

LPL - PSC JANGPURA
SHOP NO-15, GF, JANGPURA EXTENSION
MARKET
DELHI

(Hon'y) Brig. Dr. Arvind Lal
M.B.B.S., D.C.P.
Padma Shri
FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA



Vandana Lal
Dr. Vandana Lal
M.D (PATH), IFCAP
Chief of Pathology
SHROMANI AWARD WINNER

Name	: Mr. CHANDER PARKASH KHATTAR	Collected	: 7/9/2017 8:20:00AM
Lab No.	: 137253305	Age: 59 Years	Gender: Male
		Received	: 7/9/2017 8:26:49AM
		Reported	: 7/9/2017 2:02:44PM
A/c Status	: P	Ref By	: RAMAN PURI
		Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE, BASIC, SERUM (Spectrophotometry, Calculated)			
Cholesterol Total	135.00	mg/dL	<200.00
Triglycerides	148.00	mg/dL	<150.00
HDL Cholesterol	42.20	mg/dL	>40.00
LDL Cholesterol	66.00	mg/dL	<100.00
VLDL Cholesterol	26.80	mg/dL	<30.00
Non-HDL Cholesterol	92.80	mg/dL	<130.00

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

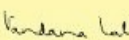
- Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.
- As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective 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.
- 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.
- NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), 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.
- Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.



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Treatment Goals as per NLA 2014

RISK CATEGORY	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	APOLIPOPROTEIN B (mg/dL)
Low/Moderate/High	<130	<100	<90
Very High	<100	<70	<80



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Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)	6.5	%	

Interpretation

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 . Action suggested: > 8.0 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

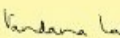
HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183



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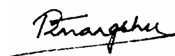

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9	212		
10	240		
11	269		
12	298		



Dr Himangshu Mazumdar
MD (Biochemistry)
Consultant Biochemist



Dr. Nimmi Kansal
MD (Biochemistry)
HOD Biochem & IA

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

