| | | | |
|---|---|---|---|
| **Name** | : **DUMMY** | | |
| **Lab No.** | : **Z6152301** | **Age** | : **25 Years** |
| **Ref By** | : **DR. DUMMY DUMMY** | **Gender** | : **Male** |
| **Collected** | : **23/7/2024 6:39:00AM** | **Reported** | : **23/7/2024 6:47:33PM** |
| **A/c Status** | : **P** | **Report Status** | : **Interim** |
| **Collected at** | : **PRODUCTION TEST COLLECTION CENTRE SECTOR - 18, BLOCK-E ROHINI DELHI 110085** | **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 |
|---|---|---|---|
| **HEART HEALTH SCREEN, ADVANCED** | | | |
| **APOLIPOPROTEIN B (Apo B)** (Immunoturbidimetry) | 46.00 | mg/dL | 46 - 174 |
| **GLUCOSE, FASTING (F), PLASMA** (GOD POD) | | mg/dL | 70 - 100 |
| **CARDIO C-REACTIVE PROTEIN (hsCRP), SERUM** (Immunoturbidimetry) | 1.00 | 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.

| | | | |
|---|---|---|---|
| **LIPOPROTEIN(a); Lp(a), SERUM** (Immunoturbidimetry) | | mg/dL | <20 |

| | | | |
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## Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| **HEART HEALTH SCREEN, ADVANCED** | | | |
| **TROPONIN- I, SERUM HIGH SENSITIVE** (CMIA) | 4 | ng/L | |

**Recommended hsTnI risk stratification cut-off values for asymptomatic individuals using ARCHITECT HsTnI assay**

| HsTrop I levels in Male | HsTrop I levels in Females | CVD Risk Category | Interpretation and Advice |
|---|---|---|---|
| <6 | <4 | Low Risk | Cardiac injury unlikely, Follow up every year |
| 6-12 | 4-10 | Moderate Risk | If there is no other risk factor or comorbidity reassess every 6/12 months. Lifestyle modification recommended |
| >12 | >10 | High Risk | Cardiac injury likely, rule out strenuous exercise in past 3 days and/or renal dysfunction interference. Discuss results with treating clinician for further management |

**Reference:** Consensus Statement on the Use of High-Sensitivity Troponin I Assay for Risk Stratification of Apparently Healthy Individuals - An Indian dimension'", *International Journal of Current Research*, 13, (01), 15771-15778

### Note

1. Any condition resulting in myocardial injury can potentially increase hsTnI levels thus the results should be used in conjunction with other information such as ECG, clinical observations & symptoms, etc.
2. False positive results can be seen in the presence of Rheumatoid factor and heterophile antibodies

### Comment

This assay is recommended for cardiovascular disease (CVD) risk stratification in asymptomatic individuals. High-sensitivity troponin I (hsTnI) assays have the ability to detect very low concentrations of circulating cardiac troponin even in apparently normal and healthy individuals.

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| **Lab No.** | : **Z6152301** | | **Gender** | : **Male** | |
| **Ref By** | : **DR. DUMMY DUMMY** | | **Reported** | : **23/7/2024 6:47:36PM** | |
| **Collected** | : **23/7/2024 6:39:00AM** | | **Report Status** | : **Interim** | |
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MC-2113

## Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| **LIPID PROFILE, BASIC, SERUM** | | | |
| Cholesterol Total (CHO-POD) | | mg/dL | <200 |
| Triglycerides (GPO-POD) | | mg/dL | <150 |
| HDL Cholesterol (Enz Immunoinhibition) | | mg/dL | >40 |
| LDL Cholesterol,Direct (Enz Selective protection) | | mg/dL | <100 |
| LDL Cholesterol (Calculated) | | mg/dL | <100.00 |
| VLDL Cholesterol (Calculated) | | mg/dL | <30 |
| Non-HDL Cholesterol (Calculated) | | mg/dL | <130 |

**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. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors

**ASCVD Risk Stratification & Treatment goals in Indian population**

1. Indians are at very high risk of developing ASCVD, they usually get the disease at an early age, have a more severe form of the disease and have poorer outcome as compared to the western populations
2. Many individuals remain asymptomatic before they get heart attack, ASCVD risk helps to identify high risk individuals even when there is no symptom related to heart disease
3. ASCVD risk category helps clinician to decide when to consider therapy and what should be the treatment goal

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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) (mg/dL |
| Extreme (A) | >=50 | >=80 | <50 (Indispensable)<br><30 (Optional) | <80 |
| Extreme (B) | >=30 | >=60 | <30 | <60 |
| Very High | >=50 | >=80 | <50 | <80 |
| High | >=70 | >=100 | <70 | <100 |
| 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

**@To know your risk category click on bit.ly link sent on your registered mobile number, answer the questionnaire, the ASCVD risk report can be downloaded from website**

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MC-2113

## Test Report

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

**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 |

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Dr Nimmi Kansal
MD, Biochemistry
Technical Director - Clinical Chemistry
& Biochemical Genetics
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## Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|

Result/s to follow:
TROPONIN- I, SERUM HIGH SENSITIVE, LIPID PROFILE, BASIC, SERUM, HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD, GLUCOSE, FASTING (F), PLASMA, LIPOPROTEIN(a); Lp(a), SERUM

**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.**