SUPERCEUTICALS
ENGINEERING HEALTHCARE

29. Infocity 2, Sector 33, Gurgaon, Haryana - 122005
Gurgaon, Haryana 122022.

Name : TESTNOW | **Patient ID : SC23F000002** | **Gender : Male**

Place : Bangalore | **Age : 62** | **A/c Status :**

Lab No. : SC1 | **Ref By : me** | **Date & Time : 10/07/2024 20:51:29**

Test Category	Test Name	Results	Units	Bio. Ref. Interval
Lipid Profile (Cardiac)	**TC**	170	mg/dL	<200
	TG	**344***	mg/dL	<150
	HDL	**12***	mg/dL	>40
	LDL	12	mg/dL	<100
	Non-HDL	12	mg/dL	<130

Summary

Cholesterol is a vital chemical present in the body and performs many functions such as coating the cells of the body-forming the cell membrane, producing certain components called bile acids which aid in digestion of fats.
Additionally, it performs an imperative role in production of certain vital nutrients like vitamin D and sex hormones like estrogen, progesterone and testosterone (steroid hormones). Elevated levels of cholesterol indicate a risk for heart disease, atherosclerosis and stroke.

As recommended by National Lipid Association (2014)
{for adults}

Analyte	Optimal (mg/dL)	Above Optimal (mg/dL)	Borderline High (mg/dL)	High (mg/dL)	Very High (mg/dL)
Cholesterol, Total	<200	-	200 – 239	>= 240	-
Triglycerides	<150	-	150 – 199	200 – 499	>=500
HDL	>40 (males) >50 (females)	-	-	-	-
LDL	<100	101 - 129	130 – 159	160 – 189	>=190
Non HDL Cholesterol	<130	130 – 159	160 - 189	190 – 219	>=220

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As recommended by National Lipid Association (2014) *{for children}*				
Analyte	**Optimal (mg/dL)**	**Borderline High (mg/dL)**	**High (mg/dL)**	**Very High (mg/dL)**
Cholesterol, Total	<170	171 – 199	>= 200	-
Triglycerides	<150	150 – 199	200 – 499	>=500
HDL	40 – 60	-	-	-
LDL	<110	111 – 129	>=130	-

Note - Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

Comments:

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, 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 HDL.
5. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
6. Additional testing for Apolipoprotein B, hsCRP, Lp (a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement
7. NCEP identifies elevated Triglycerides as an independent risk factor for Coronary Heart Disease (CHD).
8. 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 >=200 mg/dL. The goal for Non HDL Cholesterol in those with increased triglyceride is 30 mg/dL above that set for LDL Cholesterol.
9. For calculation of CHD risk, history of smoking, any medication for hypertension & current blood pressure levels are required.