Name	:	**SUGANDH SRIVASTAVA**			
Lab No.	:	**192495914**	**Age**	:	**24 Years**
Ref By	:	**DR RAKESH TIWARI**	**Gender**	:	**Male**
Collected	:	**16/5/2025 8:21:00AM**	**Reported**	:	**17/5/2025 11:25:35AM**
A/c Status	:	**P**	**Report Status**	:	**Interim**
Collected at	:	**WALK IN - AYODHYA LAB Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001**	**Processed at**	:	**WALK IN - AYODHYA LAB Rikub Ganj ,Faizabad UP 224001**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
SWASTHFIT DIABETES & HEART CHECK COMPLETE			
SUGAR CHOICE, PLASMA (Spectrophotometry)			
Glucose, Fasting	91.20	mg/dL	

Name	: **SUGANDH SRIVASTAVA**		
Lab No.	: **192495914**	**Age**	: **24 Years**
Ref By	: **DR RAKESH TIWARI**	**Gender**	: **Male**
Collected	: **16/5/2025 8:21:00AM**	**Reported**	: **17/5/2025 11:25:39AM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **WALK IN - AYODHYA LAB Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001**	**Processed at**	: **WALK IN - AYODHYA LAB Rikub Ganj ,Faizabad UP 224001**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIVER & KIDNEY PANEL, SERUM (Spectrophotometry, Indirect ISE)			
Creatinine	0.68	mg/dL	0.67 - 1.17
GFR Estimated	133	mL/min/1.73m2	>59
GFR Category	G1		
Urea	19.43	mg/dL	10.00 - 45.00
Urea Nitrogen Blood	9.07	mg/dL	5.00 - 21.00
BUN/Creatinine Ratio	13		
Uric Acid	4.71	mg/dL	3.50 - 7.20
AST (SGOT)	18.9	U/L	<50
ALT (SGPT)	19.8	U/L	<50
AST:ALT Ratio	0.95		<1.00
GGTP	9.8	U/L	<55
Alkaline Phosphatase (ALP)	75.30	U/L	30 - 120
Bilirubin Total	0.74	mg/dL	0.30 - 1.20
Bilirubin Direct	0.21	mg/dL	0.00 - 0.40
Bilirubin Indirect	0.53	mg/dL	<1.10
Total Protein	7.23	g/dL	6.40 - 8.30
Albumin	4.68	g/dL	3.50 - 5.20
Globulin(Calculated)	2.55	gm/dL	2.0 - 3.5
A : G Ratio	1.84		0.90 - 2.00

Name	: **SUGANDH SRIVASTAVA**		
Lab No.	: **192495914**	**Age**	: **24 Years**
Ref By	: **DR RAKESH TIWARI**	**Gender**	: **Male**
Collected	: **16/5/2025 8:21:00AM**	**Reported**	: **17/5/2025 11:25:39AM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **WALK IN - AYODHYA LAB Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001**	**Processed at**	: **WALK IN - AYODHYA LAB Rikub Ganj ,Faizabad UP 224001**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Calcium, Total	9.92	mg/dL	8.80 - 10.60
Phosphorus	3.26	mg/dL	2.40 - 4.40
Sodium	141.30	mEq/L	136.00 - 145.00
Potassium	4.33	mEq/L	3.50 - 5.10
Chloride	106.36	mEq/L	98.00 - 107.00

Note

1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1

Name	: **SUGANDH SRIVASTAVA**		
Lab No.	: **192495914**	**Age**	: **24 Years**
Ref By	: **DR RAKESH TIWARI**	**Gender**	: **Male**
Collected	: **16/5/2025 8:21:00AM**	**Reported**	: **17/5/2025 11:25:42AM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **WALK IN - AYODHYA LAB Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001**	**Processed at**	: **WALK IN - AYODHYA LAB Rikub Ganj ,Faizabad UP 224001**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC (Photometry,Electrical Impedance, Optical/Impedance & Calculated)			
Hemoglobin	14.95	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	46.10	%	40.00 - 50.00
RBC Count	5.21	mill/mm3	4.50 - 5.50
MCV	88.50	fL	83.00 - 101.00
Mentzer Index	17.0		
MCH	28.70	pg	27.00 - 32.00
MCHC	32.40	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	**14.10**	%	11.60 - 14.00
Total Leukocyte Count (TLC)	5.32	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	55.49	%	40.00 - 80.00
Lymphocytes	32.73	%	20.00 - 40.00
Monocytes	8.34	%	2.00 - 10.00
Eosinophils	3.24	%	1.00 - 6.00
Basophils	0.20	%	<2.00
Absolute Leucocyte Count			
Neutrophils	2.95	thou/mm3	2.00 - 7.00
Lymphocytes	1.74	thou/mm3	1.00 - 3.00
Monocytes	0.44	thou/mm3	0.20 - 1.00
Eosinophils	0.17	thou/mm3	0.02 - 0.50

Name	: **SUGANDH SRIVASTAVA**		
Lab No.	: **192495914**	**Age**	: **24 Years**
Ref By	: **DR RAKESH TIWARI**	**Gender**	: **Male**
Collected	: **16/5/2025 8:21:00AM**	**Reported**	: **17/5/2025 11:25:42AM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **WALK IN - AYODHYA LAB Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001**	**Processed at**	: **WALK IN - AYODHYA LAB Rikub Ganj ,Faizabad UP 224001**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Basophils	**0.01**	thou/mm3	0.02 - 0.10
Platelet Count	157	thou/mm3	150.00 - 410.00
Mean Platelet Volume	11.8	fL	6.5 - 12.0

Comment

In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

Note

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
2. Test conducted on EDTA whole blood

Name	: **SUGANDH SRIVASTAVA**		
Lab No.	: **192495914**	**Age**	: **24 Years**
Ref By	: **DR RAKESH TIWARI**	**Gender**	: **Male**
Collected	: **16/5/2025 8:21:00AM**	**Reported**	: **17/5/2025 11:25:45AM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **WALK IN - AYODHYA LAB Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001**	**Processed at**	: **WALK IN - AYODHYA LAB Rikub Ganj ,Faizabad UP 224001**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	5.6	%	4.00 - 5.60
Estimated average glucose (eAG)	114	mg/dL	

Interpretation

HbA1c result is suggestive of non diabetic adults (>=18 years)/ well controlled Diabetes in a known Diabetic

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults >=18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	>= 6.5	<7.0

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

Name	: **SUGANDH SRIVASTAVA**		
Lab No.	: **192495914**	**Age**	: **24 Years**
Ref By	: **DR RAKESH TIWARI**	**Gender**	: **Male**
Collected	: **16/5/2025 8:21:00AM**	**Reported**	: **17/5/2025 11:25:48AM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **WALK IN - AYODHYA LAB Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001**	**Processed at**	: **WALK IN - AYODHYA LAB Rikub Ganj ,Faizabad UP 224001**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
GFR (GLOMERULAR FILTRATION RATE), ESTIMATED			
Creatinine, Serum	0.68	mg/dL	0.67 - 1.17
GFR, Estimated	133	mL/min/1.73m2	>59
GFR Category	G1 (Normal or high in GFR)		

Note

1. GFR, estimated (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012
2. In patients, with eGFR between 45-59 ml/min/1.73 m2 (G3a) and without any marker of kidney damage, it is recommended to measure eGFR with cystatin C for confirmation of CKD.
3. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
4. In a suspected case of Acute kidney injury (AKI), measurement of GFR should be done after 48-96 hours of any intervention or procedure.
5. GFR calculated by Serum Creatinine may be less accurate due to certain factors like Race, Muscle mass, Diet and certain Drugs. In such cases, eGFR should be calculated using Serum Cystatin C.

Name	:	**SUGANDH SRIVASTAVA**			
Lab No.	:	**192495914**	**Age**	:	**24 Years**
Ref By	:	**DR RAKESH TIWARI**	**Gender**	:	**Male**
Collected	:	**16/5/2025 8:21:00AM**	**Reported**	:	**17/5/2025 11:25:50AM**
A/c Status	:	**P**	**Report Status**	:	**Interim**
Collected at	:	**WALK IN - AYODHYA LAB Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001**	**Processed at**	:	**WALK IN - AYODHYA LAB Rikub Ganj ,Faizabad UP 224001**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
VITAMIN B12; CYANOCOBALAMIN, SERUM (ECLIA)	**144.00**	pg/mL	211.00 - 946.00

Notes

1. Interpretation of the result should be considered in relation to clinical circumstances.
2. It is recommended to consider supplementary testing with plasma Methylmalonic acid (MMA) or plasma homocysteine levels to determine biochemical cobalamin deficiency in presence of clinical suspicion of deficiency but indeterminate levels. Homocysteine levels are more sensitive but MMA is more specific
3. False increase in Vitamin B12 levels may be observed in patients with intrinsic factor blocking antibodies, MMA measurement should be considered in such patients
4. The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificity

Name	: **SUGANDH SRIVASTAVA**		
Lab No.	: **192495914**	**Age**	: **24 Years**
Ref By	: **DR RAKESH TIWARI**	**Gender**	: **Male**
Collected	: **16/5/2025 8:21:00AM**	**Reported**	: **17/5/2025 11:25:54AM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **WALK IN - AYODHYA LAB Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001**	**Processed at**	: **WALK IN - AYODHYA LAB Rikub Ganj ,Faizabad UP 224001**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE, R/E (Automated Strip Test, Microscopy)			
Gross Examination			
Colour	Pale Yellow		Pale yellow
Specific Gravity	1.020		1.001 - 1.030
pH	5.5		5.0 - 8.0
Proteins	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Normal		Normal
Blood	Negative		Negative
Leucocyte Esterase	Negative		Negative
Nitrite	Negative		Negative
Microscopy			
R.B.C.	Negative		0-2 RBC/hpf
Pus Cells	2-3 WBC/HPF		0-5 WBC / hpf
Epithelial Cells	2-3 Epi Cells/hpf		0-5 Epi cells/hpf
Casts	None seen		None seen/Lpf
Crystals	None seen		None seen
Others	None seen		None seen

Name	: SUGANDH SRIVASTAVA		
Lab No.	: 192495914	**Age**	: 24 Years
Ref By	: DR RAKESH TIWARI	**Gender**	: Male
Collected	: 16/5/2025 8:21:00AM	**Reported**	: 17/5/2025 11:25:54AM
A/c Status	: P	**Report Status**	: Interim
Collected at	: WALK IN - AYODHYA LAB Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001	**Processed at**	: WALK IN - AYODHYA LAB Rikub Ganj ,Faizabad UP 224001

Test Report

Test Name	Results	Units	Bio. Ref. Interval

Dr Hariom Gupta
MD, Pathology & Bacteriology
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr Niketa Sharma
MD, Pathology
Chief of Lab

Name	: **SUGANDH SRIVASTAVA**		
Lab No.	: **192495914**	**Age**	: **24 Years**
Ref By	: **DR RAKESH TIWARI**	**Gender**	: **Male**
Collected	: **16/5/2025 8:21:00AM**	**Reported**	: **17/5/2025 11:25:58AM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **WALK IN - AYODHYA LAB Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001**	**Processed at**	: **Dr. Lal Path labs Vikas Nagar, Lucknow-226022**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
SWASTHFIT DIABETES & HEART CHECK COMPLETE			
MICROALBUMIN/ALBUMIN, 1ST MORNING/ RANDOM URINE (Immunoturbidimetry,Spectrophotometry)			
Albumin, Urine	6.00	mg/L	<30
Creatinine, Urine	89.91	mg/dL	24.00 - 392.00
Albumin: Creatinine Ratio (ACR)	<30.00	mg/g creatinine	<30.00
ACR Category	A1 (Normal to mildly increas		

Note

1. Due to high biological variability and non-renal influences, ACR>30 mg/g creatinine in a random urine sample should be confirmed with a subsequent early morning urine sample or 24 hours urine sample.
2. The diagnosis of albuminuria requires the demonstration of increased albumin loss (either increased albumin creatinine ratio or albumin loss in 24 hrs urine sample) in at least two out of three urine specimens collected in the absence of infection or acute metabolic crisis.
3. The term Microalbuminuria is misleading as it implies a small version of albumin molecule rather than an excretion rate of albumin greater than normal but less than that detected by routine method. It is recommended to use term Albuminuria or Albumin Creatinine ratio (ACR) instead of Microalbuminuria.

Non-Renal causes of increased ACR

Menstrual contamination, Uncontrolled Hypertension, Urinary Tract Infection, Heart failure, Strenuous exercise and other transitory illnesses.

Name	:	**SUGANDH SRIVASTAVA**			
Lab No.	:	**192495914**	**Age**	:	**24 Years**
Ref By	:	**DR RAKESH TIWARI**	**Gender**	:	**Male**
Collected	:	**16/5/2025 8:21:00AM**	**Reported**	:	**17/5/2025 11:26:00AM**
A/c Status	:	**P**	**Report Status**	:	**Interim**
Collected at	:	**WALK IN - AYODHYA LAB Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001**	**Processed at**	:	**Dr. Lal Path labs Vikas Nagar, Lucknow-226022**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
CARDIO C-REACTIVE PROTEIN (hsCRP), SERUM (Immunoturbidimetry)	0.23	mg/L	<1.00

Interpretation

CARDIO CRP IN mg/L	CARDIOVASCULAR RISK
<1	Low
1-3	Average
3-10	High
>10	Persistent elevation may represent Non cardiovascular inflammation

Note: To assess vascular risk, it is recommended to test hsCRP levels 2 or more weeks apart and calculate the average

Comments

High sensitivity C Reactive Protein (hsCRP) significantly improves cardiovascular risk assessment as it is a strongest predictor of future coronary events. It reveals the risk of future Myocardial infarction and Stroke among healthy men and women, independent of traditional risk factors. It identifies patients at risk of first Myocardial infarction even with low to moderate lipid levels. The risk of recurrent cardiovascular events also correlates well with hsCRP levels. It is a powerful independent risk determinant in the prediction of incident Diabetes.

Name	: **SUGANDH SRIVASTAVA**		
Lab No.	: **192495914**	**Age**	: **24 Years**
Ref By	: **DR RAKESH TIWARI**	**Gender**	: **Male**
Collected	: **16/5/2025 8:21:00AM**	**Reported**	: **17/5/2025 11:26:06AM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **WALK IN - AYODHYA LAB** **Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001**	**Processed at**	: **LPL-NATIONAL REFERENCE LAB** **National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
SWASTHFIT DIABETES & HEART CHECK COMPLETE			
LIPID PROFILE EXTENDED, SERUM			
Cholesterol Total (CHO-POD)	131	mg/dL	<200
Triglycerides (GPO-POD)	79	mg/dL	<150
HDL Cholesterol (Enz Immunoinhibition)	60	mg/dL	>40
LDL Cholesterol,Direct (enz Selective protection)	71	mg/dL	<100
VLDL Cholesterol Calculated)	16	mg/dL	<30
Non-HDL Cholesterol (Calculated)	71	mg/dL	<130
Cholesterol: HDL Ratio	**2.19**		3.30 - 4.40
Apolipoprotein (Apo A1) (Immunoturbidimetry)	124	mg/dL	79 - 169
Apolipoprotein (Apo B) (Immunoturbidimetry)	52	mg/dL	46 - 174
Apo B / Apo A1 Ratio	0.42		0.35 - 0.98
Lipoprotein(a); Lp(a) (Immunoturbidimetry)	**46**	mg/dL	<20

Interpretation

REMARKS	CHOLESTEROL:HDL RATIO	Lp (a) in(mg/dL)
Low risk	3.3-4.4	<20
Average risk	4.5-7.1	-
Moderate risk	7.2-11.0	20-49
High risk	>11.0	>=50

Name	: **SUGANDH SRIVASTAVA**		
Lab No.	: **192495914**	**Age**	: **24 Years**
Ref By	: **DR RAKESH TIWARI**	**Gender**	: **Male**
Collected	: **16/5/2025 8:21:00AM**	**Reported**	: **17/5/2025 11:26:06AM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **WALK IN - AYODHYA LAB** **Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001**	**Processed at**	: **LPL-NATIONAL REFERENCE LAB** **National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085**

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

Treatment Goals as per Lipid Association of India 2020

ASCVD RISK CATEGORY@	CONSIDER THERAPY		TREATMENT GOAL		
	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)	APOLIPOPROTEIN B (Apo B) mg/dL
Extreme (A)	>=50	>=80	<50 (Indispensable) <30 (Optional)	<80	<65
Extreme (B)	>=30	>=60	<30	<60	<50
Very High	>=50	>=80	<50	<80	<65
High	>=70	>=100	<70	<100	<80
Moderate	>=100	>=130	<100	<130	-
Low	>=130*	>=160*	<100	<130	-

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

Note

1. 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.
2. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved

Apolipoprotein B:

Apo B concentration measures the number of all atherogenic particles [Total apo B concentration = apo B in chylomicron + apo B in VLDL + apo B in VLDL remnant + apo in IDL + apo in LDL+ apo B in Lp(a)]. Apo B is moderate non-conventional risk factor (a level ≥110 mg/dl of apo B corresponds to an LDL-C ≥130 mg/dl) in low and moderate risk groups. Apo B measurement is recommended in high-risk subjects, after LDL-C and non-HDL-C goals have been achieved. Discordant elevated apo B levels may identify individuals who have high residual cholesterol risk. This may warrant intensive statin therapy and use of non-statin drugs.
To assess ASCVD risk, It is preferable to estimate serum apo B in patients with Diabetes, metabolic syndrome, obesity, high triglyceride concentration or very low LDL-C levels

Lipoprotein (a); Lp(a):

Lp(a) is an independent risk factor for coronary heart disease (CHD), ischemic stroke, and aortic valve stenosis and has been referred to as "the most atherogenic lipoprotein". It appears to be very important

Name	: SUGANDH SRIVASTAVA		Age	:	24 Years
Lab No.	: 192495914		Gender	:	Male
Ref By	: DR RAKESH TIWARI		Reported	:	17/5/2025 11:26:06AM
Collected	: 16/5/2025 8:21:00AM		Report Status	:	Interim
A/c Status	: P				
Collected at	: WALK IN - AYODHYA LAB Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001		Processed at	:	LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

ASCVD risk factor for Indians as Indians tend to have high prevalence of elevated Lp(a). In Indians, Lp(a) measurement is strongly recommended under following conditions:

1. At the time of initial screening of all subjects (18 years of age in adults and at the age of 2 years in subjects with family history of FH and premature ASCVD)
2. In patients with:

- Premature ASCVD (<55 years in men, <65 years in women)
- Familial hypercholesterolemia
- A family history of premature CVD and/or elevated Lp(a)
- Recurrent ASCVD despite optimal lipid lowering treatment

3. In patients showing poor response to maximum lipid lowering therapy

DMC – 67327
Dr Anjalika Goyal
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DMC - 89819
Dr Himangshu Mazumdar
MD, Biochemistry
Sr. Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

DMC – 9550
Dr Nimmi Kansal
MD, Biochemistry
Technical Director - Clinical Chemistry
& Biochemical Genetics
NRL - Dr Lal PathLabs Ltd

MCI 15-19066
Dr.Richa Sirohi
MD, Biochemistry
Sr. Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

Result/s to follow:
CKD RISK MAP

Name	:	SUGANDH SRIVASTAVA			
Lab No.	:	192495914	Age	:	24 Years
Ref By	:	DR RAKESH TIWARI	Gender	:	Male
Collected	:	16/5/2025 8:21:00AM	Reported	:	17/5/2025 11:26:06AM
A/c Status	:	P	Report Status	:	Interim
Collected at	:	WALK IN - AYODHYA LAB Hall No 2 Mukut Complex Rikub Ganj Faizabad UP 224001	Processed at	:	LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval

IMPORTANT INSTRUCTIONS

•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 .•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.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050,Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.