

## **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist

Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist

**NAME** : Mr. VIVEK

**AGE/ GENDER** : 25 YRS/MALE **PATIENT ID** : 1524018

**COLLECTED BY** :012409230005 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 23/Sep/2024 07:23 AM BARCODE NO. :01517514 **COLLECTION DATE** : 23/Sep/2024 07:29AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 23/Sep/2024 10:17AM

**CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Value Unit **Biological Reference interval** Test Name

## CLINICAL CHEMISTRY/BIOCHEMISTRY

LIPID PROFILE: BASIC

CHOLESTEROL TOTAL: SERUM 180.05 mg/dL OPTIMAL: < 200.0

by CHOLESTEROL OXIDASE PAP BORDERLINE HIGH: 200.0 - 239.0

HIGH CHOLESTEROL: > OR = 240.0

TRIGLYCERIDES: SERUM 357.87<sup>H</sup> mg/dL **OPTIMAL: < 150.0** 

by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) **BORDERLINE HIGH: 150.0 - 199.0** 

HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0

HDL CHOLESTEROL (DIRECT): SERUM 32.51 LOW HDL: < 30.0 mg/dL

by SELECTIVE INHIBITION

BORDERLINE HIGH HDL: 30.0 -

60.0

 $HIGH\ HDL: > OR = 60.0$ LDL CHOLESTEROL: SERUM 75.97 OPTIMAL: < 100.0 mg/dL

by CALCULATED, SPECTROPHOTOMETRY ABOVE OPTIMAL: 100.0 - 129.0

BORDERLINE HIGH: 130.0 - 159.0

HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0

NON HDL CHOLESTEROL: SERUM **OPTIMAL: < 130.0** 147.54H mg/dL by CALCULATED, SPECTROPHOTOMETRY

ABOVE OPTIMAL: 130.0 - 159.0

**BORDERLINE HIGH: 160.0 - 189.0** HIGH: 190.0 - 219.0

VERY HIGH: > OR = 220.0

VLDL CHOLESTEROL: SERUM 71.57<sup>H</sup> mg/dL 0.00 - 45.00by CALCULATED, SPECTROPHOTOMETRY

**TOTAL LIPIDS: SERUM** 717.97<sup>H</sup> 350.00 - 700.00 mg/dL

by CALCULATED, SPECTROPHOTOMETRY

**RATIO** CHOLESTEROL/HDL RATIO: SERUM LOW RISK: 3.30 - 4.40 5.54<sup>H</sup> by CALCULATED, SPECTROPHOTOMETRY **AVERAGE RISK: 4.50 - 7.0** 

**MODERATE RISK: 7.10 - 11.0** 

**HIGH RISK: > 11.0** LDL/HDL RATIO: SERUM 2.34 **RATIO** LOW RISK: 0.50 - 3.0



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST





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**NAME** : Mr. VIVEK

AGE/ GENDER : 25 YRS/MALE **PATIENT ID** : 1524018

**COLLECTED BY** REG. NO./LAB NO. : 012409230005

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**Test Name** Value Unit **Biological Reference interval** by CALCULATED, SPECTROPHOTOMETRY MODERATE RISK: 3.10 - 6.0

HIGH RISK: > 6.0

**RATIO** 3.00 - 5.00TRIGLYCERIDES/HDL RATIO: SERUM 11.01<sup>H</sup> by CALCULATED. SPECTROPHOTOMETRY

**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.

3. 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.

4. 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

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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