

Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name : Mr. PL21 Age : 35 Yrs

Sex : Male

P. ID No. : P1000100012943

: 10002304999 Accession No

Referring Doctor: Self

Referred By

Billing Date

07/07/202312:31:55

Sample Collected on

10/07/2023 10:01:31

Sample Received on Report Released on

10/07/2023 11:02:13

mg/dL

mq/dL

mg/dL

mg/dL

Barcode No.

14/07/2023 20:35:39

10002304999-01

Ref no.

Report Status - Final

Test Name Result Biological Ref. Interval Unit

BIOCHEMISTRY

Lipid Screen

Method: Sample: Seurm

Sample: Serum

Sample: Serum

Sample: Serum Method: Calculated

Sample: Serum

Triglycerides

Total Cholesterol

Method: Spectrophometry-Esterase/CO/Peroxidase

Method: Spectrophotometry-Enzymatic

LDL Cholesterol (Calculated)

Method: Spectrophometry-Esterase/CO/Peroxidase

Total Cholesterol / HDL Ratio

253 H

136

65

69 H

27.2

Desirable Level : < 200 Borderline : 200 - 239

High Risk : >/= 240

Desirable: < 150

Borderline High: 150 - 199

High: 200 - 499 Very High: >/= 500

Optimal

: 100 - 129 Near Optimal Borderline High: 130 - 160

: 161 - 189 High

: >/=190

Very High

Low: < 40

Optimal : 40 - 60 High : > 60

Desirable 10 - 35 mg/dL

VLDL Cholesterol

HDL Cholesterol

Sample: Serum Method: Calculated

Sample: Serum

Method: Calculated

Method: Calculated

3.67

Low Risk : 3.3 - 4.4

Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0

High Risk : > 11.0

LDL / HDL Ratio Sample: Serum

0.9

0.5 - 3.0

Low Risk : 0.5 - 3.0

Moderate Risk : 3.1 - 6.0

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Name : Mr. PL21 Billing Date 07/07/202312:31:55 : 35 Yrs Sample Collected on Age 10/07/2023 10:01:31 Sample Received on 10/07/2023 11:02:13 Sex : Male Report Released on P. ID No. : P1000100012943 14/07/2023 20:35:39 : 10002304999 Accession No Barcode No. 10002304999-01

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit	

High Risk : > 6.0

Total Cholesterol

Clinical Significance:

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease. Increased levels are a risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

Triglycerides

Clinical Significance:

Triglycerides are partly synthesized in the liver and partly derived from the diet. Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, certain metabolic disorders or drug induced.

HDL Cholesterol

Clinical Significance:

High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy. Raised levels are also seen in case of chronic intoxication with alcohol, heavy metals or industrial chemicals. Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

Lipid Screen

Proposed LDL-C goals in very high risk and extreme risk group patients by the Lipid Association of India.

Very High Risk group(VHRG)	Extreme Risk group		
	Category A	Category B	
LDL-C goal of <50 mg/dl	LDL-C goal of <50 mg/dl (recommended) LDL-C goal of ≤30 mg/dl (optional)	LDL-C goal of ≤30 mg/dl	



NATIONAL REFERENCE LAB



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factors*/target organ damage

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: 10002304999 Barcode No. 10002304999-01 Accession No

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
High-risk conditions Any one of following:		CAD with ≥1 of i	following:
	CAD with ≥1 of following	g: 1. Diabetes + polyv	ascular disease/≥2
1. ASCVD (CAD/PAD/TIA or stroke)		2. major ASCVD ri	sk factors*/target
2. Homozygous familial	Diabetes without target or	rgan organ	
3. hypercholesterolemia	damage/<1 major	3. damage	

- 4. Diabetes with ≥2 major ASCVD risk 2. ASCVD risk factors 3. Familial hypercholesterolemia 4. ≥3 major ASCVD risk factors
 - 5. CKD stage 3B and 4
 - 6. ≥2 major ASCVD risk factors with ≥1 moderate
 - 7. non-conventional risk factor#
 - 8. $Lp(a) \ge 50 \text{ mg/dl}$
 - 9. Coronary calcium score ≥300 HU
 - 10. Extreme of a single risk factor
 - 11. PAD
 - 12. H/o TIA or stroke
 - 13. Non-stenotic carotid plaque

- 4. Recurrent ACS (within 12 months)
- 5. despite on LDL-C goal
- 6. Homozygous familial
- 7. Hypercholesterolemia

The LDL-C goal of ≤30 mg/dl must be pursued after detailed risk-benefit discussion between physician and patient.

Clinical judgment to be used in decision making if the patient has disease/risk factors not covered in the table, eg. peripheral arterial disease or cerebrovascular disease.

*Major ASCVD risk factors: 1. Age- male ≥45 years, female ≥55 years, 2. Family h/o premature CAD- male <55 years, female <65 years, 3. Smoking/tobacco use, 4. Systemic hypertension, 5.Low HDL (males <40 mg/dl) and females <50 mg/dl).

#Moderate non-conventional risk factors: 1. Coronary calcium score 100-299 HU, 2. Increased carotid intima-media thickness, 3. Lp(a) ≥20-49

** End of Report**

Dr. Aarti Khanna Nagpal

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जांच सही तो इलाज सही

