



LIF	REG. N REGIS COLLI REPO CANTT	ENT ID NO./LAB NO. STRATION DATE ECTION DATE RTING DATE Unit	: 1630863 : 012410010027 : 01/Oct/2024 09:09 AM : 01/Oct/2024 09:19AM : 01/Oct/2024 11:17AM Biological Reference interval
Val CLINICAL CH LIF	lue HEMISTRY/		Biological Reference interval
LIF			
LIF			
		BIOCHEMISTR	(
16	PID PROFILE	: BASIC	
	7.13	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
izymatic) 15	1.97 ^H	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
30	.12	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0
, 10	6.62	mg/dL	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
y 13	7.01 ^H	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
	.39	mg/dL	0.00 - 45.00
48	6.23	mg/dL	350.00 - 700.00
	55H	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0
((Y	48 5 .5	486.23 5.55^H	486.23 mg/dL 5.55 ^H RATIO

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





	Dr. Vinay Ch MD (Pathology & Chairman & Cor	k Microbiology)		(Pathology)		
NAME	: Mr. GURPREET SINGH					
AGE/ GENDER	: 32 YRS/MALE		PATIENT ID	: 1630863		
COLLECTED BY	: SURJESH		REG. NO./LAB NO.	: 012410010027		
REFERRED BY	:		REGISTRATION DATE	: 01/Oct/2024 09:09 AM		
BARCODE NO.	: 01518097		COLLECTION DATE	: 01/Oct/2024 09:19AM		
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 01/Oct/2024 11:17AM		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT					
Test Name		Value	Unit	Biological Reference interval		
LDL/HDL RATIO: SEF by CALCULATED, SPI		3.54 ^H	RATIO	LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0		
TRIGLYCERIDES/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY INTERPRETATION:		5.05 ^H	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 series with at least one parent with high total cholesterol is

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 ***





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