



				(Pathology)	
NAME	: Mr. ANKUR ANAND				
AGE/ GENDER	: 49 YRS/MALE	PA	TIENT ID	: 1795911	
COLLECTED BY	: SURJESH	RE	G. NO./LAB NO.	: 012503180021	
REFERRED BY		REGISTRATION DATE		: 18/Mar/2025 10:58 AM	
BARCODE NO. : 01527323		COLLECTION DATE		: 18/Mar/2025 11:05AM	
CLIENT CODE. : KOS DIAGNOSTIC LAB		REPORTING DATE		: 18/Mar/2025 01:03PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI), AMBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
	CLIN	ICAL CHEMISTR	Y/BIOCHEMIST	'RY	
		LIPID PROFI			
CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP		143.99	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR =	
TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)		160.54 ^H	mg/dL	240.0 OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0	
HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION		42.56	mg/dL	VERY HIGH: > OR = 500.0 LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 60.0 HIGH HDL: > OR = 60.0	
LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY		69.32	mg/dL	OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159.0 HIGH: 160.0 - 189.0	
NON HDL CHOLESTEROL: SERUM by Calculated, spectrophotometry		101.43	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		32.11	mg/dL	0.00 - 45.00	
by CALCULATED, SPE TOTAL LIPIDS: SEF by CALCULATED, SPE	RUM	448.52	mg/dL	350.00 - 700.00	
CHOLESTEROL/HE by CALCULATED, SPE	DL RATIO: SERUM	3.38	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0	

KOS Diagnostic Lab (A Unit of KOS Healthcare)

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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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