
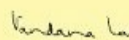


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 FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA



  
 Dr. Vandana Lal  
 M.D (PATH), IFCAP  
*Chief of Pathology*  
 SHROMANI AWARD WINNER

Name	: Mr. ANIRUDDHA BHADURI	Collected	: 3/3/2015 10:22:00AM
Lab No.	: 110724178	Received	: 3/3/2015 10:22:35AM
Age:	42 Years	Reported	: 3/3/2015 4:14:50PM
Gender:	Male	Report Status	: Final
A/c Status	: P	Ref By	: RANJANA BHAN

Test Name	Results	Units	Bio. Ref. Interval
<b>LIPID PROFILE, BASIC, SERUM</b> (Spectrophotometry, Calculated)			
Cholesterol Total	176.00	mg/dL	<200.00
Triglycerides	<b>290.00</b>	mg/dL	<150.00
HDL Cholesterol	<b>39.00</b>	mg/dL	40.00 - 60.00
LDL Cholesterol	79.00	mg/dL	<100.00
VLDL Cholesterol	<b>58.00</b>	mg/dL	<30.00
Non-HDL Cholesterol	137.00	mg/dL	

**Interpretation**

NCEP RECOMMENDATIONS	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100
Above Optimal	-	-	100-129
Borderline High	200-239	150-199	130-159
High	>=240	200-499	160-189
Very High	-	>=500	>=190


**Note**

- 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.
- As per NCEP 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.
- NCEP identifies elevated Triglycerides as an independent risk factor for Coronary Heart Disease (CHD).
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- ATP III guidelines uses LDL Cholesterol as the primary target for cholesterol lowering therapy. Note that major risk factors can modify LDL goals.

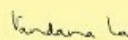
**NON HDL CHOLESTEROL**

RISK CATEGORY	LDL GOAL (mg/dL)	NON HDL GOAL (mg/dL)
CHD & CHD risk equivalent (10 year risk for CHD > 20 %)	< 100	< 130

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Test Name	Results	Units	Bio. Ref. Interval
Multiple (2+) Risk Factors and 10 year risk < or = 20%	< 130		< 160
0-1 Risk factor	< 160		<190

**Comments**

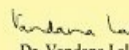
ATP III suggested the addition of Non HDL Cholesterol (Total Cholesterol - HDL Cholesterol) as an indicator of all atherogenic lipoproteins (mainly LDL & VLDL). The Non HDL Cholesterol is used as a secondary target of therapy in persons with triglycerides  $\geq 200$  mg/dL. The goal for Non HDL Cholesterol in those with increased triglyceride is 30 mg/dL above that set for LDL Cholesterol.  
 For calculation of CHD risk, history of smoking, any medication for hypertension & current blood pressure levels are required.

GLUCOSE, FASTING (F) AND POST MEAL, PLASMA (Hexokinase)			
Glucose Fasting	133.00	mg/dL	70.00 - 100.00
Glucose (PP)	169.00	mg/dL	70.00 - 140.00

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Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC)	7.20	%	

### Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	4.0 - 6.0
At risk	>=6.0 to <= 6.5
Diagnosing Diabetes	> 6.5
Therapeutic goals for glycemic control	Age > 19 years . Goal of therapy: < 7.0 . Action suggested: > 8.0
	Age < 19 years . Goal of therapy: <7.5

- Note:** 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

### Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

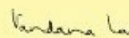
### ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212

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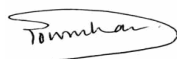
  
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Test Name	Results	Units	Bio. Ref. Interval
10	240		
11	269		
12	298		



Dr. Nimmi Kansal  
 MD (Biochemistry)  
 HOD Biochem & IA



Dr. Sushrut Pownikar  
 DNB (Pathology)  
 HOD Hemat & Imm

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