PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

【 0171-2532620, 8222896961 🛛 🖾 pkrjainhealthcare@gmail.com

NAME	: Mrs. AMANDEEP KAUR									
AGE/ GENDER : 40 YRS/FEMALE		PAT	IENT ID	: 1619187						
COLLECTED BY	:	REG	NO./LAB NO.	: 122409200019						
REFERRED BY:BARCODE NO.: 12504825CLIENT CODE.: P.K.R JAIN HEALTHCARE II		REGISTRATION DATE COLLECTION DATE INSTITUTE REPORTING DATE		: 20/Sep/2024 11:38 AM : 20/Sep/2024 11:41AM : 20/Sep/2024 01:07PM						
						CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD,	AMBALA CITY - HARYAN		
						Test Name		Value	Unit	Biological Reference interval
	CLI	NICAL CHEMISTRY	/BIOCHEMISTRY	Y						
		LIPID PROFILI	E : BASIC							
CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP		133.62	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240						
TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)		172.41 ^H	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199. HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0						
HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION		43.08	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0						
LDL CHOLESTEROL: SEI by CALCULATED, SPECT		56.06	mg/dL	OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159. HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0						
NON HDL CHOLESTEROL: SERUM by calculated, spectrophotometry		90.54	mg/dL	OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189. HIGH: 190.0 - 219.0 VERY HIGH: > OR = 220.0						
VLDL CHOLESTEROL: S by CALCULATED, SPECT		34.48	mg/dL	0.00 - 45.00						
TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY		439.65	mg/dL	350.00 - 700.00						
		3.1	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0						
LDL/HDL RATIO: SERUM		1.3	RATIO	LOW RISK: 0.50 - 3.0						

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT

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

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

NOT VALID FOR MEDICO LEGAL PURPOSE

440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600. **REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)**



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2	2504825 K.R JAIN HEALTHCARE INSTITUTE	REG. NO./LAB NO. REGISTRATION DATE C504825 K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE		

rest indirie	value	Unit	biological Reference interval
by CALCULATED, SPECTROPHOTOMETRY			MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0
TRIGLYCERIDES/HDL RATIO: SERUM	4	RATIO	3.00 - 5.00

INTERPRETATION:

 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.
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

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.

 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.
NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogeniclipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants) along

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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