CARDIOVASCULAR RISK ASSESSMENT LAB

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CARDIAC RISK ASSESSMENT REPORT

Report Date: January 25, 2024 | Accession #: C2024-009876

Patient Name: Robert Johnson (Test Patient)

Medical Record #: MR-2024-005

Date of Collection: January 25, 2024

Physician: Dr. Carlos Martinez

Specimen Type: Venous Blood

Fasting Status: 14 hours

Current Medications: Lisinopril 10mg daily, Atorvastatin 20mg daily

DOB: 05/12/1965

Age: 59 years

Time of Collection: 09:30 AM

Department: Cardiology

Collection Site: Right Antecubital

Cardiac History: Hypertension, Family Hx CAD

Risk Factors: Age, HTN, Dyslipidemia, Family History

CARDIAC MARKERS

Test	Result	Reference Range	Units	Status
Troponin I (High-Sensitivity)	< 0.04	< 0.04	ng/mL	Normal
CK-MB (Creatine Kinase-MB)	3.2	0.0 - 6.3	ng/mL	Normal
Total CK (Creatine Kinase)	120	30 - 200	U/L	Normal
LDH (Lactate Dehydrogenase)	180	140 - 280	U/L	Normal
Myoglobin	45	25 - 72	ng/mL	Normal
BNP (Brain Natriuretic Peptide)	85	< 125	pg/mL	Normal
NT-proBNP	85	< 125	pg/mL	Normal
D-Dimer	0.3	< 0.5	mg/L	Normal

INFLAMMATORY & RISK MARKERS

Test	Result	Reference Range	Units	Status
High-Sensitivity CRP	3.8	< 3.0	mg/L	Elevated
ESR (Erythrocyte Sedimentation Rate)	22	0 - 15	mm/hr	Elevated
Homocysteine	12	5 - 15	μmol/L	Normal
Fibrinogen	380	200 - 400	mg/dL	Borderline High
Plasminogen Activator Inhibitor-1	28	4 - 43	ng/mL	Normal
Lipoprotein-Associated Phospholipase A2	285	< 200	ng/mL	High
Interleukin-6	4.2	< 3.0	pg/mL	Elevated
Tumor Necrosis Factor-α	8.5	< 8.1	pg/mL	Borderline High

ADVANCED LIPID PANEL

Test	Result	Reference Range	Units	Status
Total Cholesterol	240	< 200	mg/dL	High
HDL Cholesterol	35	>40	mg/dL	Low
LDL Cholesterol (Direct)	165	< 100	mg/dL	High
Non-HDL Cholesterol	205	<130	mg/dL	High
Triglycerides	200	< 150	mg/dL	High
Apolipoprotein B	130	< 90	mg/dL	High
Apolipoprotein A-I	95	100 - 200	mg/dL	Low
Apo B/Apo A-I Ratio	1.37	< 0.9	Ratio	High
Lipoprotein(a)	35	< 30	mg/dL	Elevated
Small Dense LDL	45	< 25	%	High

ADDITIONAL CARDIAC MARKERS

Test	Result	Reference Range	Units	Status
Galectin-3	18	< 22	ng/mL	Normal
Soluble ST2	25	< 35	ng/mL	Normal
Growth Differentiation Factor-15	850	< 1200	pg/mL	Normal
Cardiac Troponin T (hs-cTnT)	< 6	<14	ng/L	Normal
Heart-Type Fatty Acid Binding Protein	2.8	< 6.0	ng/mL	Normal
Ischemia-Modified Albumin	65	< 85	U/mL	Normal

CLINICAL INTERPRETATION:

- Cardiac Injury: No evidence of acute cardiac injury. All cardiac markers (Troponin I, CK-MB, Myoglobin) are within normal limits, ruling out acute myocardial infarction.
- Inflammatory Status: Elevated hs-CRP (3.8 mg/L) and ESR (22 mm/hr) indicate increased systemic inflammation, which is associated with higher cardiovascular risk.
- Lipid Profile: Multiple lipid abnormalities including high total cholesterol (240 mg/dL), low HDL (35 mg/dL), high LDL (165 mg/dL), and elevated triglycerides (200 mg/dL). This represents a high-risk atherogenic profile.
- Advanced Risk Markers: Elevated Lipoprotein(a) at 35 mg/dL and high small dense LDL at 45% significantly increase cardiovascular risk beyond traditional lipid parameters.
- Inflammatory Markers: Elevated Lp-PLA2 (285 ng/mL) and IL-6 (4.2 pg/mL) suggest increased vascular inflammation and plaque instability.

RISK ASSESSMENT:

- 10-Year ASCVD Risk: Estimated at 18.5% (High Risk Category)
- Risk Factors: Age 59, Hypertension, Dyslipidemia, Family History CAD, Elevated inflammatory markers
- Risk Category: High Risk (≥7.5% 10-year ASCVD risk)

RECOMMENDATIONS:

- Lifestyle Modifications: Strict low-saturated fat diet, regular aerobic exercise (150 min/week), smoking cessation if applicable
- Medication Optimization: Increase atorvastatin to 40mg daily for LDL goal <70 mg/dL, consider ezetimibe if needed
- Blood Pressure Control: Target BP <130/80 mmHg, consider adding calcium channel blocker
- Monitoring: Repeat lipid panel in 6 weeks, inflammatory markers in 3 months
- Cardiology Follow-up: Schedule stress test and consider coronary calcium scoring
- Preventive Measures: Daily low-dose aspirin (81mg) if no contraindications