



	Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologi		(Pathology)	
NAME : Mr. AMIT KA	ANSAL			
AGE/ GENDER : 31 YRS/MAL	E	PATIENT ID	: 1647613	
COLLECTED BY :		REG. NO./LAB NO.	: 012410190019	
REFERRED BY :		REGISTRATION DATE	: 19/Oct/2024 09:38 AM	
BARCODE NO. : 01519164		COLLECTION DATE	: 19/Oct/2024 09:39AM	
CLIENT CODE. : KOS DIAGNO		REPORTING DATE	: 19/Oct/2024 10:21AM	
CLIENT ADDRESS : 6349/1, NIC	HOLSON ROAD, AMBALA CANT	ľ		
Test Name	Value	Unit	Biological Reference interval	
		STRY/BIOCHEMISTR	v	
		STRT7 BIOCHEIMISTR ROFILE : BASIC		
HOLESTEROL TOTAL: SERUM		mg/dL	OPTIMAL: < 200.0	
by CHOLESTEROL OXIDASE PAP	220.14 ^H	nig/ dL	BORDERLINE HIGH: 200.0 - 239.0	
			HIGH CHOLESTEROL: > OR = 240.0	
IRIGLYCERIDES: SERUM by glycerol phosphate oxidase (1	ENZYMATIC)	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0	
.,			HIGH: 200.0 - 499.0	
			VERY HIGH: > OR = 500.0	
HDL CHOLESTEROL (DIRECT): SERUN by SELECTIVE INHIBITION	А 40.59	mg/dL	LOW HDL: < 30.0	
by SELECTIVE INHIBITION			BORDERLINE HIGH HDL: 30.0 - 60.0	
			HIGH HDL: $> OR = 60.0$	
L CHOLESTEROL: SERUM y calculated, spectrophotometry	148.77 ^H	mg/dL	OPTIMAL: < 100.0	
by CALCOLATED, SPECTROPHOTOMET	KI		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 by CALCULATED, SPECTROPHOTOMET	779.55 ^H	mg/dL	OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159.0	
			BORDERLINE HIGH: 160.0 - 189.0	
			HIGH: 190.0 - 219.0	
VLDL CHOLESTEROL: SERUM	30.78	mg/dL	VERY HIGH: > OR = 220.0 0.00 - 45.00	
by CALCULATED, SPECTROPHOTOMET		mg/dL	350.00 - 700.00	
by CALCULATED, SPECTROPHOTOMET	RY			
CHOLESTEROL/HDL RATIO: SERUM by calculated, spectrophotomet	5.42 ^H	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0	
•			MODERATE RISK: 7.10 - 11.0	
			HIGH RISK: > 11.0	
		0		
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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





		Chopra / & Microbiology) onsultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)
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Test Name		Value	Unit	Biological Reference interval
LDL/HDL RATIO: SEI by CALCULATED, SPI		3.67 ^H	RATIO	LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0
TRIGLYCERIDES/HDI		3.79	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.

 Jow 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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