



		Chopra y & Microbiology) onsultant Pathologist	Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	
AGE/ GENDER : COLLECTED BY : REFERRED BY : BARCODE NO. : CLIENT CODE. :	Mr. RAMESH KUMAR 32 YRS/MALE 01518562 KOS DIAGNOSTIC LAB 6349/1, NICHOLSON ROA		PATIENT ID REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE	: 1638654 <b>: 012410090005</b> : 09/Oct/2024 07:34 AM : 09/Oct/2024 07:37AM : 09/Oct/2024 10:06AM
Test Name		Value	Unit	Biological Reference interval
	CLI	NICAL CHEMIS	TRY/BIOCHEMISTR	Y
			OFILE : BASIC	
CHOLESTEROL TOTAL:		191.6	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
TRIGLYCERIDES: SERUI by GLYCEROL PHOSPHA	VI ITE OXIDASE (ENZYMATIC)	146.77	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
HDL CHOLESTEROL (DI by SELECTIVE INHIBITION		45.97	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0
LDL CHOLESTEROL: SEF by CALCULATED, SPECT		116.28	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
NON HDL CHOLESTERC		145.63 <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: SI by CALCULATED, SPECT		29.35	mg/dL	0.00 - 45.00
TOTAL LIPIDS: SERUM		529.97	mg/dL	350.00 - 700.00
by CALCULATED, SPECT CHOLESTEROL/HDL RA by CALCULATED, SPECT	TIO: SERUM	4.17	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: SERUI	N	2.53	RATIO	LOW RISK: 0.50 - 3.0
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI	D, AMBALA CANTT	Г	
Test Name		Value	Unit	Biological Reference interval
by CALCULATED, SPECTROPHOTOMETRY				MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0
TRIGLYCERIDES/HDL RATIO: SERUM3.19by CALCULATED, SPECTROPHOTOMETRY3.19		3.19	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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