Name : DUMMY Lab No. : Z113LPL

Ref By : DR. DUMMY DUMMY

Collected : 3/10/2024 10:24:00AM Reported

A/c Status

Collected at : PRODUCTION TEST COLLECTION CENTRE

SECTOR - 18, BLOCK-E ROHINI

DELHI 110085

Age : 25 Years Gender · Male

: 30/10/2024 3:23:03PM

Report Status : Interim

Processed at : LPL-NATIONAL REFERENCE LAB

National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HEART HEALTH SCREEN			
HbA1c		%	4.00 - 5.60
(HPLC, NGSP Certified) Estimated average glucose (eAG), Calculated		mg/dL	
Cholesterol Total (CHO-POD)	195	mg/dL	<200
Triglycerides (GPO-POD)	125	mg/dL	<150
HDL Cholesterol (Enz Immunoinhibition)	50	mg/dL	>40
LDL Cholesterol,Direct (Enz Selective protection)	80	mg/dL	<100
VLDL Cholesterol (Calculated)	25	mg/dL	<30
Non-HDL Cholesterol (Calculated)	145	mg/dL	<130
Apolipoprotein B (Apo B) (Immunoturbidimetry)	60.00	mg/dL	46 - 174
HsCRP (Immunoturbidimetry)	1.00	mg/L	<1.00

Note

- Test conducted in serum & Whole Blood.
- 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.
- Apo B >130 mg/dL is considered high risk feature for ASCVD. Apo B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- HsCRP >2mg/L, Triglycerides levels >150 mg/dL in fasting or >175 mg/dL in non-fasting are considered risk modifier for ASCVD risk
- If initial HsCRP is >10mg/L, it should be disregarded & measured again when patient stabilizes. Avoid measurement during acute infection, chronic inflammatory disease, post menopausal hormone therapy
- If initial HsCRP is <10mg/L use average of two values (measured 2 or more weeks apart, intra-individual variation being >40%) to estimate risk

Comment

This test panel helps clinician to decide Atherosclerotic Cardiovascular disease (ASCVD) risk Category, based on risk if therapy is required - what should be the treatment goal. It is important to note Indians are at very high risk of developing ASCVD and usually get the disease at an early age, have a more severe form of the disease



Name : DUMMY Lab No. : Z113LPL

: DR. DUMMY DUMMY Ref By

: 30/10/2024 3:23:03PM Collected : 3/10/2024 10:24:00AM Reported

A/c Status

Collected at : PRODUCTION TEST COLLECTION CENTRE

SECTOR - 18, BLOCK-E ROHINI

DELHI 110085

Aae : 25 Years : Male Gender

Report Status : Interim

Processed at : LPL-NATIONAL REFERENCE LAB

National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

Test Report

Bio. Ref. Interval **Test Name** Results Units and have poorer outcome as compared to the western populations. This is due to high prevalence of Atherogenic dyslipidemia, central abdominal adiposity & increased trans-fats in our diet. Among the various risk factors for ASCVD such as dyslipidemia, Diabetes mellitus, sedentary lifestyle, Hypertension, smoking, genetic predisposition etc., dyslipidemia has the highest population attributable risk for ASCVD. Hence monitoring lipid profile regularly for effective management of dyslipidemia remains one of the most important healthcare targets for prevention of ASCVD. This monitoring should start as early as 20 years of age.

In addition, LAI guidelines (2020) recommend Apo B estimation should be included in the standard lipid panel, initially as well as in follow up. Apo B is becoming increasingly important in the present scenario of a rapidly growing subset of the population with Prediabetes, Diabetes and Metabolic syndrome. Individuals with metabolic syndrome or diabetes tend to have an increased number of small, dense LDL particles but relatively normal LDL-C concentrations. In 20% of patients, there may be discordance between measured LDL-C and Apo B levels. Discordant elevated apo B levels may identify individuals who have high residual cholesterol risk. This may warrant intensive statin therapy and use of non-statin drugs.

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

ASCVD RISK	TREATMENT GOAL			
CATEGORY	LDL-C in mg/dL (Primary target)	NON HDL-C in mg/dL (Co-Primary target)		
Low	<100	<130	 <90	
Moderate	<100	<130	<90	
High	<70	<100		
Very High	<50	<80	<65	
Extreme (A) 	<50 (<30 Optional)		 <65 	
Extreme (B)	<30	<60	<50	

^{*}In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months



Name : DUMMY Lab No. : Z113LPL

Ref By : DR. DUMMY DUMMY

Collected : 3/10/2024 10:24:00AM Repo

A/c Status : P

Collected at : PRODUCTION TEST COLLECTION CENTRE

SECTOR - 18, BLOCK-E ROHINI

DELHI 110085

Age : 25 Years

Gender : Male

Reported : 30/10/2024 3:23:03PM

Report Status : Interim

Processed at : LPL-NATIONAL REFERENCE LAB

National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

Test Report

Test Name Results Units Bio. Ref. Interval

Dr Anjalika Goyal MD,Biochemistry Consultant Biochemist NRL - Dr Lal PathLabs Ltd Dr Himangshu Mazumdar MD, Biochemistry Sr. Consultant Biochemist NRL - Dr Lal PathLabs Ltd

Dr Nimmi Kansal MD, Biochemistry Technical Director - Clinical Chemistry

& Biochemical Genetics NRL - Dr Lal PathLabs Ltd

Result/s to follow:

HEART HEALTH SCREEN

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.

Tel: +91-11-49885050,Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.

