants) along

with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL

5. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

End Of Report





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