



	Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist		Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	
NAME	: Mr. VIKRAM SINGH			
AGE/ GENDER	: 38 YRS/MALE	PAT	FIENT ID	: 1769404
COLLECTED BY	:	REG	G. NO./LAB NO.	: 012502250010
REFERRED BY	:	REGISTRATION DATE		: 25/Feb/2025 09:41 AM
BARCODE NO.	:01526104	COL	LECTION DATE	: 25/Feb/2025 09:42AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REI	PORTING DATE	: 25/Feb/2025 11:18AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD), AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CLINI	CAL CHEMISTR	Y/BIOCHEMIST	'nY
		LIPID PROFI		
CHOLESTEROL TO by CHOLESTEROL OX		211.23 ^H	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
TRIGLYCERIDES: S by GLYCEROL PHOSP	ERUM PHATE OXIDASE (ENZYMATIC)	210.23 ^H	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0
HDL CHOLESTERO	L (DIRECT): SERUM	43.94	mg/dL	VERY HIGH: > OR = 500.0 LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0
LDL CHOLESTEROI by CALCULATED, SPE		125.24	mg/dL	HIGH HDL: > OR = 60.0 OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159.0 HIGH: 160.0 - 189.0
NON HDL CHOLEST by calculated, spe		167.29 ^H	mg/dL	VERY HIGH: > OR = 190.0 OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189.0 HIGH: 190.0 - 219.0 VERV UICH: > OR _ 220.0
VLDL CHOLESTERO		42.05	mg/dL	VERY HIGH: > OR = 220.0 0.00 - 45.00
TOTAL LIPIDS: SER by CALCULATED, SPE	RUM	632.69	mg/dL	350.00 - 700.00
CHOLESTEROL/HD by CALCULATED, SPE	DL RATIO: SERUM	4.81 ^H	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0

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

 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

 0171-2643898, +91 99910 43898
 care@koshealthcare.com

 www.koshealthcare.com
 www.koshealthcare.com



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





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Test Name		Value	Unit	Biological Reference interval
LDL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY		2.85	RATIO	MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0 LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0
TRIGLYCERIDES/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY		4.78	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.

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 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 ***





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

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

