

(A Unit of KOS Healthcare)



Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist

Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist

NAME : Mr. VIKAS

AGE/ GENDER : 44 YRS/MALE **PATIENT ID** : 1635002

COLLECTED BY REG. NO./LAB NO. :012410210006

REFERRED BY **REGISTRATION DATE** : 21/Oct/2024 07:56 AM BARCODE NO. :01519252 **COLLECTION DATE** : 21/Oct/2024 08:02AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 21/Oct/2024 10:58AM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Value Unit **Biological Reference interval** Test Name

CLINICAL CHEMISTRY/BIOCHEMISTRY

LIPID PROFILE: BASIC

CHOLESTEROL TOTAL: SERUM mg/dL **OPTIMAL:** < 200.0 204.54^H by CHOLESTEROL OXIDASE PAP

BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0

> mg/dL **OPTIMAL: < 150.0**

TRIGLYCERIDES: SERUM 250.01H by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)

BORDERLINE HIGH: 150.0 - 199.0

HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0

HDL CHOLESTEROL (DIRECT): SERUM 40.2 LOW HDL: < 30.0 mg/dL

by SELECTIVE INHIBITION

BORDERLINE HIGH HDL: 30.0 -

60.0

 $HIGH\ HDL: > OR = 60.0$ LDL CHOLESTEROL: SERUM OPTIMAL: < 100.0 114.34 mg/dL

by CALCULATED, SPECTROPHOTOMETRY

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 **OPTIMAL: < 130.0** 164.34H mg/dL by CALCULATED, SPECTROPHOTOMETRY

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 50H mg/dL 0.00 - 45.00by CALCULATED, SPECTROPHOTOMETRY

TOTAL LIPIDS: SERUM 659.09 350.00 - 700.00 mg/dL

by CALCULATED, SPECTROPHOTOMETRY

CHOLESTEROL/HDL RATIO: SERUM LOW RISK: 3.30 - 4.40 **RATIO** 5.09^{H} by CALCULATED, SPECTROPHOTOMETRY **AVERAGE RISK: 4.50 - 7.0**

MODERATE RISK: 7.10 - 11.0

HIGH RISK: > 11.0

LDL/HDL RATIO: SERUM 2.84 RATIO LOW RISK: 0.50 - 3.0



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





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Test Name Value Unit **Biological Reference interval** by CALCULATED, SPECTROPHOTOMETRY MODERATE RISK: 3.10 - 6.0

HIGH RISK: > 6.0

6.22^H **RATIO** 3.00 - 5.00

TRIGLYCERIDES/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY **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

5. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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Chairman & Consultant Pathologist

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Test Name

Value

Unit

Biological Reference interval

LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM

by DIAZOTIZATION, SPECTROPHOTOMETRY

BILIRUBIN DIRECT (CONJUGATED): SERUM

0.11

mg/dl

0.00 - 0.40

0.00 - 0.40BILIRUBIN DIRECT (CONJUGATED): SERUM 0.11 mg/dL by DIAZO MODIFIED, SPECTROPHOTOMETRY BILIRUBIN INDIRECT (UNCONJUGATED): SERUM 0.28 mg/dL 0.10 - 1.00by CALCULATED, SPECTROPHOTOMETRY SGOT/AST: SERUM 18.65 U/L 7.00 - 45.00by IFCC, WITHOUT PYRIDOXAL PHOSPHATE SGPT/ALT: SERUM 34.44 U/L 0.00 - 49.00by IFCC, WITHOUT PYRIDOXAL PHOSPHATE **AST/ALT RATIO: SERUM** 0.54 **RATIO** 0.00 - 46.00by CALCULATED, SPECTROPHOTOMETRY ALKALINE PHOSPHATASE: SERUM U/L 40.0 - 130.0 130.41^H by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM U/L 0.00 - 55.056.06^H by SZASZ, SPECTROPHTOMETRY TOTAL PROTEINS: SERUM 6.85 gm/dL 6.20 - 8.00by BIURET, SPECTROPHOTOMETRY ALBUMIN: SERUM 3.77 gm/dL 3.50 - 5.50by BROMOCRESOL GREEN GLOBULIN: SERUM 3.08 gm/dL 2.30 - 3.50by CALCULATED, SPECTROPHOTOMETRY

1.22

INTERPRETATION

A: GRATIO: SERUM

by CALCULATED, SPECTROPHOTOMETRY

NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Referance Range.

USE:- Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:

DRUG HEPATOTOXICITY	> 2	
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)	
CIRRHOSIS	1.4 - 2.0	
INTRAHEPATIC CHOLESTATIS	> 1.5	
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)	



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MBBS , MD (PATHOLOGY)

RATIO

1.00 - 2.00



KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana



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DECREASED:

CLIENT CODE.

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)

2. Extra Hepatic cholestatis: 0.8 (normal or slightly decreased).

PROGNOSTIC SIGNIFICANCE:

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6

** End Of Report ***



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