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

A PIONEER DIAGNOSTIC CENTRE

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

| NAME | : Mr. JATINDER KUMAR | | | | | | |
|--|----------------------------|---------------------|----------------|--|--|--|--|
| AGE/ GENDER | : 42 YRS/MALE | РАТ | IENT ID | : 1791543 | | | |
| COLLECTED BY | : | REG | . NO./LAB NO. | : 122503150005 | | | |
| REFERRED BY | : | REG | ISTRATION DATE | : 15/Mar/2025 09:13 AM | | | |
| BARCODE NO. : 12507504 CLIENT CODE. : P.K.R JAIN HEALTHCARE | | COL | LECTION DATE | : 15/Mar/2025 10:27AM : 15/Mar/2025 12:19PM | | | |
| | | STITUTE REP | ORTING DATE | | | | |
| CLIENT ADDRESS | : NASIRPUR, HISSAR ROAD, A | MBALA CITY - HARYAN | JA | | | | |
| Test Name | | Value | Unit | Biological Reference interval | | | |
| | CLINI | CAL CHEMISTRY | //BIOCHEMIST | RY | | | |
| | | LIPID PROFII | E : BASIC | | | | |
| CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP | | 221.44 ^H | mg/dL | OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0 | | | |
| TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) | | 290.74 ^H | 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 | | 39 | mg/dL | LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 60.0 HIGH HDL: > OR = 60.0 | | | |
| LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY | | 124.29 | 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 | | 182.44 ^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 | | 58.15 ^H | mg/dL | 0.00 - 45.00 | | | |
| | | 733.62 ^H | mg/dL | 350.00 - 700.00 | | | |
| CHOLESTEROL/HD | | 5.68 ^H | 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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| | | | | | |

| Test Name | Value | Unit | Biological Reference interval |
|--|-------------------|-------|---|
| | | | MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0 |
| LDL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY | 3.19 ^H | RATIO | LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0 |
| TRIGLYCERIDES/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY | 7.45 ^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 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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