

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

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

NAME : Mr. VICKY BHATIA  
AGE/ GENDER : 44 YRS/MALE  
COLLECTED BY :  
REFERRED BY :  
BARCODE NO. : 01520533  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1667834  
REG. NO./LAB NO. : 012411110005  
REGISTRATION DATE : 11/Nov/2024 08:11 AM  
COLLECTION DATE : 11/Nov/2024 08:17AM  
REPORTING DATE : 11/Nov/2024 10:52AM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

## CLINICAL CHEMISTRY/BIOCHEMISTRY

### LIPID PROFILE : BASIC

|   |                     |       |  |
|---|---------------------|-------|--|
| CHOLESTEROL TOTAL: SERUM<br>by CHOLESTEROL OXIDASE PAP            | 223.66 <sup>H</sup> | mg/dL | OPTIMAL: < 200.0<br>BORDERLINE HIGH: 200.0 - 239.0<br>HIGH CHOLESTEROL: > OR = 240.0   |
| TRIGLYCERIDES: SERUM<br>by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) | 419.41 <sup>H</sup> | mg/dL | OPTIMAL: < 150.0<br>BORDERLINE HIGH: 150.0 - 199.0<br>HIGH: 200.0 - 499.0<br>VERY HIGH: > OR = 500.0                                 |
| HDL CHOLESTEROL (DIRECT): SERUM<br>by SELECTIVE INHIBITION        | 41.7                | mg/dL | LOW HDL: < 30.0<br>BORDERLINE HIGH HDL: 30.0 - 60.0<br>HIGH HDL: > OR = 60.0   |
| LDL CHOLESTEROL: SERUM<br>by CALCULATED, SPECTROPHOTOMETRY        | NOT CALCULATED      | mg/dL | OPTIMAL: < 100.0<br>ABOVE OPTIMAL: 100.0 - 129.0<br>BORDERLINE HIGH: 130.0 - 159.0<br>HIGH: 160.0 - 189.0<br>VERY HIGH: > OR = 190.0 |
| NON HDL CHOLESTEROL: SERUM<br>by CALCULATED, SPECTROPHOTOMETRY    | 181.96 <sup>H</sup> | mg/dL | OPTIMAL: < 130.0<br>ABOVE OPTIMAL: 130.0 - 159.0<br>BORDERLINE HIGH: 160.0 - 189.0<br>HIGH: 190.0 - 219.0<br>VERY HIGH: > OR = 220.0 |
| VLDL CHOLESTEROL: SERUM<br>by CALCULATED, SPECTROPHOTOMETRY       | NOT CALCULATED      | mg/dL | 0.00 - 45.00   |
| TOTAL LIPIDS: SERUM<br>by CALCULATED, SPECTROPHOTOMETRY           | NOT CALCULATED      | mg/dL | 350.00 - 700.00  |
| CHOLESTEROL/HDL RATIO: SERUM<br>by CALCULATED, SPECTROPHOTOMETRY  | 5.36 <sup>H</sup>   | RATIO | LOW RISK: 3.30 - 4.40<br>AVERAGE RISK: 4.50 - 7.0  |



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 Chairman & Consultant Pathologist

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|                       |  |                          |                        |
|-----------------------|--|--------------------------|------------------------|
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| LDL/HDL RATIO: SERUM<br><i>by CALCULATED, SPECTROPHOTOMETRY</i>           | NOT CALCULATED     | RATIO | MODERATE RISK: 7.10 - 11.0<br>HIGH RISK: > 11.0<br>LOW RISK: 0.50 - 3.0<br>MODERATE RISK: 3.10 - 6.0<br>HIGH RISK: > 6.0 |
| TRIGLYCERIDES/HDL RATIO: SERUM<br><i>by CALCULATED, SPECTROPHOTOMETRY</i> | 10.06 <sup>H</sup> | RATIO | 3.00 - 5.00  |

#### NOTE 2

WHEN TRIGLYCERIDES VALUE >400 mg/dL THE CALCULATED VALUES OF LDL AND VLDL ARE NOT RELIABLE  
**KINDLY CORRELATE CLINICALLY**

#### ADVICE

##### INTERPRETATION:

- 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.
- 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 atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), 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.
- 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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