



		& Microbiology)	Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist		
NAME	: Mr. TAЛNDER KUMAR				
AGE/ GENDER	: 45 YRS/MALE	PATIENT II)	: 1776115	
COLLECTED BY	:	REG. NO./LA	AB NO.	: 012503030008	
REFERRED BY	:	REGISTRATION DATE COLLECTION DATE		TE : 03/Mar/2025 08:37AM	
BARCODE NO.	:01526360				
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING	G DATE	:03/Mar/2025 10:46AM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI	D, AMBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
	CLIN	ICAL CHEMISTRY/BIO	спеміст	'DV	
	CLIN			ĸı	
		LIPID PROFILE : BA			
CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP		195.3	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR =	
TRIGLYCERIDES: SERUM		481.8 ^H	mg/dL	240.0 OPTIMAL: < 150.0	
by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)		481.8**		BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0	
HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION		30.64	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 60.0 HIGH HDL: > OR = 60.0	
LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY		NOT CALCULATED	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	
VLDL CHOLESTER		NOT CALCULATED	mg/dL	0.00 - 45.00	
by CALCULATED, SPE FOTAL LIPIDS: SEF by CALCULATED, SPE	RUM	NOT CALCULATED	mg/dL	350.00 - 700.00	
CHOLESTEROL/HI by CALCULATED, SPE	DL RATIO: SERUM	6.37 ^H	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0	
LDL/HDL RATIO: SERUM by Calculated, spectrophotometry		NOT CALCULATED	RATIO	LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0	

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

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Test Name		Value	Unit	Biological Reference interval
TRIGLYCERIDES/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY		15.72 ^H	RATIO	3.00 - 5.00
NOTE 2		WHEN TRIGLYCERIDES VALUE >400 mg/dL THE CALCULATED VALUES OF		

INTERPRETATION:

1. Measurements in the same patient can show physiological analytical variations. Three serial samples 1 week apart are recommended for

LDL AND VLDL ARE NOT RELIABLE

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 *





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