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

A PIONEER DIAGNOSTIC CENTRE

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

NAME	: Mrs. JYOTI KOCHAR				
AGE/ GENDER: 50 YRS/FEMALECOLLECTED BY:REFERRED BY:BARCODE NO.: 12505222CLIENT CODE.: P.K.R JAIN HEALTHCARE IN		PATI	ENT ID	: 1532769 : 122410180001 : 18/Oct/2024 08:05 AM : 18/Oct/2024 09:50AM	
		REG.	NO./LAB NO.		
		REGIS	STRATION DATE		
		COLL	ECTION DATE		
		STITUTE REPORTING DATE		: 18/Oct/2024 11:20AM	
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD,	AMBALA CITY - HARYANA	Α		
Test Name		Value	Unit	Biological Reference interval	
	CLI	NICAL CHEMISTRY/	BIOCHEMISTR	Y	
		LIPID PROFILE	: BASIC		
CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP		168.37	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.	
TRIGLYCERIDES: SEF by GLYCEROL PHOSE	RUM PHATE OXIDASE (ENZYMATIC)	171.82 ^H	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0	
HDL CHOLESTEROL (by SELECTIVE INHIBIT		51.06	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0	
LDL CHOLESTEROL: 5 by CALCULATED, SPE		82.95	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		117.31	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 CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY CHOLESTEROL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY		34.36	mg/dL	0.00 - 45.00	
		508.56	mg/dL	350.00 - 700.00	
		3.3	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0	

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

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

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.)**



Page 1 of 2

PKR JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

NAME	: Mrs. JYOTI KOCHAR				
AGE/ GENDER	: 50 YRS/FEMALE	PATIENT ID	: 1532769		
COLLECTED BY	:	REG. NO./LAB NO.	: 122410180001		
REFERRED BY	:	REGISTRATION DATE	: 18/Oct/2024 08:05 AM		
BARCODE NO.	: 12505222	COLLECTION DATE	: 18/Oct/2024 09:50AM		
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	REPORTING DATE	: 18/Oct/2024 11:20AM		
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA				
Test Name	Value	Unit	Biological Reference interval		
by CALCULATED, SPE	CTROPHOTOMETRY		MODERATE RISK: 3.10 - 6.0		

			HIGH RISK: > 6.0	
TRIGLYCERIDES/HDL RATIO: SERUM by Calculated, spectrophotometry	3.37	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 **





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

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

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.)

