L30 - LPL Lucknow II
PLOT NO.-292/6C & 292/8, TULSIDAS MARG,
LUCKNOW,
LUCKNOW

Name	: **Mr. KESHAV KASHYAP**	**Collected**	: **6/7/2022 8:26:00AM**
Lab No.	: **299383402** **Age: 30 Years** **Gender: Male**	**Received**	: **6/7/2022 3:48:07PM**
		Reported	: **7/7/2022 12:05:13PM**
A/c Status	: **P** **Ref By : SELF**	**Report Status**	: **Final**

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC (Electrical Impedence & Flow)			
Hemoglobin	15.60	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	49.20	%	40.00 - 50.00
RBC Count	4.70	mill/mm3	4.50 - 5.50
MCV	**104.70**	fL	83.00 - 101.00
MCH	**33.20**	pg	27.00 - 32.00
MCHC	31.70	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	**16.10**	%	11.60 - 14.00
Total Leukocyte Count (TLC)	7.22	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	57.20	%	40.00 - 80.00
Lymphocytes	34.10	%	20.00 - 40.00
Monocytes	4.30	%	2.00 - 10.00
Eosinophils	4.30	%	1.00 - 6.00
Basophils	0.10	%	<2.00
Absolute Leucocyte Count			
Neutrophils	4.13	thou/mm3	2.00 - 7.00
Lymphocytes	2.46	thou/mm3	1.00 - 3.00
Monocytes	0.31	thou/mm3	0.20 - 1.00
Eosinophils	0.31	thou/mm3	0.02 - 0.50
Basophils	**0.01**	thou/mm3	0.02 - 0.10
Platelet Count	165	thou/mm3	150.00 - 410.00

Note

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood

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2. Test conducted on EDTA whole blood

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Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE, BASIC, SERUM**			
Cholesterol Total**	161	mg/dL	<200
(CHO-POD)			
Triglycerides**	**281**	mg/dL	<150
(GPO-POD)			
HDL Cholesterol**	**29**	mg/dL	>40
(Enz Immunoinhibition)			
LDL Cholesterol,Direct**	**111**	mg/dL	<100
(Enz Selective protection)			
VLDL Cholesterol**	**56**	mg/dL	<30
(Calculated)			
Non-HDL Cholesterol**	**132**	mg/dL	<130
(Calculated)			

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. 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

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Test Name	Results	Units	Bio. Ref. Interval

done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors

3. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
4. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
5. The term LDL Cholesterol includes contribution of cholesterol from Lp(a), IDL & core LDL. Although IDL and Lp(a) contributes only very few mg/dL to LDL cholesterol but their contribution can be significant in patients with increased high IDL or Lp(a) concentration
6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target. The goal for Non HDL Cholesterol in those with increased triglyceride is 30 mg/dL above that set for LDL Cholesterol.
7. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Risk Stratification of ASCVD by Lipid Association of India 2016

Major ASCVD Risk Factors

1. Age >= 45 years in males and >= 55 years females
2. Family h/o premature ASCVD(< 55 years of age in a male first degree relative or <65 years of age in a female first degree relative)
3. Current Cigarette smoking or tobacco use
4. High blood pressure
5. Low HDL

ASCVD Risk Categories

Risk Category	Conventional Risk markers	Non-Conventional Risk markers (Optional)
Very High Risk	1. Established ASCVD 2. Diabetes with 2 or more major ASCVD risk factors and/or evidence of end organ damage 3. Familial Homozygous hypercholesterolemia	None
High Risk	1. >=3 major ASCVD risk factors 2. Diabetes with 0-1 major risk factor and no evidence of end organ damage 3. CKD stage 3 B or 4 4. Familial Hypercholesterolemia(other than Familial Homozygous hypercholesterolemia) 5. Extreme of a single factor e.g. LDL Cholesterol >190 mg/dL,Heavy smoker, strong family h/o premature ASCVD	1. Coronary artery calcium, CAC score >=300 AU 2. Lp(a)> = 50 mg/dL 3. Non stenotic carotid plaque

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Test Name	Results	Units	Bio. Ref. Interval
Moderate risk	Any 2 major ASCVD risk factors	1. Coronary artery calcium, CAC score 100-299 AU 2. Lp(a) 20-49 mg/dL 3. Metabolic syndrome	
Low risk	0-1 major ASCVD risk factors	None	

Treatment Goals as per Lipid Association of India 2016

RISK CATEGORY	CONSIDER THERAPY		TREATMENT GOAL	
	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL
Very High	>=50	>=80	<50	<80
High	>=70	>=100	<70	<100
Moderate	>=100	>=130	<100	<130
Low	>=130*	>=160*	<100	<130

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

LIVER PANEL 1; LFT,SERUM

(Spectrophotometry)

AST (SGOT)	28.0	U/L	15.00 - 40.00
ALT (SGPT)	33.0	U/L	10.00 - 49.00
AST:ALT Ratio	0.85		<1.00
GGTP	57.0	U/L	0-73
Alkaline Phosphatase (ALP)	108.00	U/L	30.00 - 120.00

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Test Name	Results	Units	Bio. Ref. Interval
Bilirubin Total	0.58	mg/dL	<1.00
Bilirubin Direct	**0.45**	mg/dL	0.00 - 0.30
Bilirubin Indirect	0.13	mg/dL	<1.10
Total Protein	6.60	g/dL	5.70 - 8.20
Albumin	4.20	g/dL	3.20 - 4.80
A : G Ratio	1.75		0.90 - 2.00

Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

KIDNEY PANEL; KFT,SERUM
(Reflectance Photometry,Direct ISE)

Urea	17.00	mg/dL	13.00 - 43.00
Creatinine	0.85	mg/dL	0.70 - 1.30

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Test Name	Results	Units	Bio. Ref. Interval
Uric Acid	**7.70**	mg/dL	3.50 - 7.20
Calcium, Total	9.10	mg/dL	8.70 - 10.40
Phosphorus	4.10	mg/dL	2.40 - 5.10
Alkaline Phosphatase (ALP)	108.00	U/L	30.00 - 120.00
Total Protein	6.60	g/dL	5.70 - 8.20
Albumin	4.20	g/dL	3.20 - 4.80
A : G Ratio	1.75		0.90 - 2.00
Sodium	138.00	mEq/L	136.00 - 145.00
Potassium	**5.42**	mEq/L	3.50 - 5.10
Chloride	105.00	mEq/L	98.00 - 107.00

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Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC)			
HbA1c	**5.8**	%	4.00 - 5.60
Estimated average glucose (eAG)	120	mg/dL	

Interpretation

HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic

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

Dr Pragati Agnihotri
MD, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

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

Dr Jairam Prasad Kushwaha
Ph.D, Biochemistry
Consultant Biochemist
Dr Lal PathLabs Ltd

Dr.Kamal Modi
MD, Biochemistry
Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

Dr Nimmi Kansal
MD, Biochemistry
Technical Director - Clinical Chemistry
& Biochemical Genetics
NRL - Dr Lal PathLabs Ltd

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

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AHEEEHAPMKHIEKANLOHMDPNCBILLJCECCKKCIKPKNKEDFEFAPPAHEEEHA
BNFFFNBPAPBDJHBGFGEKMGIPAOAHFHAKAKNOBCJOBLELNOJGMPBNFFFNB
GMDACAFLJNNELHCNHFIAAJHFJGDEHEDLPKPHENFLMKLMOEFLBLGDEHANP
DJNDAOFNBEHIELEFLJOELEPFAFPKBLAFJIFEPBPAKKNJPDNLIJPBKEMEL
KADKJLFIONNFDIANLDMGMHBJBENPOJAHKKMNAMMIPLKGKPNGKFFFOJKIH
FOCBBEFDPECAMKEKIINPPIPBADHFOFAINDFCBKDKBLIKOMNALNEIOGMCL
LNIMIJFJILOBJCOIEOICHEGHIHAFJBAKOPMPBLMIIJCHKNFNIJNJMDILD
BNFNAMFMAIMEFECMAANHDDKILLBMFMBJOFCCAMNNIJKDKPNOBNFNBHILL
NKOHMGFKLFLGFEIABNOIHJBKHMBFEKFBJFFKBLPFOEBIOCNKDJPHNEKLJ
MMHPBFFCELMJJDCNJGEOIDJFJDFKPNJHKEPDCDNLNKCKIGEOCMHKHMEIO
FMIKNMFLGKKKNNAMPEIPGJEEINMJEFABJNFEBFOFPNDMKPFKEPCIGCAMG
AOICGJFMMLDLPJNMHPCLGPBEIEOPPFOEBOHPBLNOOLJAIANJPKONHDICL
MNNNNNEHKECPCOMAGCFLHKHHJBAHFHABPKPFCMNLMKJIPFNNAHFHAHIKL
APBBBPAPBNHAEBFPOMBKCEAFAFECHHCAONFEPLPGOLMHNLNFEDFHCBKHH
HHHHHHHPHHHPHPPHHPPPPHPHHHPPPPPPPPPHHHHPPHHHPHPHHHHPPHPHP

** Test conducted under NABL scope MC-2113,LPL-NATIONAL REFERENCE LAB at NEW DELHI

IMPORTANT INSTRUCTIONS

ŸTest results released pertain to the specimen submitted .ŸAll test results are dependent on the quality of the sample received by the Laboratory .

ŸLaboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.ŸSample repeats are accepted on request of Referring Physician within 7 days post reporting.ŸReport delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted .ŸCertain tests may require further testing at additional cost for derivation of exact value . Kindly submit request within 72 hours post reporting.ŸTest results may show interlaboratory variations .ŸThe Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).ŸTest results are not valid for medico legal purposes .

ŸContact customer care Tel No. +91-11-39885050 for all queries related to test results.
(#) Sample drawn from outside source.

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