

Key to Diagnostic Excellence

In partnership with Lancet Laboratories South Africa

ISO/IEC 15189:2012 ACCREDITED LABORATORY

Patient :
AFUA HANSON

Doctors Ref
NOT AVAILABLE

MEDICAL LABORATORY REPORT

Pr Num : 5201055

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706180898 / 04/11/17 0915

BIOCHEMISTRY

Test	Result	Reference
LIVER FUNCTION TESTS (CONT.)		
> S-g-GLUTAMYL TRANSFERASE	34 IU/L	< 38
> S-ALT (GPT)	30 IU/L	0 - 33
> S-AST (GOT)	22 IU/L	0 - 32
> S-TOTAL PROTEIN	73 g/L	64 - 83
> S-ALBUMIN	42 g/L	39.7 - 49.5
> S-CHOLESTEROL	3.5 mmol/L	< 5.2
> S-LDL CHOLESTEROL	1.5 mmol/L	< 3.0
> S-HDL CHOLESTEROL	1.2 mmol/L	> 1.68
> S-NON HDL CHOLESTEROL	2.3 mmol/L	< 3.8
Non-HDL cholesterol is a secondary target for lipid lowering therapy in patients with fasting serum triglycerides > 2.26 mmol/L after achieving the LDL-cholesterol target, however triglyceride levels greater than 5.7 mmol/L should be treated first to prevent pancreatitis.		
The target for non-HDL cholesterol in persons with elevated fasting triglycerides is 0.8 mmol/L HIGHER than their LDL cholesterol target.		
> S-CHOL./HDL RATIO	2.9	< 4.1
> S-TRIGLYCERIDE	1.75 mmol/L	< 1.70
> COMMENT		

TREATMENT TARGETS FOR EACH RISK GROUP AS DEFINED BY FRAMINGHAM RISK SCORING SYSTEM(FRS)

	TOTAL	LDL-C	Non HDL-C	ApoB
:RISK (FRS) : CHOLESTEROL : mmol/L	: mmol/L	: mmol/L	: g/L	
: ** Very				
: High	< 4.0	< 1.8	< 2.6	< 0.8
: High	< 4.5	< 2.5	< 3.3	< 1.0
: Moderate/	< 5.0	< 3.0	< 3.8	
: Low				

** Very high risk subjects are:

- 1) Established atherosclerotic disease,
- 2) Type 2 DM
- 3) Type 1 DM with micro-albuminuria and proteinuria
- 4) Genetic Dyslipidaemia

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