

Patient NAME : Mr aman ankur

DOB/Age/Gender : 32 Y/Male

Patient ID / UHID : 9243232/RCL8592877

Referred BY : Self

Sample Collected : Aug 07, 2024, 03:00 AM

Report STATUS : Final Report

Barcode NO : HQ128533

Sample Type : Whole blood EDTA

Report Date : Aug 07, 2024, 08:10 PM.



Test Description	Value(s)	Unit(s)	Reference Range
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**Ekacare - Bangalore office Onsite****Hemoglobin (HB)**

Hemoglobin Spectrophotometry	14.9	g/dL	13.0 - 17.0
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**Interpretation:**

- 1.Hemoglobin is a protein contained in red blood cells which is responsible for oxygen delivery to tissues.
- 2.To achieve adequate tissue oxygenation , a sufficient level is required.
- 3.Low levels indicate anemia and further testing may be required to evaluate the cause.
- 4.High levels may be seen in persons living at high altitude , dehydration, smoking and some blood disorders.



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Test Description	Value(s)	Unit(s)	Reference Range
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**HbA1C (Glycosylated Haemoglobin)**

Glycosylated Hemoglobin (HbA1c) HPLC	5.5	%	<5.7
Estimated Average Glucose calculated.	111.15	mg/dL	-

**Interpretation:****Interpretation For HbA1c% As per American Diabetes Association (ADA)**

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 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)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413



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Report STATUS : Final Report

Barcode NO : ZD930066

Sample Type : Serum

Report Date : Aug 07, 2024, 08:12 PM.



Test Description	Value(s)	Unit(s)	Reference Range
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**Lipid Profile**

Total Cholesterol <i>enzymatic CHOD-PAP</i>	256	mg/dL	<200
Triglycerides <i>Glycerol phosphate oxidase</i>	391	mg/dL	<150
HDL Cholesterol <i>cholesterol oxidase and peroxidase</i>	31	mg/dL	>40
Non HDL Cholesterol <i>Calculated</i>	225	mg/dL	<130
LDL Cholesterol <i>Calculated</i>	146.8	mg/dL	<100
V.L.D.L Cholesterol <i>Calculated</i>	78.2	mg/dL	< 30
Chol/HDL Ratio <i>Calculated</i>	8.26	Ratio	3.5 - 5.0
HDL/ LDL Ratio <i>Calculated</i>	0.21	Ratio	0.5 - 3.0
LDL/HDL Ratio <i>Calculated</i>	4.74	Ratio	-

**Interpretation:**

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (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

HDL Cholesterol
Low
<40
High
>=60

**Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.**

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence

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High Risk	of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >= 50 mg/dl 8. Non stenotic carotid plaque			
Moderate Risk	2 major ASCVD risk factors			
Low Risk	0-1 major ASCVD risk factors			
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors				
1. Age >=45 years in Males & >= 55 years in Females	3. Current Cigarette smoking or tobacco use			
2. Family history of premature ASCVD	4. High blood pressure			
5. Low HDL				

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

\* After an adequate non-pharmacological intervention for at least 3 months.

References : Management of Dyslipidaemia for the Prevention of Stroke : Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology,2022,20,134-155.

\*\*\* End Of Report \*\*\*



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