

Name	: Mr. ARUN PATORKAR	Age	: 43 Years
Lab No.	: 477013620	Gender	: Male
Ref By	: SELF	Reported	: 5/2/2025 12:10:52PM
Collected	: 5/2/2025 11:20:00AM	Report Status	: Final
A/c Status	: P	Processed at	: LPL-SHREE ICU & MRC PVT LTD
Collected at	: LPL-KARAD (SHREE I.C.U. & M.R.C. PVT. LTD.)		: C/O Shree Hospital 747,MANGALWAR PETH,
	C/O Shree Hospital 747,MANGALWAR PETH,		PETH, Karad Dist. Satara Pin 415110
	Karad Dist. Satara Pin 415110 PETH, KARAD -		415110
	KARAD		

Test Report

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F) (Hexokinase)			
Glucose, Fasting	163.60	mg/dL	70.00 - 100.00
Urine,Glucose	_Sample Not Received		



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE, BASIC, SERUM (Spectrophotometry)			
Cholesterol Total	167	mg/dL	<200.00
Triglycerides	132	mg/dL	<150.00
HDL Cholesterol	23	mg/dL	>40.00
LDL Cholesterol	118	mg/dL	<100.00
VLDL Cholesterol	26	mg/dL	<30.00
Non-HDL Cholesterol	144	mg/dL	<130.00

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.
- 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
- 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



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Test Report

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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:			
<ol style="list-style-type: none"> 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	<ul style="list-style-type: none"> • Presence of 2 or more standard factors with no manifest ASCVD • DM with 1 or more risk factor • Heterozygous Familial Hypercholesterolemia (HeFH) with no risk factor • Hypertension with one or more risk factor or with Target organ damage (TOD) • CKD- eGFR 30-59 ml/min 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 .



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Test Report

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Dr.Pradnya Arun Bhise MD, Pathology Chief of Lab			

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



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

