

S76 - MR. LOKENDRA SAXENA - GUNA CC
 DUBEY COLONY, NEAR CIVIL HOSPITAL,
 GUNA, MP, 473001

| | | | |
|------------|-------------------------|-------------------|-----------------------|
| Name | : Mr. PURSHOTTAM SHARMA | Collected | : 18/2/2021 1:54:00PM |
| Lab No. | : 299242091 | Age: 62 Years | Gender: Male |
| A/c Status | : P | Ref By : Dr. SELF | Report Status : Final |

| Test Name | Results | Units | Bio. Ref. Interval |
|--|---------|-------|--------------------|
| HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC) | | | |
| HbA1c | 6.7 | % | 4.00 - 5.60 |
| Estimated average glucose (eAG) | 146 | mg/dL | |

Interpretation
 HbA1c result is suggestive of Diabetes/ well controlled Diabetes in a known Diabetic

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

| FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT | FACTORS THAT AFFECT INTERPRETATION OF HBA1C RESULTS |
|--|---|
| Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements | Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c |



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| Name | : Mr. PURSHOTTAM SHARMA | Collected | : 18/2/2021 1:54:00PM |
| Lab No. | : 299242091 | Received | : 18/2/2021 2:02:40PM |
| Age: 62 Years | Gender: Male | Reported | : 18/2/2021 5:25:19PM |
| A/c Status : P | Ref By : Dr. SELF | Report Status | : Final |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---------------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry) | | | |
| Cholesterol, Total | 166.00 | mg/dL | <200.00 |
| Triglycerides | 227.00 | mg/dL | <150.00 |
| HDL Cholesterol | 39.50 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 81.10 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 45.40 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 127 | mg/dL | <130 |

Interpretation

| REMARKS | 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.
- NLA-2014 recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.



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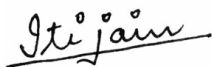
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| 3. | Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL | | |
| 4. | NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogeniclipoproteins such as LDL , VLDL, IDL, Lpa, 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. | | |
| 5. | Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved | | |
| 6. | Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement | | |

Treatment Goals as per Lipid Association of India 2016

| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | |
|---------------|---------------------------------|---|---------------------------------|---|
| | LDL CHOLESTEROL (LDL-C) (mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | LDL CHOLESTEROL (LDL-C) (mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Very High | <50 | <80 | >=50 | >=80 |
| High | <70 | <100 | >=70 | >=100 |
| Moderate | <100 | <130 | >=100 | >=130 |
| Low | <100 | <130 | >=130* | >=160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months



Dr Iti Jain
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Chief of Laboratory
Dr Lal PathLabs Ltd

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



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| <u>IMPORTANT INSTRUCTIONS</u> | | | |
| *Test results released pertain to the specimen submitted.*All test results are dependent on the quality of the sample received by the Laboratory. *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.*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. *Contact customer care Tel No. +91-11-39885050 for all queries related to test results. (#) Sample drawn from outside source. | | | |

