

Name	: Z615	Collected	: 1/9/2017 12:00:00AM
Lab No.	: 135091539	Received	: 1/9/2017 10:47:22AM
Age: 27 Years	Gender: Male	Reported	: 1/9/2017 3:03:41PM
A/c Status : P	Ref By : Dr. UNKNWON	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
HEART SCREEN			
LIPID PROFILE, BASIC, SERUM (Spectrophotometry, Calculated)			
Cholesterol Total	150.00	mg/dL	<200.00
Triglycerides	120.00	mg/dL	<150.00
HDL Cholesterol	33.00	mg/dL	>40.00
LDL Cholesterol	93.00	mg/dL	<100.00
VLDL Cholesterol	24.00	mg/dL	<30.00
Non-HDL Cholesterol	117.00	mg/dL	<130.00

Interpretation

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100- 129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

Note

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. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.



LPL - LPL-ROHINI (NATIONAL REFERENCE
LAB)
SECTOR - 18, BLOCK -E ROHINI
DELHI 110085

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6.	Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement		

Treatment Goals as per NLA 2014

RISK CATEGORY	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	APOLIPOPROTEIN B (mg/dL)
Low/Moderate/High	<130	<100	<90
Very High	<100	<70	<80



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Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA (Hexokinase)	80.00	mg/dL	70.00 - 100.00
URIC ACID, SERUM (Uricase)	5.00	mg/dL	3.50 - 7.20
CARDIO C-REACTIVE PROTEIN (hsCRP), SERUM (Immunoturbidimetry)	0.30	mg/L	<1.00

Interpretation

CARDIO CRP IN mg/L	CARDIOVASCULAR RISK
<1	Low
1-3	Average
3-10	High
>10	Persistent elevation may represent Non cardiovascular inflammation

Note: To assess vascular risk, it is recommended to test hsCRP levels 2 or more weeks apart and calculate the average

Comments

High sensitivity C Reactive Protein (hsCRP) significantly improves cardiovascular risk assessment as it is a strongest predictor of future coronary events. It reveals the risk of future Myocardial infarction and Stroke among healthy men and women, independent of traditional risk factors. It identifies patients at risk of first Myocardial infarction even with low to moderate lipid levels. The risk of recurrent cardiovascular events also correlates well with hsCRP levels. It is a powerful independent risk determinant in the prediction of incident Diabetes.

HOMOCYSTEINE, QUANTITATIVE, SERUM (CMIA)	11.00	umol/L	5.46 - 16.20
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Comments

Homocysteine is a sulphur containing amino acid. There is an association between elevated levels of circulating homocysteine and various vascular and cardiovascular disorders. Clinically the measurement of homocysteine is considered important to diagnose homocystinuria, to identify individuals with or at risk of developing cobalamin or folate deficiency & to assess risk factor for Cardiovascular Disease (CVD) for which the recommendations are:

- Specially useful in young CVD patients (< 40 yrs)
- In known cases of CVD, high homocysteine levels should be used as a prognostic marker for CVD



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events and mortality			
	<ul style="list-style-type: none">CVD patients with homocysteine levels > 15 umol/L belong to a high risk groupIncreased homocysteine levels with low vitamin concentrations should be handled as a potential vitamin deficiency case.		

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-----End of report-----

