

Key to Diagnostic Excellence

in partnership with Lancet Laboratories South Africa

Pr Num : 5201055

ISO/IEC 15189 :2012 ACCREDITED LABORATORY

MEDICAL LABORATORY REPORT

Patient :
MARGARETTE ABUGA

Doctors Ref :
NOT AVAILABLE

Lab Ref :
706196668 / 28/12/17 1128

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BIOCHEMISTRY

Test	Result	Reference
LIVER FUNCTION TESTS (CONT.)		
S-ALT (GPT)	18 IU/L	0 - 33
S-AST (GOT)	20 IU/L	0 - 32
S-TOTAL PROTEIN	75 g/L	64 - 83
S-ALBUMIN	39 g/L	L 39.7 - 49.5

S-CHOLESTEROL	6.4 mmol/L	H < 5.2
S-LDL CHOLESTEROL	3.7 mmol/L	H < 3.0
S-HDL CHOLESTEROL	1.9 mmol/L	> 1.68
S-NON HDL CHOLESTEROL	4.5 mmol/L	H < 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	3.4	< 4.1
S-TRIGLYCERIDE	1.87 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	: g/L
: (mmol/L)			
: ** Very	:	:	:
: High	: < 4.0	: < 1.8	: < 2.6
: High	: < 4.5	: < 2.5	: < 3.3
: 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
- 5) Chronic Kidney Disease

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