



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

☎ 0171-2532620, 8222896961

✉ pkrjainhealthcare@gmail.com

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

NAME	: Mr. SARABJEET SINGH	PATIENT ID	: 1777792
AGE/ GENDER	: 54 YRS/MALE	REG. NO./LAB NO.	: 122503040007
COLLECTED BY	:	REGISTRATION DATE	: 04/Mar/2025 09:12 AM
REFERRED BY	:	COLLECTION DATE	: 04/Mar/2025 10:47AM
BARCODE NO.	: 12507322	REPORTING DATE	: 04/Mar/2025 01:15PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE		
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA
by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)

136.31^H mg/dL


NORMAL: < 100.0
PREDIABETIC: 100.0 - 125.0
DIABETIC: > OR = 126.0


INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.




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LIPID PROFILE : BASIC

CHOLESTEROL TOTAL: SERUM
by CHOLESTEROL OXIDASE PAP

314.15^H mg/dL

OPTIMAL: < 200.0
BORDERLINE HIGH: 200.0 - 239.0
HIGH CHOLESTEROL: > OR = 240.0

TRIGLYCERIDES: SERUM
by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)

286.63^H mg/dL

OPTIMAL: < 150.0
BORDERLINE HIGH: 150.0 - 199.0

HDL CHOLESTEROL (DIRECT): SERUM
by SELECTIVE INHIBITION

43.17 mg/dL

HIGH: 200.0 - 499.0
VERY HIGH: > OR = 500.0
LOW HDL: < 30.0
BORDERLINE HIGH HDL: 30.0 - 60.0

LDL CHOLESTEROL: SERUM
by CALCULATED, SPECTROPHOTOMETRY

213.65^H mg/dL

HIGH HDL: > OR = 60.0
OPTIMAL: < 100.0
ABOVE OPTIMAL: 100.0 - 129.0
BORDERLINE HIGH: 130.0 - 159.0

NON HDL CHOLESTEROL: SERUM
by CALCULATED, SPECTROPHOTOMETRY

270.98^H mg/dL

HIGH: 160.0 - 189.0
VERY HIGH: > OR = 190.0
OPTIMAL: < 130.0
ABOVE OPTIMAL: 130.0 - 159.0
BORDERLINE HIGH: 160.0 - 189.0

VLDL CHOLESTEROL: SERUM
by CALCULATED, SPECTROPHOTOMETRY

57.33^H mg/dL

HIGH: 190.0 - 219.0
VERY HIGH: > OR = 220.0
0.00 - 45.00

TOTAL LIPIDS: SERUM
by CALCULATED, SPECTROPHOTOMETRY

914.93^H mg/dL


350.00 - 700.00


CHOLESTEROL/HDL RATIO: SERUM
by CALCULATED, SPECTROPHOTOMETRY

7.28^H RATIO

LOW RISK: 3.30 - 4.40
AVERAGE RISK: 4.50 - 7.0
MODERATE RISK: 7.10 - 11.0
HIGH RISK: > 11.0




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LDL/HDL RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	4.95 ^H	RATIO	LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0
TRIGLYCERIDES/HDL RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	6.64 ^H	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 atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), 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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