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

A PIONEER DIAGNOSTIC CENTRE

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

| NAME | : Mr. GURCHARAN SINGH | | | | | | |
|--|--|--------------------------------|--------------------------|---|--|--|--|
| AGE/ GENDER : 54 YRS/MALE | | | PATIENT ID | : 1767886 | | | |
| COLLECTED BY | : | | REG. NO./LAB NO. | : 122502240011 | | | |
| REFERRED BY:BARCODE NO.: 12507196CLIENT CODE.: P.K.R JAIN HEALTHCARE INSTITUTE | | | REGISTRATION DATE | : 24/Feb/2025 11:05 AM : 24/Feb/2025 11:34AM | | | |
| | | | COLLECTION DATE | | | | |
| | | ISTITUTE REPORTING DATE | | : 24/Feb/2025 12:23PM | | | |
| CLIENT ADDRESS | : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA | | | | | | |
| Test Name | | Value | Unit | Biological Reference interval | | | |
| | CLINIC | CAL CHEMIS | TRY/BIOCHEMIST | RY | | | |
| | | LIPID PR | OFILE : BASIC | | | | |
| CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP | | 207.99 ^H | mg/dL | OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0 | | | |
| TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) | | 136.55 | mg/dL | OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0 | | | |
| HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION | | 55.37 | mg/dL | LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 60.0 HIGH HDL: > OR = 60.0 | | | |
| LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY | | 125.31 | mg/dL | OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129 BORDERLINE HIGH: 130.0 - 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0 | | | |
| NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY | | 152.62 ^H | mg/dL | OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159 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 | | 27.31 | mg/dL | 0.00 - 45.00 | | | |
| | | 552.53 | mg/dL | 350.00 - 700.00 | | | |
| | | 3.76 | RATIO | LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 | | | |

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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| | | | MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0 |
|--|-------------------|-------|---|
| LDL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY | 2.26 | RATIO | LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0 |
| TRIGLYCERIDES/HDL RATIO: SERUM | 2.47 ^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 HDI

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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