INVESTIGATION REPORT

Lab ID.	:	O1420441	**Receipt No.**	:	102276
Name	:	Mr. SHAFAYAT OSHMAN	**UHID**	:	BD1/ 533913
Age/Sex	:	20 Yrs. /M	**Sample Date**	:	01/03/15 07:47 AM
Ref. By	:	Dr.JASMIN MANZOOR - DDSC (UK), MDSC (U	**Result Date**	:	01/03/15 01:26 PM
Clinical History	:				

BIOCHEMISTRY

LIPID PROFILE -SERUM

LIPID PROFILE	RESULT	UNIT	INTERPRETIVE GUIDE (ATP III Classification)	
Total Cholesterol	91	mg/dl	<200	Desirable
			200-239	Borderline High
			>240	High
Triglyceride	53	mg/dl	< 150	Normal
			150- 199	Borderline High
			200-499	High
			>500	Very High
HDL-Cholesterol	39	mg/dl	<40	Low
			>60	High
non-HDL Cholesterol	52	mg/dl	30 mg/dl higher than LDL goal	
LDL-Cholesterol	47	mg/dl	<100	Optimal
			100-129	Near Optimal/Above Optimal
			130-159	Borderline High
			160-189	High
			>190	Very High
* Atherosclerosis Index	2.3		<4.5	Low Risk
			4.5-7.1	Average Risk
			7.2-11.0	Moderate Risk
			>11.0	High Risk

LIPID PROFILE, SERUM

Although LDL cholesterol is the primary target of therapy, other lipid risk factors besides elevated LDL affect coronary heart disease (CHD) risk. Among these are low HDL cholesterol, elevated triglyceride (especially VLDL remnants),and possibly small LDL particles. This "lipid triad" has been called Atherogenic Dyslipidemia. It commonly occurs as one component of the metabolic syndrome. Many persons with Atherogenic Dyslipidemia have high triglycerides (mg/dL) level. Such persons usually have an increase in atherogenic VLDL remnants, which can be estimated by measuring VLDL cholesterol. In persons with high triglycerides, ATP III (Adult treatment panel III) identifies the sum of LDL cholesterol + VLDL cholesterol (termed non-HDL cholesterol) which represents Atherogenic Cholesterol. non-HDL cholesterol thus an important parameter used as secondary target of therapy (after LDL cholesterol) when triglycerides are elevated.

Plasma lipid concentrations and lipoprotein patterns are labile and affected by eating, smoking, alcohol intake, stress and changes in posture. Although plasma cholesterol concentrations are not significantly affected after a fatty meal, plasma triglyceride

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