

# **KOS Diagnostic Lab**





Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist

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

**NAME** : Mr. RAJESHWAR DASS

**PATIENT ID AGE/ GENDER** : 54 YRS/MALE :1819911

**COLLECTED BY** : 012504060020 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 06/Apr/2025 09:38 AM BARCODE NO. :01528446 **COLLECTION DATE** : 06/Apr/2025 09:39AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE :06/Apr/2025 11:12AM

**CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit **Biological Reference interval** 

### **CLINICAL CHEMISTRY/BIOCHEMISTRY**

#### LIPID PROFILE: BASIC

| CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP            | 164.45 | mg/dL | OPTIMAL: < 200.0<br>BORDERLINE HIGH: 200.0 -<br>239.0<br>HIGH CHOLESTEROL: > OR =  |
|--|--------|-------|--|
| TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) | 85.37  | mg/dL | 240.0<br>OPTIMAL: < 150.0<br>BORDERLINE HIGH: 150.0 -<br>199.0<br>HIGH: 200.0 - 499.0  |
| HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION        | 57.2   | mg/dL | VERY HIGH: > OR = 500.0<br>LOW HDL: < 30.0<br>BORDERLINE HIGH HDL: 30.0 -<br>60.0  |
| LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY        | 90.18  | mg/dL | HIGH HDL: > OR = 60.0<br>OPTIMAL: < 100.0<br>ABOVE OPTIMAL: 100.0 - 129.0<br>BORDERLINE HIGH: 130.0 -<br>159.0<br>HIGH: 160.0 - 189.0                              |
| NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY    | 107.25 | mg/dL | VERY HIGH: > OR = 190.0<br>OPTIMAL: < 130.0<br>ABOVE OPTIMAL: 130.0 - 159.0<br>BORDERLINE HIGH: 160.0 -<br>189.0<br>HIGH: 190.0 - 219.0<br>VERY HIGH: > OR = 220.0 |
| VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY       | 17.07  | mg/dL | 0.00 - 45.00   |
| TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY           | 414.27 | mg/dL | 350.00 - 700.00  |



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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





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(A Unit of KOS Healthcare)



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| Test Name   | Value             | Unit  | Biological Reference interval  |
|---|-------------------|-------|--|
| CHOLESTEROL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY   | 2.87              | RATIO | LOW RISK: 3.30 - 4.40<br>AVERAGE RISK: 4.50 - 7.0<br>MODERATE RISK: 7.10 - 11.0<br>HIGH RISK: > 11.0 |
| LDL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY           | 1.58              | RATIO | LOW RISK: 0.50 - 3.0<br>MODERATE RISK: 3.10 - 6.0<br>HIGH RISK: > 6.0                                |
| TRIGLYCERIDES/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY | 1.49 <sup>L</sup> | RATIO | 3.00 - 5.00  |

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 LDL.

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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