

Name : Mr. BHAVIN SHAH
Lab No. : 488408558
Ref By : DR MITESH D SHAH
Collected : 18/9/2025 8:46:00AM
A/c Status : P
Collected at : A.S.SOLANKI COLLECTION CENTRE

Age : 48 Years
Gender : Male
Reported : 18/9/2025 11:30:46AM
Report Status : Final
Processed at : LPL-PRAHLAD NAGAR LAB
002/101/102, Titanium City Centre Mall,
100 Feet Road, Next to Sachin Tower,
Prahlanadnagar, Satellite
Ahmedabad-380015



Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE BASIC (Spectrophotometry)			
Cholesterol Total	175	mg/dL	<200.00
Triglycerides	135	mg/dL	<150.00
HDL Cholesterol	51	mg/dL	>40.00
LDL Cholesterol, Direct	112	mg/dL	<100.00
VLDL Cholesterol	27	mg/dL	<30.00
Non-HDL Cholesterol	124	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
- Test conducted in Serum

Treatment Goals for Lipid lowering therapy*

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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ASCVD Risk Stratification 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.

*Reference: Lipid Association of India 2023 update on cardiovascular risk assessment and lipid management in Indian patients: Consensus statement IV

Please Note: A more formal risk assessment may be used by clinicians according to their personal preferences and familiarity with the risk scores

Risk factors/markers

Major ASCVD risk factors	High-risk features	Risk modifiers
<ol style="list-style-type: none"> Age ≥ 45 years in males and ≥ 55 years in females Current cigarette smoking or tobacco use* High blood pressure* Low HDL-C 	<ol style="list-style-type: none"> Family history of premature ASCVD CKD stage 3B or 4 Apolipoprotein B > 130 mg/dL Extreme elevation of a single risk factor* Lipoprotein (a) ≥ 50 mg/dL Metabolic syndrome Non-alcoholic fatty liver disease with fibrosis grade 2 or 3 fibrosis CACS 1-99 and $< 75^{\text{th}}$ percentile 	<ol style="list-style-type: none"> Lipoprotein (a) 20-49 mg/dL Impaired fasting glucose (fasting blood glucose 100-125 mg/dL)† Increased waist circumference (> 90 cm in men, > 80 cm in women)§ hsCRP > 2 mg/L¶ Plasma triglycerides > 150 mg/dL fasting or > 175 mg/dL non-fasting Rheumatoid arthritis, psoriasis, and spondyloarthropathies Premature menopause, pre-eclampsia, gestational diabetes, PCOS High polygenic risk score Air pollution Human immunodeficiency virus infection

Risk groups

Low risk	Moderate risk	High risk	Very high risk	Extreme risk	
0-1 major ASCVD risk factor, and LDL-C 100-129 mg/dL, and Non-HDL-C 130-159 mg/dL, and Life-time CVD risk <30%*	<ul style="list-style-type: none">2 major ASCVD risk factors, orLDL-C 130-159 mg/dL orNon-HDL-C 160-189 mg/dL orLow-risk group with ≥1 risk modifier or lifetime ASCVD risk >30%	<ul style="list-style-type: none">≥3 major ASCVD risk factors, orLDL-C 160-189 mg/dL orNon-HDL-C 190-219 mg/dL orDiabetes with 0-1 major ASCVD risk factors or2 major ASCVD risk factor + ≥1 risk modifier orAny 1 high-risk feature	<ul style="list-style-type: none">Diabetes with target organ damageDiabetes with ≥2 major ASCVD risk factorsCACS 100-299 or >75th percentile if CACS 1-99≥2 high risk featuresEstablished ASCVD (obstructive or non-obstructive)[‡]Heterozygous FH or LDL-C ≥190 mg/dL	<div>Category A</div> <div>↓</div> <div><ul style="list-style-type: none">ASCVD with ≥1 feature of high-risk groupCACS ≥300Homozygous FH</div> <div>↓</div> <div>Recurrent ASCVD event despite LDL-C around 30 mg/dL These patients require special consideration, please see the text for more details- Category C</div>	<div>Category B</div> <div>↓</div> <div><ul style="list-style-type: none">ASCVD with-<ul style="list-style-type: none">≥1 feature of very high-risk group, orRecurrent ACS, orPolyvascular disease, orHomozygous FH</div> <div>↓</div> <div>Recurrent ASCVD event despite LDL-C around 30 mg/dL These patients require special consideration, please see the text for more details- Category C</div>



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**Test Report**

Test Name	Results	Units	Bio. Ref. Interval
URIC ACID, SERUM (Uricase)	5.59	mg/dL	3.50 - 7.20



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Test Name	Results	Units	Bio. Ref. Interval
TSH (THYROID STIMULATING HORMONE) (ECLIA)	2.97	μIU/mL	0.27 - 4.20

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Values <0.03 μIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential diagnosis
4. Test conducted on serum



Dr Rucha Desai
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd



Dr Rushabh Patel
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

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



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
IMPORTANT INSTRUCTIONS			
<p>•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory .</p> <p>•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.</p> <p>(#) Sample drawn from outside source.</p> <p>If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.</p> <p>Tel: +91-11-49885050, Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com</p>			

