



	Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist		Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	
NAME	: Mr. SHYAM LAL			
AGE/ GENDER	: 70 YRS/MALE	P	ATIENT ID	: 1777782
COLLECTED BY	:	R	EG. NO./LAB NO.	: 012503040016
REFERRED BY	:	R	EGISTRATION DATE	: 04/Mar/2025 08:36 AM
BARCODE NO.	: 01526429	C	DLLECTION DATE	:04/Mar/202509:00AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	R	EPORTING DATE	:04/Mar/2025 10:31AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI	D, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
				'DV
	CLIN		RY/BIOCHEMIST	ĸı
		LIPID PROF	TLE : BASIC	
CHOLESTEROL TO by CHOLESTEROL O		201.57 ^H	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
TRIGLYCERIDES: S by GLYCEROL PHOSE	ERUM HATE OXIDASE (ENZYMATIC)	184.72 ^H	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0
HDL CHOLESTERO by SELECTIVE INHIBIT	L (DIRECT): SERUM	40.25	mg/dL	VERY HIGH: > OR = 500.0 LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 60.0 HIGH HDL: > OR = 60.0
LDL CHOLESTEROI by CALCULATED, SPE		124.38	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
NON HDL CHOLES by CALCULATED, SPE		161.32 ^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 VERY HIGH: > OR = 220.0
VLDL CHOLESTER		36.94	mg/dL	0.00 - 45.00
by CALCULATED, SPE TOTAL LIPIDS: SEE by CALCULATED, SPE	RUM	587.86	mg/dL	350.00 - 700.00
CHOLESTEROL/HE		5.01 ^H	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0

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		3.09 ^H	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		4.59	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 ***





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