



				m Chopra D (Pathology) nt Pathologist	
NAME :	Mrs. MANJU RANI				
AGE/ GENDER :	60 YRS/FEMALE	l	PATIENT ID	: 1628859	
COLLECTED BY :		1	REG. NO./LAB NO.	: 012409290005	
REFERRED BY :		1	REGISTRATION DATE	: 29/Sep/2024 07:39 AM	
BARCODE NO.	01517917	(COLLECTION DATE	: 29/Sep/2024 07:45AM	
	KOS DIAGNOSTIC LAB]	REPORTING DATE	: 29/Sep/2024 11:41AM	
CLIENT ADDRESS :	6349/1, NICHOLSON ROA	D, AMBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
	CLI	NICAL CHEMIST	TRY/BIOCHEMISTR	Y	
			FILE : BASIC		
CHOLESTEROL TOTAL: S	SERUM	162.6	mg/dL	OPTIMAL: < 200.0	
by CHOLESTEROL OXIDA	ASE PAP		3	BORDERLINE HIGH: 200.0 - 239.0	
		110.17		HIGH CHOLESTEROL: > OR = 240.0	
TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)		113.17	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0	
				HIGH: 200.0 - 499.0	
				VERY HIGH: > OR = 500.0	
HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION		45.1	mg/dL	LOW HDL: < 30.0	
by SEELETIVE INHIBITION				BORDERLINE HIGH HDL: 30.0 - 60.0	
				HIGH HDL: $> OR = 60.0$	
LDL CHOLESTEROL: SER		94.87	mg/dL	OPTIMAL: < 100.0	
by CALCULATED, SPECT	ROPHOTOMETRY			ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159.0	
				HIGH: 160.0 - 189.0	
				VERY HIGH: > OR = 190.0	
NON HDL CHOLESTERO		117.5	mg/dL	OPTIMAL: < 130.0	
by CALCULATED, SPECT	ROPHOTOMETRY			ABOVE OPTIMAL: 130.0 - 159.0	
				BORDERLINE HIGH: 160.0 - 189.0 HIGH: 190.0 - 219.0	
				VERY HIGH: > OR = 220.0	
VLDL CHOLESTEROL: SE		22.63	mg/dL	0.00 - 45.00	
by CALCULATED, SPECTI TOTAL LIPIDS: SERUM	ROPHOTOMETRY	438.37	mg/dL	350.00 - 700.00	
by CALCULATED, SPECT					
CHOLESTEROL/HDL RAT		3.61	RATIO	LOW RISK: 3.30 - 4.40	
by CALCULATED, SPECTI	RUPHUIUMEIRY			AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0	
				HIGH RISK: > 11.0	
LDL/HDL RATIO: SERUN	Л	2.1	RATIO	LOW RISK: 0.50 - 3.0	
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DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

KOS Central Lab:6349/1, Nicholson Road, Ambala Cantt -133 001, HaryanaKOS Molecular Lab:IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana0171-2643898, +91 99910 43898care@koshealthcare.comwww.koshealthcare.comwww.koshealthcare.com



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





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Test Name		Value	Unit	Biological Reference interval
by CALCULATED, SPECTROPHOTOMETRY			MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0	
TRIGLYCERIDES/HDL RATIO: SERUM 2.51 ^L		2.51 ^L	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.

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 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



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

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

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