



Dr. Vinay C MD (Pathology Chairman & Co				m Chopra D (Pathology) ht Pathologist	
NAME	: Mr. LOVISH				
AGE/ GENDER	: 30 YRS/MALE]	PATIENT ID	: 1711258	
COLLECTED BY	:]	REG. NO./LAB NO.	: 042412290001	
REFERRED BY	:]	REGISTRATION DATE	: 29/Dec/2024 09:47 AM	
BARCODE NO.	: A1260196		COLLECTION DATE	: 29/Dec/2024 04:17PM	
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAI)	REPORTING DATE	: 29/Dec/2024 05:21PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD	, AMBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
	CLINI	CAL CHEMIST	FRY/BIOCHEMIST	'RV	
	CLIM		FILE : BASIC	N1	
ΉΟΙ Εςτέροι το	TAL · SERUM	180.07	mg/dL	OPTIMAL: < 200.0	
CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP		180.07	ing/ uL	BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0	
TRIGLYCERIDES: S by GLYCEROL PHOSE	ERUM PHATE OXIDASE (ENZYMATIC)	95.76	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0	
				VERY HIGH: $> OR = 500.0$	
HDL CHOLESTERO by SELECTIVE INHIBIT	L (DIRECT): SERUM ion	67.86	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 60.0 HIGH HDL: > OR = 60.0	
LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY		93.06	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 CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY		112.21	mg/dL	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(19.15	mg/dL	0.00 - 45.00	
FOTAL LIPIDS: SEF	RUM	455.9	mg/dL	350.00 - 700.00	
by CALCULATED, SPE	ECTROPHOTOMETRY DL RATIO: SERUM	2.65	RATIO	LOW RISK: 3.30 - 4.40	

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





		C hopra y & Microbiology) Consultant Pathologi		(Pathology)
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Test Name		Value	Unit	Biological Reference interval
LDL/HDL RATIO: SERUM by Calculated, spectrophotometry		1.37	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 1		1.41 ^L	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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