Name	: **Mr. DUMMY**		**Age**	: **25 Years**	
Lab No.	: **WM17SNDUMMY**		**Gender**	: **Male**	
Ref By	: **SELF**		**Reported**	: **28/3/2025 5:50:49PM**	
Collected	: **28/3/2025 11:12:00AM**		**Report Status**	: **Interim**	
A/c Status	: **P**				
Collected at	: **LPL-ROHINI (NATIONAL REFERENCE LAB) National Reference laboratory, Block E, Sector 18, ROHINI DELHI 110085**		**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**	

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
SWASTHFIT SUPER 4-NEW			
SUGAR CHOICE, PLASMA (Hexokinase)			
Glucose, Fasting		mg/dL	70.00 - 100.00
THYROID PROFILE, FREE, SERUM (CLIA)			
Free Triiodothyronine (T3, Free)		pg/mL	2.30 - 4.20
Free Thyroxine (T4, Free)		ng/dL	0.89 - 1.76
TSH, Ultrasensitive		µIU/mL	0.550 - 4.780

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. hence time of the day has influence on the measured serum TSH concentrations.

2. TSH Values <0.03 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

Name	**: Mr. DUMMY**		
Lab No.	**: WM17SNDUMMY**	**Age**	**: 25 Years**
Ref By	**: SELF**	**Gender**	**: Male**
Collected	**: 28/3/2025 11:12:00AM**	**Reported**	**: 28/3/2025 5:50:57PM**
A/c Status	**: P**	**Report Status**	**: Interim**
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MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE, BASIC, SERUM			
Cholesterol Total (CHO-POD)		mg/dL	<200
Triglycerides (GPO-POD)		mg/dL	<150
HDL Cholesterol (Enz Immunoinhibition)		mg/dL	>40
LDL Cholesterol,Direct (Enz Selective protection)		mg/dL	<100
LDL Cholesterol (Calculated)		mg/dL	<100.00
VLDL Cholesterol (Calculated)		mg/dL	<30
Non-HDL Cholesterol (Calculated)		mg/dL	<130

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. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors
3. Triglycerides levels >150 mg/dL in fasting or >175 mg/dL in non-fasting are considered risk modifier for ASCVD risk

Treatment Goals for Lipid lowering therapy (as per Lipid Association of India 2023)

ASCVD RISK CATEGORY	TREATMENT GOAL	
	LDL-C in mg/dL (Primary target)	NON HDL-C in mg/dL (Co-Primary target)
Low	<100	<130
Moderate	<100	<130
High	<70	<100
Very High	<50	<80
Extreme (A)	<50 (<30 Optional)	<80 (< 60 optional)
Extreme (B)	<30	<60

Name	: **Mr. DUMMY**		
Lab No.	: **WM17SNDUMMY**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
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MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

ASCVD Risk Stratification & Treatment goals in Indian population

Indians are at very high risk of developing ASCVD, they usually get the disease at an early age, have a more severe form of the disease and have poorer outcome as compared to the western populations. Many individuals remain asymptomatic before they get heart attack, ASCVD risk helps to identify high risk individuals even when there is no symptom related to heart disease. Risk stratification is important to guide lipid lowering therapy and to identify treatment goals.

CSI Clinical Practice guidelines (2024) recommends in the absence of formal risk calculator for Indian population, only risk factors can be used for risk assessment. Standard Risk factors are:

1. Smoking/tobacco use
2. Hypertension
3. Diabetes
4. Family h/o Premature CAD (Men <55 years and women <60 years)

Risk Assessment*

Low Risk	Moderate Risk	High Risk	Very High Risk	Extremely High Risk
No standard risk factor	Presence of any one standard risk factor	•Presence of 2 or more standard factors with no manifest ASCVD •DM with 1 or more risk factor •Heterozygous Familial Hypercholesterole-mia (HeFH) with no risk factor •Hypertension with one or more risk factor or with Target organ damage (TOD) •CKD- eGFR 30-59 ml/min	•ASCVD-CAD/PVD/CeVD •Imaging->50%lesion in any two major vessels •DM>20 years or multiple risk factors, TOD •HeFH-with ASCVD or RF •CKD-eGFR <30 ml/min	•ASCVD with recurrent vascular events •ASCVD with HeFH & High Lp(a)

* A more formal risk assessment may be used by clinicians according to their personal preferences and familiarity with the risk scores .

Name	: **Mr. DUMMY**		
Lab No.	: **WM17SNDUMMY**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **28/3/2025 11:12:00AM**	**Reported**	: **28/3/2025 5:50:57PM**
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MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIVER & KIDNEY PANEL, SERUM			
Creatinine (Modified Jaffe,Kinetic)		mg/dL	0.70 - 1.30
GFR Estimated (CKD EPI Equation 2021)		mL/min/1.73m2	>59
GFR Category (KDIGO Guideline 2012)			
Urea (Urease UV)		mg/dL	13.00 - 43.00
Urea Nitrogen Blood (Calculated)		mg/dL	6.00 - 20.00
BUN/Creatinine Ratio (Calculated)			
Uric Acid (Uricase)		mg/dL	3.50 - 7.20
AST (SGOT) (IFCC without P5P)		U/L	15.00 - 40.00
ALT (SGPT) (IFCC without P5P)		U/L	10.00 - 49.00
AST:ALT Ratio (Calculated)			<1.00
GGTP (IFCC)		U/L	0 - 73
Alkaline Phosphatase (ALP) (IFCC-AMP)		U/L	30.00 - 120.00
Bilirubin Total (Oxidation)		mg/dL	0.30 - 1.20
Bilirubin Direct (Oxidation)		mg/dL	<0.3
Bilirubin Indirect (Calculated)		mg/dL	<1.10
Total Protein (Biuret)		g/dL	5.70 - 8.20
Albumin (BCG)		g/dL	3.20 - 4.80
Globulin(Calculated)		gm/dL	2.0 - 3.5
A : G Ratio (Calculated)			0.90 - 2.00

Name	: **Mr. DUMMY**		
Lab No.	: **WM17SNDUMMY**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **28/3/2025 11:12:00AM**	**Reported**	: **28/3/2025 5:50:57PM**
A/c Status	: **P**	**Report Status**	: **Interim**
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MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Calcium, Total (Arsenazo III)		mg/dL	8.70 - 10.40
Phosphorus (Molybdate UV)		mg/dL	2.40 - 5.10
Sodium (Indirect ISE)		mEq/L	136.00 - 145.00
Potassium (Indirect ISE)		mEq/L	3.50 - 5.10
Chloride (Indirect ISE)		mEq/L	98.00 - 107.00

Note

1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1

Name	: **Mr. DUMMY**		
Lab No.	: **WM17SNDUMMY**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **28/3/2025 11:12:00AM**	**Reported**	: **28/3/2025 5:51:23PM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **LPL-ROHINI (NATIONAL REFERENCE LAB) National Reference laboratory, Block E, Sector 18, ROHINI DELHI 110085**	**Processed at**	: **LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC			
Hemoglobin (Photometry)		g/dL	13.00 - 17.00
Packed Cell Volume (PCV) (Calculated)		%	40.00 - 50.00
RBC Count (Electrical impedence)		mill/mm3	4.50 - 5.50
MCV (Electrical impedence)		fL	83.00 - 101.00
Mentzer Index (Calculated)			
MCH (Calculated)		pg	27.00 - 32.00
MCHC (Calculated)		g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW) (Electrical Impedence)		%	11.60 - 14.00
Total Leukocyte Count (TLC) (Electrical Impedence)		thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils (VCS Technology)		%	40.00 - 80.00
Lymphocytes (VCS Technology)		%	20.00 - 40.00
Monocytes (VCS Technology)		%	2.00 - 10.00
Eosinophils (VCS Technology)		%	1.00 - 6.00
Basophils (VCS Technology)		%	<2.00
Metamyelocytes (VCS Technology)		%	
Myelocytes (VCS Technology)		%	
Promyelocytes (VCS Technology)		%	
Blasts (VCS Technology)		%	
Absolute Leucocyte Count			

Name	: **Mr. DUMMY**		
Lab No.	: **WM17SNDUMMY**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **28/3/2025 11:12:00AM**	**Reported**	: **28/3/2025 5:51:23PM**
A/c Status	: **P**	**Report Status**	: **Interim**
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MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Neutrophils (Calculated)		thou/mm3	2.00 - 7.00
Lymphocytes (Calculated)		thou/mm3	1.00 - 3.00
Monocytes (Calculated)		thou/mm3	0.20 - 1.00
Eosinophils (Calculated)		thou/mm3	0.02 - 0.50
Basophils (Calculated)		thou/mm3	0.02 - 0.10
Others (Calculated)			
Platelet Count (Electrical impedence)		thou/mm3	150.00 - 410.00
Mean Platelet Volume (Electrical impedence)		fL	6.5 - 12.0

Name	: **Mr. DUMMY**		
Lab No.	: **WM17SNDUMMY**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **28/3/2025 11:12:00AM**	**Reported**	: **28/3/2025 5:51:30PM**
A/c Status	: **P**	**Report Status**	: **Interim**
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MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC,NGSP Certified)			
HbA1c		%	4.00 - 5.60
Estimated average glucose (eAG)		mg/dL	

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults >=18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	>= 6.5	<7.0

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HBA1C RESULTS
Hemoglobin variants,elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g.,recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used.Iron deficiency anemia is associated with higher HbA1c

Name	: **Mr. DUMMY**		
Lab No.	: **WM17SNDUMMY**	**Age**	: **25 Years**
Ref By	: **SELF**	**Gender**	: **Male**
Collected	: **28/3/2025 11:12:00AM**	**Reported**	: **28/3/2025 5:51:47PM**
A/c Status	: **P**	**Report Status**	: **Interim**
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MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
VITAMIN B12; CYANOCOBALAMIN, SERUM (CLIA)		pg/mL	211.00 - 911.00
VITAMIN D, 25 - HYDROXY, SERUM (CLIA)		nmol/L	75.00 - 250.00

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MD, Pathology
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MD, Biochemistry
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MD, Pathology
Sr. Consultant Pathologist - Hematology & Immunology
NRL - Dr Lal PathLabs Ltd

Result/s to follow:
SUGAR CHOICE, PLASMA, LIPID PROFILE, BASIC, SERUM, LIVER & KIDNEY PANEL, SERUM, COMPLETE BLOOD COUNT;CBC, HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD, THYROID PROFILE, FREE, SERUM, VITAMIN B12; CYANOCOBALAMIN, SERUM, VITAMIN D, 25 - HYDROXY, SERUM

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory.•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician .•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations.•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico legal purposes.•This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner /Doctor.•The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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