



	<b>Dr. Vinay Chopra</b> MD (Pathology & Microb Chairman & Consultant F			(Pathology)
NAME	: Mrs. SUNITA VERMA			
AGE/ GENDER	: 64 YRS/FEMALE		PATIENT ID	: 1664950
COLLECTED BY	: SURJESH		REG. NO./LAB NO.	: 012503250028
REFERRED BY	:		<b>REGISTRATION DATE</b>	: 25/Mar/2025 10:03 AM
BARCODE NO.	:01527726		COLLECTION DATE	: 25/Mar/2025 10:22AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 25/Mar/2025 10:36AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBAL	A CANTT		
Test Name	v	alue	Unit	<b>Biological Reference interval</b>
	SWASTHV	A WFI	LLNESS PANEL: 1	5
			DOD COUNT (CBC)	
RED BLOOD CELL	S (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HI		10.2 <sup>L</sup>	gm/dL	12.0 - 16.0
by CALORIMETRIC	(RBC) COUNT	5 01H	Millions	/cmm 3.50 - 5.00
	CCUSING, ELECTRICAL IMPEDENCE	5.21 <sup>H</sup>	IVIIIIOIIS/	5.50 - 5.00
PACKED CELL VOL	UME (PCV) JTOMATED HEMATOLOGY ANALYZER	32.9 <sup>L</sup>	%	37.0 - 50.0
MEAN CORPUSCUL	AR VOLUME (MCV)	63.2 <sup>L</sup>	fL	80.0 - 100.0
	JTOMATED HEMATOLOGY ANALYZER AR HAEMOGLOBIN (MCH)		pg	27.0 - 34.0
	JTOMATED HEMATOLOGY ANALYZER	19.7 <sup>L</sup>	pg	27.0 - 34.0
	LAR HEMOGLOBIN CONC. (MCHC) JTOMATED HEMATOLOGY ANALYZER	31.1 <sup>L</sup>	g/dL	32.0 - 36.0
	BUTION WIDTH (RDW-CV) JTOMATED HEMATOLOGY ANALYZER	16.3 <sup>H</sup>	%	11.00 - 16.00
RED CELL DISTRIE	BUTION WIDTH (RDW-SD) JTOMATED HEMATOLOGY ANALYZER	38.4	fL	35.0 - 56.0
MENTZERS INDEX		12.13	RATIO	BETA THALASSEMIA TRAIT:
by CALCULATED				
				IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INI	DEX	19.9	RATIO	BETA THALASSEMIA TRAIT:
by CALCULATED				<= 65.0
				IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CH	ELLS (WBCS)			
FOTAL LEUCOCYT	E COUNT (TLC) by sf cube & microscopy	5990	/cmm	4000 - 11000
-	BLOOD CELLS (nRBCS)	NIL		0.00 - 20.00
by AUTOMATED 6 PAR	T HEMATOLOGY ANALYZER			
NUCLEATED RED I	BLOOD CELLS (nRBCS) %	NIL	%	< 10 %
15:7:20:24			n	





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

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





	Dr. Vinay Chop MD (Pathology & Mi Chairman & Consult	crobiology)	Dr. Yugam MD CEO & Consultant	(Pathology)
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	: 6349/1, NICHOLSON ROAD, AM			
		Dillitoriuti		
Test Name		Value	Unit	<b>Biological Reference interval</b>
,	TOMATED HEMATOLOGY ANALYZER			
<u>DIFFERENTIAL LEI</u>	<u>UCOCYTE COUNT (DLC)</u>			
NEUTROPHILS		62	%	50 - 70
by FLOW CYTOMETRY E	BY SF CUBE & MICROSCOPY	28	%	20 - 40
	BY SF CUBE & MICROSCOPY	20	90	20 - 40
EOSINOPHILS		4	%	1 - 6
	BY SF CUBE & MICROSCOPY			
MONOCYTES	BY SF CUBE & MICROSCOPY	6	%	2 - 12
BASOPHILS		0	%	0 - 1
by FLOW CYTOMETRY E	BY SF CUBE & MICROSCOPY			
ABSOLUTE LEUKO	CYTES (WBC) COUNT			
ABSOLUTE NEUTRO		3714	/cmm	2000 - 7500
	BY SF CUBE & MICROSCOPY	1 (77	,	000 1000
ABSOLUTE LYMPHO	DCYTE COUNT BY SF CUBE & MICROSCOPY	1677	/cmm	800 - 4900
ABSOLUTE EOSINO		240	/cmm	40 - 440
,	BY SF CUBE & MICROSCOPY			
ABSOLUTE MONOC		359	/cmm	80 - 880
	BY SF CUBE & MICROSCOPY THER PLATELET PREDICTIV	E MARKERS		
PLATELET COUNT (		370000	/cmm	150000 - 450000
	CUSING, ELECTRICAL IMPEDENCE	370000	/clillin	150000 - 450000
PLATELETCRIT (PC	T)	$0.4^{\mathrm{H}}$	%	0.10 - 0.36
	CUSING, ELECTRICAL IMPEDENCE		~	
MEAN PLATELET V	OLUME (MPV) CUSING, ELECTRICAL IMPEDENCE	11	fL	6.50 - 12.0
-	CELL COUNT (P-LCC)	125000 <sup>H</sup>	/cmm	30000 - 90000
	CUSING, ELECTRICAL IMPEDENCE			
PLATELET LARGE C	· /	33.7	%	11.0 - 45.0
-	CUSING, ELECTRICAL IMPEDENCE	15.9	%	15.0 - 17.0
	CUSING, ELECTRICAL IMPEDENCE	13.9	70	15.0 - 17.0
	TED ON EDTA WHOLE BLOOD			



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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		
Test Name	Value	Unit	<b>Biological Reference interval</b>





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REFERRED BY	•	REGI	STRATION DATE	: 25/Mar/2025 10:03 AM	
BARCODE NO.	: 01527726		ECTION DATE	: 25/Mar/2025 10:22AM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB		DRTING DATE	: 25/Mar/2025 02:38PM	
			DRIING DATE	. 25/Mai/2025 02.58PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	AMBALA CANTT			
Test Name		Value	Unit	Biological Reference int	erval
WHOLE BLOOD	IAEMOGLOBIN (HbA1c):	5.7	%	4.0 - 6.4	
ESTIMATED AVER	AGE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY)	116.89	mg/dL	60.00 - 140.00	
<u>inten nemion.</u>		DIABETES ASSOCIATION			
	AS PER AIVIERICAIN		(ADA): /LATED HEMOGLOGIB	(HBAIC) in %	
	abetic Adults >= 18 years	GETCOST	<5.7		
	t Risk (Prediabetes)		<u> </u>		
D	liagnosing Diabetes		>= 6.5		
			Age > 19 Years		
TL	in marks for all sources to start	Goals of The		< 7.0	
Therapeut	ic goals for glycemic control	Actions Sugg		>8.0	
		Goal of the	Age < 19 Years	<7.5	

**KOS Diagnostic Lab** 

(A Unit of KOS Healthcare)

1.Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliace with therapeutic regimen in diabetic patients. 2. Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbAlc. Converse is true for a diabetic previously under good control but now poorly controlled.

3. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0% may not be appropiate.

4. High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications 5. Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.

6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term gycemic control.

7. Specimens from patients with polycythemia or post-splenctomy may exhibit increse in HbA1c values due to a somewhat longer life span of the red cells.



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	Chairman & C	Consultant Pathologist	CEO & Consultant	Pathologist
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EFERRED BY	:	REGI	STRATION DATE	: 25/Mar/2025 10:03 AM
ARCODE NO.	:01527726	COLL	ECTION DATE	: 25/Mar/2025 10:22AM
LIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	RTING DATE	: 25/Mar/2025 11:27AM
LIENT ADDRESS	: 6349/1, NICHOLSON ROA	D, AMBALA CANTT		
est Name		Value	Unit	Biological Reference interval
<i>by RED CELL AGGREG</i> <b>ITERPRETATION:</b> ESR is a non-specif nmune disease, but	EDIMENTATION RATE (ES GATION BY CAPILLARY PHOTOMI ic test because an elevated re does not tell the health pract	IROCYTE SEDIMEN SR) 14 ETRY esult often indicates the pri itioner exactly where the in	TATION RATE ( mm/1st hi esence of inflammation flammation is in the	(ESR) r 0 - 20 on associated with infection, cancer and auto body or what is causing it.
by RED CELL AGGREG <b>NTERPRETATION:</b> . ESR is a non-specif nmune disease, but . An ESR can be affe s C-reactive protein . This test may also	EDIMENTATION RATE (ES GATION BY CAPILLARY PHOTOM ic test because an elevated re does not tell the health pract cted by other conditions besid be used to monitor disease ad	IROCYTE SEDIMEN SR) 14 ETRY esult often indicates the pro- itioner exactly where the in des inflammation. For this	TATION RATE ( mm/1st hr esence of inflammation filammation is in the reason, the ESR is typ	(ESR) r 0 - 20 on associated with infection, cancer and auto
by RED CELL AGGREG ITERPRETATION: ESR is a non-specify nmune disease, but . An ESR can be affe s C-reactive protein . This test may also ystemic lupus erythy ONDITION WITH LOW	EDIMENTATION RATE (ES GATION BY CAPILLARY PHOTOM ic test because an elevated re does not tell the health pract cted by other conditions besid be used to monitor disease ac ematosus W ESR	IROCYTE SEDIMEN SR) 14 ETRY esult often indicates the pro- itioner exactly where the in des inflammation. For this stivity and response to the	TATION RATE mm/1st h esence of inflammation filammation is in the reason, the ESR is typ rapy in both of the ab	(ESR) r 0 - 20 on associated with infection, cancer and auto- body or what is causing it. iically used in conjunction with other test such bove diseases as well as some others, such as
by RED CELL AGGREG <b>ITERPRETATION:</b> ESR is a non-specify mune disease, but An ESR can be affe G-reactive protein This test may also ostemic lupus erythen <b>DNDITION WITH LON</b> low ESR can be see olycythaemia), sigr s sickle cells in sickl <b>OTE:</b>	EDIMENTATION RATE (ES GATION BY CAPILLARY PHOTOM ic test because an elevated re does not tell the health pract cted by other conditions besid be used to monitor disease ac ematosus <b>W ESR</b> n with conditions that inhibit hificantly high white blood cel e cell anaemia) also lower th	IROCYTE SEDIMEN SR) 14 ETRY esult often indicates the pro- itioner exactly where the in des inflammation. For this ctivity and response to the the normal sedimentation I count (leucocytosis), and e ESR.	TATION RATE ( mm/1st hi esence of inflammation flammation is in the reason, the ESR is typ rapy in both of the at of red blood cells, su	(ESR) r 0 - 20 on associated with infection, cancer and auto- body or what is causing it. ically used in conjunction with other test such
w RED CELL AGGREG TERPRETATION: ESR is a non-specif mune disease, but An ESR can be affe C-reactive protein This test may also stemic lupus erythe NDITION WITH LOV ow ESR can be see olycythaemia), sigr sickle cells in sickl DTE: ESR and C - reactiv Generally, ESR doe CRP is not affected	EDIMENTATION RATE (ES GATION BY CAPILLARY PHOTOM ic test because an elevated re does not tell the health pract cted by other conditions besic be used to monitor disease ac ematosus W ESR n with conditions that inhibit hificantly high white blood cel	IROCYTE SEDIMEN SR) 14 ETRY esult often indicates the pro- itioner exactly where the in des inflammation. For this ctivity and response to the the normal sedimentation I count (leucocytosis), and e ESR. kers of inflammation. es CRP, either at the start of ESR, making it a better ma	TATION RATE of mm/1st has esence of inflammation filammation is in the reason, the ESR is typ rapy in both of the ab of red blood cells, su some protein abnor of inflammation or as inker of inflammation	(ESR) r 0 - 20 on associated with infection, cancer and auto- body or what is causing it. ically used in conjunction with other test such pove diseases as well as some others, such as uch as a high red blood cell count malities. Some changes in red cell shape (suc it resolves.

KOS Diagnostic Lab (A Unit of KOS Healthcare)





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Page 5 of 20



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



CLINICAL CHEMISTRY/BIOCHEMISTRY         GLUCOSE FASTING (F)         GLUCOSE FASTING (F):         GLUCOSE FASTING (F):         MI3.87 <sup>H</sup> by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)         MEDIABETIC: 100.0 - 125.00         DIABETIC: 100.0 - 125.00         INTERPRETATION         NACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:         1. A fasting plasma glucose level below 100 mg/dl is considered normal.         2. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial bloc test (after consumption of 75 gms of glucose) is recommended for all such patients.         3. A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients.	MD (Pathology & Microbiology) Chairman & Consultant Pathologist ME : Mrs. SUNITA VERMA SE/ GENDER : 64 YRS/FEMALE PATIENT ID : 1664950 DLLECTED BY : SURJESH REG. NO./LAB NO. : 012503250028 EFERRED BY : REGISTRATION DATE : 25/Mar/2025 10:03 AM ARCODE NO. : 01527726 COLLECTION DATE : 25/Mar/2025 10:022AM JENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 25/Mar/2025 10:22AM JENT CODE. : G349/1, NICHOLSON ROAD, AMBALA CANTT est Name Value Unit Biological Reference interval CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F): PLASMA 113.87 <sup>H</sup> mg/dL NORMAL: < 100.0 preDIABETIC: 9 OR = 126.0					
AGE / GENDER       : 64 YRS/FEMALE       PATIENT ID       : 1664950         COLLECTED BY       : SURJESH       REG. NO./LAB NO.       : 012503250028         REFERRED BY       :       REGISTRATION DATE       : 25/Mar/2025 10:03 AM         BARCODE NO.       : 01527726       COLLECTION DATE       : 25/Mar/2025 10:22AM         CLIENT CODE.       : KOS DIAGNOSTIC LAB       REPORTING DATE       : 25/Mar/2025 01:42PM         CLIENT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT       :       :         Fest Name       Value       Unit       Biological Reference interva         CLUCOSE FASTING (F):       :       ELECTOR (GOD-POD)       :       :         FULUCOSE FASTING (F):       PLASMA       113.87H       mg/dL       NORMAL: < 100.0         precipation of <i>JS</i> gms of glucose level below 100 mg/dl is considered normal.       :       .       A fasting plasma glucose level below 100 mg/dl is considered normal.         : A fasting plasma glucose level below 100 mg/dl is considered normal.       :       .       A fasting plasma glucose level below 100 mg/dl is considered normal.         : A fasting plasma glucose level below 100 mg/dl is considered normal.       :       .       .       .         : A fasting plasma glucose level below 100 mg/dl is considered normal.       :       .       .       .	SE/ GENDER       : 64 YRS/FEMALE       PATIENT ID       : 1664950         DLLECTED BY       : SURJESH       REG. NO./LAB NO.       : 012503250028         SEFERED BY       :       REGISTRATION DATE       : 25/Mar/2025 10:03 AM         VARCODE NO.       : 01527726       COLLECTION DATE       : 25/Mar/2025 10:22AM         JENT CODE       : KOS DIAGNOSTIC LAB       REPORTING DATE       : 25/Mar/2025 01:42PM         JENT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT       : 25/Mar/2025 01:42PM         JENT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT       : Biological Reference interval         CLINICAL CHEMISTRY/BIOCHEMISTRY         GLUCOSE FASTING (F):         LUCOSE FASTING (F):         LUCOSE FASTING (F):         LUCOSE FASTING (F): PLASMA       113.87 <sup>H</sup> mg/dL       NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0         TEPRENTION         SOCCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:         A fasting plasma glucose level below 100 mg/dl is considered normal. A fasting plasma glucose level below 100 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood st (after consumption of 75 gms of glucose) is recommended for all such patients. A fasting plasma glucose level oblow 100 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial		MD (Patholog	y & Microbiology)	MD	(Pathology)
OLLECTED BY       : SURJESH       REG. NO./LAB NO.       : 012503250028         VEFERRED BY       :       .       REGISTRATION DATE       : 25/Mar/2025 10:03 AM         VARCODE NO.       : 01527726       COLLECTION DATE       : 25/Mar/2025 10:22AM         LIENT CODE.       : KOS DIAGNOSTIC LAB       REPORTING DATE       : 25/Mar/2025 01:42PM         LIENT CODE.       : KOS DIAGNOSTIC LAB       REPORTING DATE       : 25/Mar/2025 01:42PM         LIENT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT       :       :         Fest Name       Value       Unit       Biological Reference interva         CLINICAL CHEMISTRY/BIOCHEMISTRY         GLUCOSE FASTING (F):         SLUCOSE FASTING (F): PLASMA       113.87 <sup>H</sup> mg/dL       NORMAL: < 100.0         by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)       113.87 <sup>H</sup> mg/dL       NORMAL: < 100.0         YACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:       .       A fasting plasma glucose level below 100 mg/dl is considered normal.       .         . A fasting plasma glucose level below 100 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blc staft or onsumption of 75 gms of glucose) is recommended for all such patients.       .         . A fasting plasma glucose level below 100 mg/dl is considered as glucose intolerant or prediabetic. A fasting and p	DLECTED BY       SURJESH       REG. NO./LAB NO.       : 012503250028         EFERRED BY       :       REGISTRATION DATE       : 25/Mar/2025 10:03 AM         ARCODE NO.       : 01527726       COLLECTION DATE       : 25/Mar/2025 10:22AM         JENT CODE       : KOS DIAGNOSTIC LAB       REPORTING DATE       : 25/Mar/2025 01:42PM         JENT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT       :       :         est Name       Value       Unit       Biological Reference interval         CLINICAL CHEMISTRY/BIOCHEMISTRY         GLUCOSE FASTING (F): PLASMA         by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)       113.87 <sup>H</sup> mg/dL       NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0         TERPRETATION         Matter Consumption of 75 gms of glucose level below 100 mg/dl is considered normal. A fasting plasma glucose level below 100 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood st (after consumption of 75 gms of glucose) is recommended for all such patients.       A fasting plasma glucose level below 100 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood st (after consumption of 75 gms of glucose) is recommended for all such patients.	AME	: Mrs. SUNITA VERMA			
EFERRED BY       :       REGISTRATION DATE       : 25/Mar/2025 10:03 AM         ARCODE NO.       : 01527726       COLLECTION DATE       : 25/Mar/2025 10:22AM         LIENT CODE.       : KOS DIAGNOSTIC LAB       REPORTING DATE       : 25/Mar/2025 01:42PM         LIENT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT       ::       ::         Fest Name       Value       Unit       Biological Reference interva         CLINICAL CHEMISTRY/BIOCHEMISTRY       GLUCOSE FASTING (F):       ::       ::         SLUCOSE FASTING (F): PLASMA       113.87 <sup>H</sup> mg/dL       NORMAL: < 100.0         by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)       113.87 <sup>H</sup> mg/dL       NORMAL: < 100.0         VHERPRETATION             VACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:             A fasting plasma glucose level below 100 mg/dl is considered normal.             A fasting plasma glucose level below 100 mg/dl is considered normal.             A fasting plasma glucose level below 100 mg/dl is considered normal.             A fasting plasma glucose level below 100 mg/dl is considered normal	EFERRED BY       ::       REGISTRATION DATE       : 25/Mar/2025 10:03 AM         ARCODE NO.       ::01527726       COLLECTION DATE       : 25/Mar/2025 10:22AM         JENT CODE.       ::KOS DIAGNOSTIC LAB       REPORTING DATE       : 25/Mar/2025 01:42PM         JENT ADDRESS       ::6349/1, NICHOLSON ROAD, AMBALA CANTT       ::       ::         est Name       Value       Unit       Biological Reference interval         CLINICAL CHEMISTRY/BIOCHEMISTRY       GLUCOSE FASTING (F):       ::       ::         LUCOSE FASTING (F): PLASMA       113,87 <sup>H</sup> mg/dL       NORMAL: < 100.0         by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)       113,87 <sup>H</sup> mg/dL       NORMAL: < 100.0         by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)       113,87 <sup>H</sup> mg/dL       NORMAL: < 100.0         by GLUCOSE INDASE - PEROXIDASE (GOD-POD)       113,87 <sup>H</sup> mg/dL       NORMAL: < 100.0         by GLUCOSE INDASE - PEROXIDASE (GOD-POD)       113,87 <sup>H</sup> mg/dL       NORMAL: < 100.0         by GLUCOSE INDASE - PEROXIDASE (GOD-POD)       113,87 <sup>H</sup> mg/dL       NORMAL: < 100.0         by GLUCOSE INDAGE (ITH AMERICAN DIABETES ASSOCIATION GUIDELINES:       A fasting plasma glucose level below 100 mg/dl is considered normal.       A fasting plasma glucose level below 100 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial	GE/ GENDER	: 64 YRS/FEMALE	PATIE	NT ID	: 1664950
ARCODE NO. : 01527726 COLLECTION DATE : 25/Mar/2025 10:22AM LIENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE : 25/Mar/2025 01:42PM LIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Fest Name Value Unit Biological Reference interva CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F): PLASMA 113.87 <sup>H</sup> mg/dL NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.00 DIABETIC: > 0R = 126.0 VIERPRETATION NACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES: . A fasting plasma glucose level below 100 mg/dl is considered normal. . A fasting plasma glucose level below 100 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blc sat (after consumption of 75 gms of glucose) is recommended for alisuch patients. . A fasting plasma glucose level of above 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blc sat (after consumption of 75 gms of glucose) is recommended for alisuch patients.	ARCODE NO.       : 01527726       COLLECTION DATE       : 25/Mar/2025 10:22AM         JENT CODE.       : KOS DIAGNOSTIC LAB       REPORTING DATE       : 25/Mar/2025 01:42PM         JENT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT       Biological Reference interval         est Name       Value       Unit       Biological Reference interval         CLINICAL CHEMISTRY/BIOCHEMISTRY         BIOLOSE FASTING (F):         LUCOSE FASTING (F): PLASMA       113.87 <sup>H</sup> mg/dL       NORMAL: < 100.0         by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)       113.87 <sup>H</sup> mg/dL       NORMAL: < 100.0         TERPRETATION       ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:       NORMAL: < 100.0       PREDIABETIC: 100.0 - 125.0         Afasting plasma glucose level below 100 mg/dl is considered normal.       A fasting plasma glucose level below 100 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood st (after consumption of 75 gms of glucose) is recommended for all such patients.       A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients.	OLLECTED BY	: SURJESH	REG. N	0./LAB NO.	: 012503250028
LIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 25/Mar/2025 01:42PM LIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT 'est Name Value Unit Biological Reference interva CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F): PLASMA 113.87 <sup>H</sup> mg/dL NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.00 DIABETIC: > 0R = 126.0 VTERPRETATION A fasting plasma glucose level below 100 mg/dl is considered normal. A fasting plasma glucose level below 100 mg/dl is considered normal. A fasting plasma glucose level below 100 mg/dl is considered normal. A fasting plasma glucose level below 100 mg/dl is considered normal. A fasting plasma glucose level below 100 mg/dl is considered normal. A fasting plasma glucose level below 100 mg/dl is considered normal.	JENT CODE.       : KOS DIAGNOSTIC LAB       REPORTING DATE       : 25/Mar/2025 01:42PM         JENT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT       :       :         est Name       Value       Unit       Biological Reference interval         CLINICAL CHEMISTRY/BIOCHEMISTRY         GLUCOSE FASTING (F):         LUCOSE FASTING (F): PLASMA       113.87 <sup>H</sup> mg/dL       NORMAL: < 100.0	EFERRED BY	:	REGIS	FRATION DATE	: 25/Mar/2025 10:03 AM
LIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Fest Name Value Unit Biological Reference interva CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F): SLUCOSE FASTING (F): PLASMA 113.87 <sup>H</sup> mg/dL NORMAL: < 100.0 preDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0 VIERPRETATION V ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES: . A fasting plasma glucose level below 100 mg/dl is considered normal. . A fasting plasma glucose level below 100 mg/dl is considered normal. . A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial bic est (after consumption of 75 gms of glucose) is recommended for all such patients. . A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for	JENT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT         est Name       Value       Unit       Biological Reference interval         CLINICAL CHEMISTRY/BIOCHEMISTRY       CLINICAL CHEMISTRY/BIOCHEMISTRY         GLUCOSE FASTING (F):       LUCOSE FASTING (F):       NORMAL: < 100.0         PREDIABE:       NORMAL: < 100.0       PREDIABETIC: 100.0 - 125.0         Di ABETIC:       OR       Di ABETIC: > 0R = 126.0         TERPRETATION         A fasting plasma glucose level below 100 mg/dl is considered normal.       A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 mg/dl is considered normal.       A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 mg/dl is considered normal.       A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 mg/dl is considered normal.       A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 mg/dl is considered normal.       A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 mg/dl is considered normal.       A fasting plasma glucose level below 100 mg/dl is considered normal.	ARCODE NO.	:01527726	COLLE	CTION DATE	: 25/Mar/2025 10:22AM
Test Name       Value       Unit       Biological Reference interval         CLINICAL CHEMISTRY/BIOCHEMISTRY         CLINICAL CHEMISTRY/BIOCHEMISTRY         GLUCOSE FASTING (F):         GLUCOSE FASTING (F):         SILUCOSE FASTING (F):         A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level between 1	est Name       Value       Unit       Biological Reference interval         CLINICAL CHEMISTRY/BIOCHEMISTRY         CLINICAL CHEMISTRY/BIOCHEMISTRY         GLUCOSE FASTING (F):         LUCOSE OXIDASE (GOD-POD)         ITERPETATION         ACORDANCE WITH AMERICAN DIABETES ASSOCIATION CUIDELINES:         A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 mg/dl is considered normal.				RTING DATE	: 25/Mar/2025 01:42PM
CLINICAL CHEMISTRY/BIOCHEMISTRY         GLUCOSE FASTING (F)         SLUCOSE FASTING (F): PLASMA         by GLUCOSE FASTING (F):         SLUCOSE FASTING (F): PLASMA         by GLUCOSE FASTING (F):         SLUCOSE FASTING (F): PLASMA         by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)         Mg/dL         NORMAL: < 100.0         PREDIABETIC: 100.0 - 125.0         DIABETIC: > 0R = 126.0         VIERPRETATION         VIERPRETATION         NACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:         A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 - 125 mg/dl is considered normal.         A fasting plasma glucose level below 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blocks:         St (after consumption of 75 gms of glucose) is recommended for all such patients.         A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients.	CLINICAL CHEMISTRY/BIOCHEMISTRY         GLUCOSE FASTING (F)         LUCOSE FASTING (F): PLASMA         113.87 <sup>H</sup> by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)         PREDIABETIC: 100.0 - 125.0         DIABETIC: > 0R = 126.0         TERPRETATION         A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood st (after consumption of 75 gms of glucose) is recommended for all such patients.         A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all	LIENT ADDRESS	: 6349/1, NICHOLSON ROA	AD, AMBALA CANTT		
GLUCOSE FASTING (F):         GLUCOSE FASTING (F):         SLUCOSE FASTING (F):         hyperbolic         by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)         Intervention         by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)         Intervention         NECORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:         A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 mg/dl is considered normal.         A fasting plasma glucose level below 100 mg/dl is necommended for all such patients.         A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients.	GLUCOSE FASTING (F):         LUCOSE FASTING (F): PLASMA       113.87 <sup>H</sup> mg/dL       NORMAL: < 100.0	lest Name		Value	Unit	<b>Biological Reference interval</b>
GLUCOSE FASTING (F):         SLUCOSE FASTING (F): PLASMA         by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)         113.87 <sup>H</sup> mg/dL       NORMAL: < 100.0	GLUCOSE FASTING (F):         LUCOSE FASTING (F): PLASMA       113.87 <sup>H</sup> mg/dL       NORMAL: < 100.0		CLINI	CAL CHEMISTRY	/BIOCHEMIS	STRY
LUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) 113.87 <sup>H</sup> mg/dL mg/dL NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0 IACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES: A fasting plasma glucose level below 100 mg/dl is considered normal. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blo st (after consumption of 75 gms of glucose) is recommended for all such patients. A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for	LUCOSE FASTING (F): PLASMA       113.87 <sup>H</sup> mg/dL       NORMAL: < 100.0		CLIN			
ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES: A fasting plasma glucose level below 100 mg/dl is considered normal. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blo est (after consumption of 75 gms of glucose) is recommended for all such patients. A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended f	ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES: A fasting plasma glucose level below 100 mg/dl is considered normal. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood st (after consumption of 75 gms of glucose) is recommended for all such patients. A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for a	by GLUCOSE OXIDAS		113.87 <sup>H</sup>	mg/dL	PREDIABETIC: 100.0 - 125.0
uch patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.			lucose level below 100 mg/dl lucose level between 100 - 12	25 mg/dl is considered as glu commended for all such pat	ucose intolerant or ients.	prediabetic. A fasting and post-prandial blood
		A fasting plasma gl st (after consumpti A fasting plasma gl	lucose level of above 125 mg/	dl is highly suggestive of dia	accasions is confirm	at post-prandial is strongly recommended for a
		A fasting plasma gl est (after consumpti A fasting plasma gl	lucose level of above 125 mg/	dl is highly suggestive of dia	accasions is confirm	at post-prandial is strongly recommended for a
		. A fasting plasma gl est (after consumpti . A fasting plasma gl	lucose level of above 125 mg/	dl is highly suggestive of dia	accasions is confirm	at post-prandial is strongly recommended for a
		. A fasting plasma gl est (after consumpti . A fasting plasma gl	lucose level of above 125 mg/	dl is highly suggestive of dia	accasions is confirm	at post-prandial is strongly recommended for a
		. A fasting plasma gl est (after consumpti . A fasting plasma gl	lucose level of above 125 mg/	dl is highly suggestive of dia	accasions is confirm	at post-prandial is strongly recommended for a
		. A fasting plasma gl est (after consumpti . A fasting plasma gl	lucose level of above 125 mg/	dl is highly suggestive of dia	accasions is confirm	at post-prandial is strongly recommended for a
		. A fasting plasma gl est (after consumpti . A fasting plasma gl	lucose level of above 125 mg/	dl is highly suggestive of dia	accasions is confirm	at post-prandial is strongly recommended for a
		. A fasting plasma gl est (after consumpti . A fasting plasma gl	lucose level of above 125 mg/	dl is highly suggestive of dia	accasions is confirm	at post-prandial is strongly recommended for a

KOS Diagnostic Lab (A Unit of KOS Healthcare)





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

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







LIPID PROFILE : BASIC CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP 158.01 mg/dL OPTIMAL: < 200.0 BORDERLINE HIGH: 2 239.0 HIGH CHOLESTEROL: 240.0 OPTIMAL: < 150.0 BORDERLINE HIGH: 1 240.0 OPTIMAL: < 150.0 BORDERLINE HIGH: 1 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 50 VERY HIGH: > OR = 50 VERY HIGH: > OR = 50 VERY HIGH: > OR = 50 UDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION CALCULATED, SPECTROPHOTOMETRY PL CALCULATED, SPECTROPHOTOMETRY VERY HIGH: > OR = 60.0 HIGH: 160.0 - 189.0 VERY HIGH: 100.0 ABOVE OPTIMAL: < 100.0 BORDERLINE HIGH: 1 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 60.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 10 OPTIMAL: < 100.0 BORDERLINE HIGH: 1 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 22 VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VEDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY 419.89 mg/dL 350.00 - 700.00 by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL HIGH: ARTIO: SERUM by CALCULATED, SPECTROPHOTOMETRY 2.48 RATIO LOW RISK: 3.30 - 4.40			<b>Chopra</b> & Microbiology) onsultant Pathologis		(Pathology)
COLLECTED BY       SURJESH       REG. NO./LAB NO.       : 012503250028         REFERRED BY       ::       REGISTRATION DATE       : 25/Mar/2025 10:32AM         BARCODE NO.       ::       01527726       COLLECTION DATE       ::       ::       25/Mar/2025 10:32AM         CLIENT CODE       ::       (SOS DIAGNOSTIC LAB       REPORTING DATE       :::       ::       ::       ::       :::       ::       ::       :::       ::       ::       :::       :::       :::       :::       :::       :::       :::       :::       :::       :::       :::       :::       :::       :::       :::       ::::::::::::::::::::::::::::::::::::	NAME	: Mrs. SUNITA VERMA			
REFERRED BY :: SPAP SOLUCION DATE :: 25/Mar/2025 10:03 AM BARCODE NO. :: 01527726 COLLECTION DATE :: 25/Mar/2025 10:22AM CLIENT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE :: 25/Mar/2025 01:51PM CLIENT ADDRESS :: 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference in CLIPID PROFILE : BASIC CHOLESTEROL TOTAL: SERUM 158.01 mg/dL OPTIMAL: < 200.0 BORDERLINE HIGH: 2 239.0 HIGH CHOLESTEROL OXIDASE PAP by GHOLESTEROL OXIDASE PAP Dig GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) by GLUCCHOLESTEROL (DIRECT): SERUM by GLICCULATED. SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED. SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED. SPECTROPHOTOMETRY CHOLESTEROL: SERUM by CALCULATED. SP	AGE/ GENDER	: 64 YRS/FEMALE		PATIENT ID	: 1664950
BARCODE NO.       : 01527726       COLLECTION DATE       : 25./Mar/2025 10:22AM         CILENT CODE       : KOS DIAGNOSTIC LAB       REPORTING DATE       : 25./Mar/2025 01:51PM         CILENT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT       Dialogical Reference in         LIPID PROFILE : BASIC       Dialogical Reference in         CHOLESTEROL OXIDASE PAP       158.01       mg/dL       OPTIMAL: < 200.0 BORDERLINE HIGH: 2 239.0         TRIGL YCERIDES: SERUM       103.87       mg/dL       OPTIMAL: < 150.0 BORDERLINE HIGH: 1 99.0         HDL CHOLESTEROL (DIRECT): SERUM       63.66       mg/dL       LOW HIGH: 200.0 - 499.0 VERY HIGH: 20 R = 50 000         LDL CHOLESTEROL (DIRECT): SERUM       63.66       mg/dL       DOW DETIMAL: < 10.0 BORDERLINE HIGH: 1 60.0         NON HDL CHOLESTEROL: SERUM       73.58       mg/dL       OPTIMAL: < 10.0 ABOVE OPTIMAL: 100.0         by CALCULATED, SPECTROPHOTOMETRY       94.35       mg/dL       OPTIMAL: < 10.0 ABOVE OPTIMAL: 100.0 BORDERLINE HIGH: 1 159.0         NON HDL CHOLESTEROL: SERUM       20.77       mg/dL       OPTIMAL: < 0.2	COLLECTED BY	: SURJESH		REG. NO./LAB NO.	: 012503250028
CLIENT CODE       : KOS DIAGNOSTIC LAB       REPORTING DATE       : 23/Mar/2025 01:51PM         CLIENT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT       Test Name       Value       Unit       Biological Reference in         CHENT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT       LIPID PROFILE : BASIC       OPTIMAL: < 200.0	REFERRED BY	:		<b>REGISTRATION DATE</b>	: 25/Mar/2025 10:03 AM
CLIENT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANT!         Test Name       Value       Unit       Biological Reference in         LIPID PROFILE : BASIC         Cholesterol oxidase pap       158.01       mg/dL       OPTIMAL: < 200.0 BORDERLINE HIGH: 2 239.0         TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)       103.87       mg/dL       OPTIMAL: < 150.0 BORDERLINE HIGH: 1 199.0         HDL CHOLESTEROL (DIRECT): SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)       103.87       mg/dL       OPTIMAL: < 150.0 BORDERLINE HIGH: 1 199.0         HDL CHOLESTEROL (DIRECT): SERUM by GLICULATED. SPECTROPHOTOMETRY       63.66       mg/dL       OPTIMAL: < 100.0 HIGH HDL: > OR = 60.0 HIGH HDL: > OR = 60.0 HIGH HDL: > OR = 160.0 BORDERLINE HIGH: 1 199.0         NON HDL CHOLESTEROL: SERUM by CALCULATED. SPECTROPHOTOMETRY       94.35       mg/dI.       OPTIMAL: < 130.0 ABOYE OPTIMAL: (100.0 BORDERLINE HIGH: 1 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 19 OPTIMAL: > OR = 19 DIGH: 190.0 - 219.0 VERY HIGH: > OR = 20 DIGH 190.0 - 45.00	BARCODE NO.	:01527726		COLLECTION DATE	: 25/Mar/2025 10:22AM
Test Name         Value         Unit         Biological Reference in           LIPID PROFILE : BASIC         LIPID PROFILE : BASIC         OPTIMAL: < 200.0 BORDERLINE HIGH: 2 239.0         BORDERLINE HIGH: 2 239.0         DOPTIMAL: < 200.0 BORDERLINE HIGH: 2 239.0           TRIGL YCERIDES: SERUM by GL YCEROL PHOSPHATE OXIDASE (ENZYMATIC)         103.87         mg/dL         OPTIMAL: < 150.0 BORDERLINE HIGH: 1. 199.0           HIGH CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION         63.66         mg/dL         LOW HDL: < 30.0 BORDERLINE HIGH HI 60.0           LDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION         73.58         mg/dL         OPTIMAL: (100.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 60.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 19 OVERY HIGH: > OR = 19 VERY HIGH: > OR = 219.0 VERY HIGH: > OR = 219.0 VERY HIGH: > OR = 219.0 VERY HIGH: > OR = 22.0 VERY HIGH: > OR = 20.0 VERY HIGH: > O					: 25/Mar/2025 01:51PM
LIPID PROFILE : BASIC CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION by SELECTIVE INHIBITION TRIGLYCEROL SERUM by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY COTTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM CHOLESTEROL: SERUM CONTRIBUTION CHOLESTEROL: SERUM CHOLESTEROL: SERUM CHOLESTEROL: SERUM CHOLESTEROL SERUM CHOLESTEROL SERUM CHOLESTEROL DATION SERUM CHOLESTEROL CHOID RATION SERUM CHOLESTEROL CONTRACTOR CHOLESTEROL CONTRACTOR CHOLESTEROL CONTRACTOR CHOLESTEROL CONTROPOTOMETRY CHOLESTEROL CONTRACTOR CHOLESTEROL CONTRACTOR CHOLESTEROL SERUM CHOLESTEROL SERUM CHOLESTEROL SERUM CHOLESTEROL CONTRACTOR CHOLESTEROL CONTRACTOR CHOLESTEROL CONTROPOTOMETRY CHOLESTEROL CONTROPO	CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI	), AMBALA CANTT	7	
CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP158.01mg/dLOPTIMAL: < 200.0 BORDERLINE HIGH: 2 239.0 HIGH CHOLESTEROL. 240.0TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)103.87mg/dLOPTIMAL: < 150.0 BORDERLINE HIGH: 1 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 50 HIGH: CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION63.66mg/dLLOW HDL: < 30.0 BORDERLINE HIGH: 1 0.00 HIGH: HIGH: HIGH: 100.0 - 499.0 VERY HIGH: > OR = 50 ORDERLINE HIGH: 1 0.00LDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION63.66mg/dLLOW HDL: < 30.0 BORDERLINE HIGH HIGH: 1 0.00 HIGH HIDL: > OR = 60.0 HIGH HIDL: > OR = 60.0 HIGH: HIGH: 1 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 19NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY94.35mg/dLOPTIMAL: < 130.0 ABOVE OPTIMAL: 130 BORDERLINE HIGH: 1 159.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 19NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77 HIGH: 0.00 - 45.00 WERY HIGH: > OR = 22 VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77 HIGH: 300.00 - 45.00 WERY HIGH: > OR = 22 HIGH: 10.00 - 219.0 VERY HIGH: > OR = 22 HIGH: 10.00 - 219.0 VERY HIGH: > OR = 22 HIGH: 10.00 - 219.0 VERY HIGH: > OR = 22 HIGH: 10.00 - 45.00VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77 HIGH: 0.00 - 45.00VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77 HIGH: 0.00 - 45.00NON HIDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77 LINBAN HIGH: 10.00 - 219.0 VERY HIGH: > OR = 22 LINDAN HIGH: 10.00 -	Test Name		Value	Unit	<b>Biological Reference interval</b>
by CHOLESTEROL OXIDASE PAP by CHOLESTEROL OXIDASE PAP BORDERLINE HIGH: 2 239.0 HIGH CHOLESTEROL: 240.0 PRIGL YCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) by SELECTIVE INHIBITION 63.66 mg/dL LOW HDL: < 30.0 BORDERLINE HIGH: 1 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 50 BORDERLINE HIGH: 1 00.0 HIGH HDL: > OR = 60.0 HIGH HDL: > OR = 60.0 HIGH: 10.0 - 189.0 HIGH: 160.0 - 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 19 NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY COTAL LIPIDS: SERUM chocket and a standard a s			LIPID PRO	OFILE : BASIC	
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TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)103.87mg/dLOPTIMAL: < 150.0 BORDERLINE HIGH: 1 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 50 VERY HIGH: > OR = 50 BORDERLINE HIGH HI 60.0HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION63.66mg/dLLOW HDL: < 30.0 BORDERLINE HIGH HI 60.0 HIGH HDL: > OR = 60.0 HIGH HDL: > OR = 60.0 HIGH HDL: > OR = 60.0 HIGH HDL: > OR = 60.0 HIGH: 100.0 by CALCULATED, SPECTROPHOTOMETRY73.58mg/dLOPTIMAL: <100.0 BORDERLINE HIGH: 1 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 19NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY94.35mg/dLOPTIMAL: <130.0 BORDERLINE HIGH: 1 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 19NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY94.35mg/dLOPTIMAL: <130.0 BORDERLINE HIGH: 1 159.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 22VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77mg/dL350.00 - 700.00VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77mg/dL350.00 - 700.00VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77mg/dL350.00 - 700.00VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77mg/dL350.00 - 700.00	by CHOLESTEROL OXI	DASE PAP		C	BORDERLINE HIGH: 200.0 -
$\begin{array}{ccccccc} 240.0 \\ \mbox{by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)} \\ \mbox{by GLYCEROL DIRECT): SERUM } \\ \mbox{by SELECTIVE INHIBITION} \\ \mbox{by SELECTIVE INHIBITION} \\ \mbox{by SELECTIVE INHIBITION} \\ \mbox{by CALCULATED, SPECTROPHOTOMETRY} \\ \m$					
by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) HIGH: 200.0 - 499.0 VERY HIGH: 200.0 - 499.0 VERY HIGH: OR = 50 HIGH: OR = 50 BORDERLINE HIGH: 1 60.0 HIGH HDL: < 30.0 BORDERLINE HIGH: 1 60.0 HIGH HDL: > OR = 60.0 HIGH HDL: > OR = 60.0 HIGH HDL: > OR = 60.0 HIGH: 100.0 - 189.0 VERY HIGH: OR = 19 NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY P4.35 Mg/dL OPTIMAL: < 100.0 BORDERLINE HIGH: 1 159.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 22 VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY 20.77 mg/dL 0.00 - 45.00 VERY HIGH: > OR = 22 VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM 2.48 RATIO LOW RISK: 3.30 - 4.40					
HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION 63.66 HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION 63.66 HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VERY HIGH: 100.0 - 189.0 VERY HIGH: 100.0 - 189.0 VERY HIGH: 20.77 mg/dL VERY HIGH: 20.77 mg/dL VERY HIGH: 20.77 mg/dL 0.00 - 45.00 VERY HIGH: 20.77 Mg/dL 0.00 - 4	TRIGLYCERIDES: SI	ERUM	103.87	mg/dL	OPTIMAL: < 150.0
HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION CLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM 419.89 mg/dL CHOLESTEROL/HDL RATIO: SERUM 2.48 RATIO LOW RISK: 3.30 - 4.40	by GLYCEROL PHOSPH	ATE OXIDASE (ENZYMATIC)			BORDERLINE HIGH: 150.0 -
HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION63.66mg/dLVERY HIGH: > OR = 50. BORDERLINE HIGH HIGH 60.0 HIGH HDL: > OR = 60.0 HIGH HDL: > OR = 60.0 HIGH HDL: > OR = 60.0 HIGH HDL: > OR = 60.0 BORDERLINE HIGH HIGH: 10.0 BORDERLINE HIGH: 1: 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 19 NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY94.35mg/dLOPTIMAL: <130.0 BORDERLINE HIGH: 1: 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 19 BORDERLINE HIGH: 1: 159.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 22 VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77 H19.89 mg/dLmg/dL0.00 - 45.00 S0.00 - 700.00 by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM CHOLESTEROL/HDL RATIO: SERUM 2.48RATIOLOW RISK: 3.30 - 4.40					
by SELECTIVE INHIBITION by SELECTIVE INHIBITION BORDERLINE HIGH HI 60.0 HIGH HDL: > OR = 60.0 HIGH HDL: > OR = 60.0 ABOVE OPTIMAL: < 100.0 ABOVE OPTIMAL: < 100.0 BORDERLINE HIGH: 1 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 19 NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM curve curve curv					VERY HIGH: $>$ OR = 500.0
ChildrenConstructionLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY73.58mg/dLOPTIMAL: < 100.0 ABOVE OPTIMAL: 100 BORDERLINE HIGH: 11 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 19NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY94.35mg/dLOPTIMAL: < 130.0 ABOVE OPTIMAL: < 130.0 ABOVE OPTIMAL: 130 BORDERLINE HIGH: 14 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 22 VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77 mg/dLmg/dL0.0 - 45.00 VERY HIGH: > OR = 22 0.0 - 45.00VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM20.77 419.89 mg/dLmg/dL350.00 - 700.00by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM2.48RATIOLOW RISK: 3.30 - 4.40			63.66	mg/dL	
LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM 2.48 RATIO LOW RISK: 3.30 - 4.40	by SELECTIVE INHIBITIC	JN			BORDERLINE HIGH HDL: 30.0
by CALCULATED, SPECTROPHOTOMETRY by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM 2.48 RATIO ABOVE OPTIMAL: 100 BORDERLINE HIGH: 1. 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 19 OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 BORDERLINE HIGH: 1. 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 22 NULL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM 2.48 RATIO LOW RISK: 3.30 - 4.40					HIGH HDL: $> OR = 60.0$
NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM 2.48 RATIO LOW RISK: 3.30 - 4.40			73.58	mg/dL	
NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM 2.48 RATIO LOW RISK: 3.30 - 4.40	by CALCULATED, SPEC	CTROPHOTOMETRY			ABOVE OPTIMAL: 100.0 - 129.0
NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM 2.48 RATIO LOW RISK: 3.30 - 4.40					
NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY94.35mg/dLOPTIMAL: < 130.0 ABOVE OPTIMAL: 130 BORDERLINE HIGH: 14 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 22VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77mg/dL0.00 - 45.00 soldTOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY419.89mg/dL350.00 - 700.00 LOW RISK: 3.30 - 4.40					
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Number of the contrained of the co			94.35	mg/dL	
HIGH: 190.0 - 219.0 VERY HIGH: > OR = 22VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77mg/dL0.00 - 45.00TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY419.89mg/dL350.00 - 700.00CHOLESTEROL/HDL RATIO: SERUM2.48RATIOLOW RISK: 3.30 - 4.40	2, 0, 2002, 122, 0, 20				BORDERLINE HIGH: 160.0 -
VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77mg/dL0.00 - 45.00TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY419.89mg/dL350.00 - 700.00CHOLESTEROL/HDL RATIO: SERUM2.48RATIOLOW RISK: 3.30 - 4.40					
VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY20.77mg/dL0.00 - 45.00TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY419.89mg/dL350.00 - 700.00CHOLESTEROL/HDL RATIO: SERUM2.48RATIOLOW RISK: 3.30 - 4.40					
by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM 419.89 mg/dL 350.00 - 700.00 by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM 2.48 RATIO LOW RISK: 3.30 - 4.40	VLDL CHOLESTER	DL: SERUM	20.77	mø/dL	
by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM 2.48 RATIO LOW RISK: 3.30 - 4.40	by CALCULATED, SPEC	CTROPHOTOMETRY			
CHOLESTEROL/HDL RATIO: SERUM 2.48 RATIO LOW RISK: 3.30 - 4.40			419.89	mg/dL	350.00 - 700.00
	•		2.48	RATIO	LOW RISK: 3.30 - 4.40
by CALCULATED, SPECTROPHOTOMETRY AVERAGE RISK: 4.50 -	by CALCULATED, SPEC	CTROPHOTOMETRY			AVERAGE RISK: 4.50 - 7.0

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

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		hopra & Microbiology) onsultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mrs. SUNITA VERMA			
AGE/ GENDER	: 64 YRS/FEMALE	PAT	IENT ID	: 1664950
COLLECTED BY	: SURJESH	REG	. NO./LAB NO.	: 012503250028
<b>REFERRED BY</b>	:	REG	ISTRATION DATE	: 25/Mar/2025 10:03 AM
BARCODE NO.	:01527726	COL	LECTION DATE	: 25/Mar/2025 10:22AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REP	ORTING DATE	: 25/Mar/2025 01:51PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI	D, AMBALA CANTT		
Test Name		Value	Unit	<b>Biological Reference interval</b>
				MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0
LDL/HDL RATIO: S by CALCULATED, SPE		1.16	RATIO	LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0
TRIGLYCERIDES/H by CALCULATED, SPE	HDL RATIO: SERUM	1.63 <sup>L</sup>	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.

 Cow 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 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





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

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

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	<b>Dr. Vinay Chopra</b> MD (Pathology & Micr Chairman & Consultar	obiology)		(Pathology)
NAME	: Mrs. SUNITA VERMA			
AGE/ GENDER	: 64 YRS/FEMALE		PATIENT ID	: 1664950
COLLECTED BY	: SURJESH		REG. NO./LAB NO.	: 012503250028
<b>REFERRED BY</b>	:		<b>REGISTRATION DATE</b>	: 25/Mar/2025 10:03 AM
BARCODE NO.	: 01527726		COLLECTION DATE	: 25/Mar/2025 10:22AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		<b>REPORTING DATE</b>	: 25/Mar/2025 01:51PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMB/	ALA CANTT		
Test Name		Value	Unit	<b>Biological Reference interval</b>
	LIVER F		N TEST (COMPLETE	
BILIRUBIN TOTAL by DIAZOTIZATION, SI	L: SERUM PECTROPHOTOMETRY	0.52	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
	T (CONJUGATED): SERUM SPECTROPHOTOMETRY	0.17	mg/dL	0.00 - 0.40
BILIRUBIN INDIRI by CALCULATED, SPE	ECT (UNCONJUGATED): SERUM	0.35	mg/dL	0.10 - 1.00
SGOT/AST: SERUN by IFCC, WITHOUT PY	Л /RIDOXAL PHOSPHATE	20.3	U/L	7.00 - 45.00
SGPT/ALT: SERUN by IFCC, WITHOUT PY	I /RIDOXAL PHOSPHATE	24.2	U/L	0.00 - 49.00
AST/ALT RATIO: S		0.84	RATIO	0.00 - 46.00
ALKALINE PHOSP by PARA NITROPHEN PROPANOL	HATASE: SERUM YL PHOSPHATASE BY AMINO METHYL	107.81	U/L	40.0 - 130.0
GAMMA GLUTAM by SZASZ, SPECTRO	IYL TRANSFERASE (GGT): SERUN phtometry	1 20.14	U/L	0.00 - 55.0
TOTAL PROTEINS by BIURET, SPECTRO		7.35	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL G		3.8	gm/dL	3.50 - 5.50
GLOBULIN: SERUN by CALCULATED, SPE		3.55 <sup>H</sup>	gm/dL	2.30 - 3.50
A : G RATIO: SERU	JM ECTROPHOTOMETRY	1.07	RATIO	1.00 - 2.00

**INTERPRETATION** 

**NOTE:** - To be correlated in individuals having SGOT and SGPT values higher than Normal Referance Range. USE: - Differential diagnosis of diseases of hepatobiliary system and pancreas.

## **INCREASED:**

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0
INTRAHEPATIC CHOLESTATIS	> 1.5



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	Dr. Vinay Chop MD (Pathology & Mi Chairman & Consult	icrobiology)	ugam Chopra MD (Pathology) sultant Pathologist	
NAME	: Mrs. SUNITA VERMA			
AGE/ GENDER	: 64 YRS/FEMALE	PATIENT ID	: 1664950	
COLLECTED BY	: SURJESH	<b>REG. NO./LAB NO.</b>	:012503250028	
<b>REFERRED BY</b>	:	<b>REGISTRATION DA</b>	<b>TE</b> : 25/Mar/2025 10:0	03 AM
BARCODE NO.	:01527726	COLLECTION DATI	E : 25/Mar/2025 10:2	2AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	<b>REPORTING DATE</b>	: 25/Mar/2025 01:5	1PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	BALA CANTT		
Test Name		Value Uni	t Biologica	l Reference interval
HEPATOCELLULAR C	ARCINOMA & CHRONIC HEPATITIS	> 1.3 (Sligh	tly Increased)	

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)

2. Extra Hepatic cholestatis: 0.8 (normal or slightly decreased). **PROGNOSTIC SIGNIFICANCE:** 

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6

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AGE/ GENDER : 6 COLLECTED BY : 5 REFERRED BY : BARCODE NO. : 0 CLIENT CODE. : 1 CLIENT ADDRESS : 6 Test Name	<b>Mrs. SUNITA VERMA</b> 64 YRS/FEMALE			
COLLECTED BY : S REFERRED BY : BARCODE NO. : C CLIENT CODE. : I CLIENT ADDRESS : C Test Name UREA: SERUM by UREASE - GLUTAMATE CREATININE: SERUM by ENZYMATIC, SPECTRO	64 YRS/FEMALE			
REFERRED BY : BARCODE NO. : ( CLIENT CODE. : I CLIENT ADDRESS : ( Test Name UREA: SERUM by UREASE - GLUTAMATE CREATININE: SERUM by ENZYMATIC, SPECTRO		PAT	FIENT ID	: 1664950
BARCODE NO. : ( CLIENT CODE. : 1 CLIENT ADDRESS : ( Test Name UREA: SERUM by UREASE - GLUTAMATE CREATININE: SERUM by ENZYMATIC, SPECTRO	SURJESH	REG	G. NO./LAB NO.	: 012503250028
CLIENT CODE. : I CLIENT ADDRESS : ( Test Name UREA: SERUM by UREASE - GLUTAMATE CREATININE: SERUM by ENZYMATIC, SPECTRO		REG	GISTRATION DATE	: 25/Mar/2025 10:03 AM
CLIENT ADDRESS : ( Test Name UREA: SERUM by UREASE - GLUTAMATE CREATININE: SERUM by ENZYMATIC, SPECTRO	01527726	COL	LLECTION DATE	: 25/Mar/2025 10:22AM
Test Name UREA: SERUM by UREASE - GLUTAMATE CREATININE: SERUM by ENZYMATIC, SPECTRO	KOS DIAGNOSTIC LAB	REI	PORTING DATE	: 25/Mar/2025 01:51PM
UREA: SERUM by UREASE - GLUTAMATE CREATININE: SERUM by ENZYMATIC, SPECTRO	6349/1, NICHOLSON ROAD, AM	ÍBALA CANTT		
by UREASE - GLUTAMATE CREATININE: SERUM by ENZYMATIC, SPECTRO		Value	Unit	Biological Reference interva
by UREASE - GLUTAMATE CREATININE: SERUM by ENZYMATIC, SPECTRO	KIDNE	Y FUNCTION 1	TEST (COMPLETE	Ε)
by UREASE - GLUTAMATE CREATININE: SERUM by ENZYMATIC, SPECTRO		19.68	mg/dL	10.00 - 50.00
by ENZYMATIC, SPECTRO	DEHYDROGENASE (GLDH)			
•		0.83	mg/dL	0.40 - 1.20
		9.2	mg/dL	7.0 - 25.0
by CALCULATED, SPECTR			-	
BLOOD UREA NITRO RATIO: SERUM	GEN (BUN)/CREATININE	11.08	RATIO	10.0 - 20.0
by CALCULATED, SPECTR	OPHOTOMETRY			
UREA/CREATININE RA		23.71	RATIO	
by CALCULATED, SPECTR URIC ACID: SERUM	ROPHOTOMETRY	5.38	mg/dL	2.50 - 6.80
by URICASE - OXIDASE PE	EROXIDASE	5.58	ing/uL	2.30 - 0.80
CALCIUM: SERUM		10.01	mg/dL	8.50 - 10.60
by ARSENAZO III, SPECTR PHOSPHOROUS: SERU		3.91	mg/dL	2.30 - 4.70
	E, SPECTROPHOTOMETRY	5.91	ing/uL	2.30 - 4.70
ELECTROLYTES				
SODIUM: SERUM		135.4	mmol/L	135.0 - 150.0
by ISE (ION SELECTIVE EL	ECTRODE)	4.12		2.50 5.00
POTASSIUM: SERUM by ISE (ION SELECTIVE EL	ECTRODE)	4.12	mmol/L	3.50 - 5.00
CHLORIDE: SERUM		101.55	mmol/L	90.0 - 110.0
by ISE (ION SELECTIVE EL	.ectrode) <b>RULAR FILTERATION RAT</b>	F		
	RULAR FILTERATION RATE	_		
(eGFR): SERUM	ULAK FILTEKATION KATE	78.7		
by CALCULATED				
INTERPRETATION: To differentiate between				

INCREASED RATIO (>20:1) WITH NORMAL CREATININE:

1. Prerenal azotemia (BUN rises without increase in creatinine) e.g. heart failure, salt depletion, dehydration, blood loss) due to decreased glomerular filtration rate.



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		hopra & Microbiology) onsultant Pathologist	Dr. Yugam Chopra MD (Pathology) St CEO & Consultant Pathologist		
IAME	: Mrs. SUNITA VERMA				
GE/ GENDER	: 64 YRS/FEMALE	PAT	TIENT ID	: 1664950	
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LIENT CODE.	: KOS DIAGNOSTIC LAB		PORTING DATE	: 25/Mar/2025 01:5	
			OKTING DATE	. 25/ Mai/ 2025 01.5	
LIENT ADDRESS	: 6349/1, NICHOLSON ROAD	), AMBALA CANTT			
Fest Name		Value	Unit	Biological	Reference interval
Acute tubular necr     Low protein diet al     Severe liver diseas     Other causes of de     Repeated dialysis     Inherited hyperam     SIADH (syndrome of     Pregnancy.     Pregnancy.     Phenacimide thera     Rhabdomyolysis (r     Muscular patients     NAPPROPIATE RATIO     Diabetic ketoacido     hould produce an in	nd starvation. e. creased urea synthesis. (urea rather than creatinine dif imonemias (urea is virtually abs of inappropiate antidiuretic har <b>10:1) WITH INCREASED CREATIN</b> upy (accelerates conversion of c releases muscle creatinine). who develop renal failure.	sent in blood). mone) due to tubular si INE: reatine to creatinine). ncrease in creatinine w	ecretion of urea.	ologies,resulting in norma	l ratio when dehydratior
STIMATED GLOMERU	JLAR FILTERATION RATE:				1
CKD STAGE				ASSOCIATED FINDINGS	
G1 G2	Normal kidney fun Kidney damage v		90 90	No proteinuria Presence of Protein,	
02	normal or high G			Ibumin or cast in urine	

G2	Kidney damage with normal or high GFR	>90	Presence of Protein , Albumin or cast in urine
G3a	Mild decrease in GFR	60 -89	
G3b	Moderate decrease in GFR	30-59	
G4	Severe decrease in GFR	15-29	
G5	Kidney failure	<15	





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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMB	ALA CANTT	
Test Name		Value Unit	<b>Biological Reference interval</b>

COMMENTS:

Estimated Glomerular filtration rate (eGFR) is the sum of filtration rates in all functioning nephrons and so an estimation of the GFR provides a measure of functioning nephrons of the kidney.
 eGFR calculated using the 2009 CKD-EPI creatinine equation and GFR category reported as per KDIGO guideline 2012
 In patients, with eGFR creatinine between 45-59 ml/min/1.73 m2 (G3) and without any marker of Kidney damage, It is recommended to measure of CFD with the commended to measure

3. In patients, with eGFR cleaning between 45-59 minimit 1.73 m2 (G3) and without any marker of Kidney damage, it is recommended to measure eGFR with Cystatin C for confirmation of CKD
4. eGFR category G1 OR G2 does not fulfill the criteria for CKD, in the absence of evidence of Kidney Damage
5. In a suspected case of Acute Kidney Injury (AKI), measurement of eGFR should be done after 48-96 hours of any Intervention or procedure
6. eGFR calculated by Serum Creatinine may be less accurate due to certain factors like Race, Muscle Mass, Diet, Certain Drugs. In such cases, eGFR should be calculated using Serum Cystatin C
7. A decrease in eGFR implies either progressive renal disease, or a reversible process causing decreased nephron function (eg, severe dehydration).

ADVICE:

KDIGO guideline, 2012 recommends Chronic Kidney Disease (CKD) should be classified based on cause, eGFR category and Albuminuria (ACR) category. GFR & ACR category combined together reflect risk of progression and helps Clinician to identify the individual who are progressing at more rapid rate than anticipated



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Test Name		Value	Unit	<b>Biological Reference interva</b>
Test Name		Value IRON PROI		Biological Reference interva
Test Name IRON: SERUM by FERROZINE, SPEC	TROPHOTOMETRY			<b>Biological Reference interva</b> 37.0 - 145.0
IRON: SERUM by ferrozine, spec UNSATURATED IR :SERUM	ON BINDING CAPACITY (UIB	<b>IRON PROI</b> 101.81	FILE	
IRON: SERUM by ferrozine, spec UNSATURATED IR :SERUM by ferrozine, spec TOTAL IRON BINI :SERUM	ON BINDING CAPACITY (UIBO TROPHOTOMETERY DING CAPACITY (TIBC)	<b>IRON PROI</b> 101.81	F <b>ILE</b> µg/dL	37.0 - 145.0
IRON: SERUM by FERROZINE, SPEC UNSATURATED IR :SERUM by FERROZINE, SPEC TOTAL IRON BINI :SERUM by SPECTROPHOTOM %TRANSFERRIN S	ON BINDING CAPACITY (UIBO TROPHOTOMETERY DING CAPACITY (TIBC)	<b>IRON PROF</b> 101.81 C) 223.24	F <b>ILE</b> μg/dL μg/dL	37.0 - 145.0 150.0 - 336.0

VARIABLES	ANEMIA OF CHRONIC DISEASE IRON DEFICIENCY ANEMIA		THALASSEMIA α/β TRAIT	
SERUM IRON:	Normal to Reduced	Reduced	Normal	
TOTAL IRON BINDING CAPACITY:	Decreased	Increased	Normal	
% TRANSFERRIN SATURATION:	Decreased	Decreased < 12-15 %	Normal	
SERUM FERRITIN:	Normal to Increased	Decreased	Normal or Increased	

IRON:

1.Serum iron studies is recommended for differential diagnosis of microcytic hypochromic anemia.i.e iron deficiency anemia, zinc deficiency anemia, anemia of chronic disease and thalassemia syndromes.

It is essential to isolate iron deficiency anemia from Beta thalassemia syndromes because during iron replacement which is therapeutic for iron deficiency anemia, is severely contra-indicated in Thalassemia.
 TOTAL IRON BINDING CAPACITY (TIBC):

 It is a direct measure of protein transferrin which transports iron from the gut to storage sites in the bone marrow.

# % TRANSFERRIN SATURATION:

1.Occurs in idiopathic hemochromatosis and transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of transferrin.



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TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTT





		v & Microbiology) onsultant Pathologist	Dr. Yugan MD CEO & Consultant	(Pathology)	
NAME	: Mrs. SUNITA VERMA				
AGE/ GENDER	: 64 YRS/FEMALE	PA	FIENT ID	: 1664950	
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	D, AMBALA CANTT			
Test Name		Value	Unit	<b>Biological Reference</b>	interval
		ENDOCRIN	NOLOGY		
	T	HYROID FUNCTIO	ON TEST: TOTAL		
TRIIODOTHYRON by CMIA (CHEMILUMIN	INE (T3): SERUM	0.992 DASSAY)	ng/mL	0.35 - 1.93	
THYROXINE (T4): by CMIA (CHEMILUMIN	SERUM IESCENT MICROPARTICLE IMMUN	8.74 DASSAY)	µgm/dL	4.87 - 12.60	
	ATING HORMONE (TSH):	/.10/	µIU/mL	0.35 - 5.50	
by CMIA (CHEMILUMIN 3rd GENERATION, ULT	IESCENT MICROPARTICLE IMMUN RASENSITIVE	DASSAY)			
INTERPRETATION:					
				m. The variation is of the order of 50%.Hen	
triiodothyronine (T3).Fai				etabolically active hormones, thyroxine ( er underproduction (hypothyroidism) or	14)and
CLINICAL CONDITION	T3		T4	TSH	
Primary Hypothyroidis	m: Reduced	1 R	educed li	acreased (Significantly)	

CLINICAL CONDITION	T3	T4	TSH
Primary Hypothyroidism:	Reduced	Reduced	Increased (Significantly)
Subclinical Hypothyroidism:	Normal or Low Normal	Normal or Low Normal	High
Primary Hyperthyroidism:	Increased	Increased	Reduced (at times undetectable)
Subclinical Hyperthyroidism:	Normal or High Normal	Normal or High Normal	Reduced

#### LIMITATIONS:-

1. T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser extent albumin and Thyroid binding Pre Albumin so conditions in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, anabolic steroids and glucocorticoids may falsely affect the T3 and T4 levels and may cause false thyroid values for thyroid function tests.

2. Normal levels of T4 can also be seen in Hyperthyroid patients with :T3 Thyrotoxicosis, Decreased binding capacity due to hypoproteinemia or ingestion of certain drugs (e.g.: phenytoin , salicylates).

3. Serum T4 levels in neonates and infants are higher than values in the normal adult , due to the increased concentration of TBG in neonate serum.

4. TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy.

TRIIODOTH	(RONINE (T3)	THYROXINE (T4)		THYROID STIMULATING HORMONE (TS	
Age	Refferance Range (ng/mL)	Age	Refferance Range (µg/dL)	Age	Reference Range ( μIU/mL)
0 - 7 Days	0.20 - 2.65	0 - 7 Days	5.90 - 18.58	0 - 7 Days	2.43 - 24.3
7 Days - 3 Months	0.36 - 2.59	7 Days - 3 Months	6.39 - 17.66	7 Days - 3 Months	0.58 - 11.00
3 - 6 Months	0.51 - 2.52	3 - 6 Months	6.75 - 17.04	3 Days – 6 Months	0.70 - 8.40





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	<b>T</b> 7 <b>T</b>	TT •4	

Test Name			Value	Unit	t	<b>Biological Reference interval</b>
6 - 12 Months	0.74 - 2.40	6 - 12 Months	7.10 - 16.16	6 - 12 Months	0.70 - 7.00	
1 - 10 Years	0.92 - 2.28	1 - 10 Years	6.00 - 13.80	1 – 10 Years	0.60 - 5.50	
11- 19 Years	0.35 - 1.93	11 - 19 Years	4.87-13.20	11 – 19 Years	0.50 - 5.50	
> 20 years (Adults)	0.35 - 1.93	> 20 Years (Adults)	4.87 - 12.60	> 20 Years (Adults)	0.35-5.50	
	RECOM	MENDATIONS OF TSH LE	VELS DURING PREC	GNANCY ( µIU/mL)		
	1st Trimester			0.10 - 2.50		
	2nd Trimester			0.20 - 3.00		
	3rd Trimester			0.30 - 4.10		

#### INCREASED TSH LEVELS:

1. Primary or untreated hypothyroidism may vary from 3 times to more than 100 times normal depending upon degree of hypofunction.

2. Hypothyroid patients receiving insufficient thyroid replacement therapy.

3.Hashimotos thyroiditis

4.DRUGS: Amphetamines, iodine containing agents & dopamine antagonist.

5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge

DECREASED TSH LEVELS:

1.Toxic multi-nodular goiter & Thyroiditis.

2. Over replacement of thyroid hormone in treatment of hypothyroidism.

3. Autonomously functioning Thyroid adenoma

4. Secondary pituitary or hypothalamic hypothyroidism

5. Acute psychiatric illness

6.Severe dehydration.

7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.

8.Pregnancy: 1st and 2nd Trimester





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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CAN	TT				
Test Name	Value	Unit	<b>Biological Reference interval</b>			
	V	ITAMINS				
VITAMIN D/25 HYDROXY VITAMIN D3						
	YDROXY VITAMIN D3): SERUM 46.3 ESCENCE IMMUNOASSAY)	ng/mL	DEFICIENCY: < 20.0 INSUFFICIENCY: 20.0 - 30.0 SUFFICIENCY: 30.0 - 100.0 TOXICITY: > 100.0			

### INTERPRETATION:

DEFICIENT:	< 20	ng/mL	
INSUFFICIENT:	21 - 29	ng/mL	
PREFFERED RANGE:	30 - 100	ng/mL	
INTOXICATION:	> 100	ng/mL	

1. Vitamin D compounds are derived from dietary ergocalciferol (from plants, Vitamin D2), or cholecalciferol (from animals, Vitamin D3), or by conversion of 7- dihydrocholecalciferol to Vitamin D3 in the skin upon Ultraviolet exposure.

2.25-OH--Vitamin D represents the main body resevoir and transport form of Vitamin D and transport form of Vitamin D, being stored in adipose tissue and tightly bound by a transport protein while in circulation.

3. Vitamin D plays a primary role in the maintenance of calcium homeostatis. It promotes calcium absorption, renal calcium absorption and phosphate reabsorption, skeletal calcium deposition, calcium mobilization, mainly regulated by parathyroid harmone (PTH). 4. Severe deficiency may lead to failure to mineralize newly formed osteoid in bone, resulting in rickets in children and osteomalacia in adults. DECREASED:

1.Lack of sunshine exposure.

2.Inadequate intake, malabsorption (celiac disease) 3.Depressed Hepatic Vitamin D 25- hydroxylase activity

4. Secondary to advanced Liver disease

5. Osteoporosis and Secondary Hyperparathroidism (Mild to Moderate deficiency)

6.Enzyme Inducing drugs: anti-epileptic drugs like phenytoin, phenobarbital and carbamazepine, that increases Vitamin D metabolism.

INCREASED: 1. Hypervitaminosis D is Rare, and is seen only after prolonged exposure to extremely high doses of Vitamin D. When it occurs, it can result in

severe hypercalcemia and hyperphophatemia. CAUTION: Replacement therapy in deficient individuals must be monitored by periodic assessment of Vitamin D levels in order to prevent hypervitaminosis D

NOTE:-Dark coloured individuals as compare to whites, is at higher risk of developing Vitamin D deficiency due to excess of melanin pigment which interefere with Vitamin D absorption.





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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







NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mrs. SUNITA VERMA : 64 YRS/FEMALE : SURJESH : : 01527726	ŀ	PATIENT ID REG. NO./LAB NO.	: 1664950 : <b>012503250028</b>			
COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE.	: SURJESH : : 01527726	ŀ	REG. NO./LAB NO.				
REFERRED BY BARCODE NO. CLIENT CODE.	: : 01527726			: 012503250028			
BARCODE NO. CLIENT CODE.		F					
CLIENT CODE.			REGISTRATION DATE	: 25/Mar/2025 10:03 AM			
		(	COLLECTION DATE	: 25/Mar/2025 10:22AM			
	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 25/Mar/2025 01:32PM			
	: 6349/1, NICHOLSON ROAD, A						
Test Name		Value	Unit	<b>Biological Reference interval</b>			
		171 <sup>L</sup>	2/COBALAMIN pg/mL	190.0 - 890.0			
INTERPRETATION:-				1012			
1.Ingestion of Vitami	D VITAMIN B12	1 Pregnar	DECREASED VITAMIN B12 1.Pregnancy				
2.Ingestion of Estrogen			2.DRUGS:Aspirin, Anti-convulsants, Colchicine				
3.Ingestion of Vitamin A			3.Ethanol Igestion				
4.Hepatocellular injury			4. Contraceptive Harmones				
5.Myeloproliferative disorder 6.Uremia			5.Haemodialysis 6. Multiple Myeloma				
2.In humans, it is obta 3.The body uses its vita excreted. 4.Vitamin B12 deficien ileal resection, small in 5.Vitamin B12 deficien proprioception, poor c the neurologic defects 6.Serum methylmaloni 7.Follow-up testing for <b>NOTE</b> :A normal serum deficiency at the cellul	cy may be due to lack of IF secre ntestinal diseases). cy frequently causes macrocytic oordination, and affective behav without macrocytic anemia. c acid and homocysteine levels a antibodies to intrinsic factor (IF concentration of vitamin B12 do	and requires intri Ily, reabsorbing vi etion by gastric mu : anemia, glossitis vioral changes. Th are also elevated i) is recommende es not rule out tis clinical symptoms	nsic factor (IF) for absorp tamin B12 from the ileum ucosa (eg, gastrectomy, g , peripheral neuropathy, ese manifestations may c in vitamin B12 deficiency d to identify this potentia sue deficiency of vitamin	n and returning it to the liver; very little is astric atrophy) or intestinal malabsorption (eg weakness, hyperreflexia, ataxia, loss of occur in any combination; many patients have			





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





	<b>Dr. Vinay Cho</b> MD (Pathology & Chairman & Cons		Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mrs. SUNITA VERMA			
AGE/ GENDER	: 64 YRS/FEMALE	P	ATIENT ID	: 1664950
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<b>REFERRED BY</b>	:	R	EGISTRATION DATE	: 25/Mar/2025 10:03 AM
BARCODE NO.	: 01527726	C	OLLECTION DATE	: 25/Mar/2025 10:22AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	R	EPORTING DATE	: 25/Mar/2025 10:37AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	AMBALA CANTT		
Test Name		Value	Unit	<b>Biological Reference interval</b>
		CLINICAL P	ATHOLOGY	
	URINE ROU	TINE & MICR	OSCOPIC EXAMI	NATION
PHYSICAL EXAM	INATION			
QUANTITY RECIE'	VED TANCE SPECTROPHOTOMETRY	10	ml	
COLOUR	TANCE SPECTROPHOTOMETRY	PALE YELL	OW	PALE YELLOW
TRANSPARANCY by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	HAZY		CLEAR
SPECIFIC GRAVIT	Y TANCE SPECTROPHOTOMETRY	1.01		1.002 - 1.030
CHEMICAL EXAM				
REACTION		ACIDIC		
by DIP STICK/REFLEC PROTEIN	TANCE SPECTROPHOTOMETRY	Nagativa		
	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
SUGAR		Negative		NEGATIVE (-ve)
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	6		5.0 - 7.5
L	TANCE SPECTROPHOTOMETRY	0		5.0 - 7.5
BILIRUBIN		Negative		NEGATIVE (-ve)
NITRITE	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
•	TANCE SPECTROPHOTOMETRY.	-		
UROBILINOGEN	TANCE SPECTROPHOTOMETRY	Normal	EU/dL	0.2 - 1.0
KETONE BODIES		Negative		NEGATIVE (-ve)
	TANCE SPECTROPHOTOMETRY	-		
BLOOD by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
ASCORBIC ACID	TANCE SPECTROPHOTOMETRY	NEGATIVE	(-ve)	NEGATIVE (-ve)

**MICROSCOPIC EXAMINATION** 



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





MD (Pathology & Microbiology) Chairman & Consultant Pathologist

Dr. Vinay Chopra



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

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Test Name		Value	Unit	<b>Biological Reference interval</b>
RED BLOOD CELL	S (RBCs) CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS	CENTRIFUGED URINARY SEDIMENT	5-7	/HPF	0 - 5
EPITHELIAL CELL		3-4	/HPF	ABSENT
CRYSTALS	CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS by MICROSCOPY ON C	CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA				

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT TRICHOMONAS VAGINALIS (PROTOZOA)

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT

\*\*\* End Of Report \*\*\*

ABSENT

NEGATIVE (-ve)



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NEGATIVE (-ve)

ABSENT