



	Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist		Dr. Yugam Chopra MD (Pathology) t CEO & Consultant Pathologist	
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mr. KSHITIZ : 34 YRS/MALE : : CENTRAL PHOENIX CL : 01518967 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON R		PATIENT ID REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE	: 1644688 : 012410160009 : 16/Oct/2024 08:30 AM : 16/Oct/2024 08:31AM : 16/Oct/2024 10:08AM
Test Name		Value	Unit	Biological Reference interval
	(STRY/BIOCHEMISTR	Y
CHOLESTEROL TOTAL		LIPID PR 137.05	OFILE : BASIC mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.
TRIGLYCERIDES: SER by GLYCEROL PHOSPI	UM HATE OXIDASE (ENZYMATIC)	140.18	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
HDL CHOLESTEROL (I by SELECTIVE INHIBITI		32.89	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0
LDL CHOLESTEROL: S by CALCULATED, SPEC		76.12	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 CHOLESTER by CALCULATED, SPEC		104.16	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: SERUM by calculated, spectrophotometry		28.04	mg/dL	0.00 - 45.00
TOTAL LIPIDS: SERUN by CALCULATED, SPEC		414.28	mg/dL	350.00 - 700.00
CHOLESTEROL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY		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
	UM	2.31	RATIO	LOW RISK: 0.50 - 3.0

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

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





	Dr. Vinay Cho MD (Pathology & M Chairman & Consu	1icrobiology)		(Pathology)		
NAME	: Mr. KSHITIZ					
AGE/ GENDER	: 34 YRS/MALE		PATIENT ID	: 1644688		
COLLECTED BY	:		REG. NO./LAB NO.	: 012410160009		
REFERRED BY	: CENTRAL PHOENIX CLUB (AMBALA CANTT) : 01518967		REGISTRATION DATE COLLECTION DATE	: 16/Oct/2024 08:30 AM : 16/Oct/2024 08:31AM		
BARCODE NO.						
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 16/Oct/2024 10:08AM		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT					
Test Name		Value	Unit	Biological Reference interval		
by CALCULATED, SPECTROPHOTOMETRY			MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0			
TRIGLYCERIDES/HDL RATIO: SERUM4.26by CALCULATED, SPECTROPHOTOMETRY4.26		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

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

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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