

Name : Abdul Jabbar Subhan Ali
Lab. No. : 3022116311
Contract. : Nas (WN, VN)-Dubai Branch
Patient No. : 30-81609
File No. : 37797

Sample Date : 11/10/2022 13:59 PM
Report Date : 11/10/2022 14:28 PM
Doctor references : Dr. Tooba Karim

Branch : Al Borg Lab. Dubai Deirah Age : 52 Year DOB 01/05/1970 Sex : Male

Chemistry Unit

Test	Result	Unit	Ref. Range
Glucose in Plasma (Fasting)	92	mg/dl	70 - 100 Normal: 70 - 100 Pre-Diabetes: 100 -125 Diabetes: ≥ 126

Comments

Primary sample: Plasma
Methodology :Enzymatic reference method with hexokinase

Reviewed By:



Dr. Shailendra Rathod.MD
Laboratory Director
Physician Specialist Clinical
Pathology
License no. 10944644-001

**** End Of Report ****

Verified By : Shailendra Rathod.MD

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Patient No. : 30-81609
File No. : 37797
Sample Date : 11/10/2022 13:59 PM
Report Date : 11/10/2022 14:26 PM
Doctor references : Dr. Tooba Karim

Branch : Al Borg Lab. Dubai Deirah
Age : 52 Year
DOB 01/05/1970
Sex : Male

Cholesterol/HDL/LDL/Triglycerides

Test	Result	Unit	Ref. Range
Cholesterol	243 H	mg/dl	No risk <200 Moderate risk 200 - 240 High risk >240

Comments

Primary sample: Serum
Methodology : Enzymatic colorimetric assay in the presence of peroxidase.

Triglycerides (TG) in Serum	272 H	mg/dL	Normal<200
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Comments

Primary sample: Serum
Methodology : Enzymatic colorimetric assay

HDL Cholesterol	32 L	mg/dL	Optimum level ≥ 60 Borderline risk: 40-59 High risk: <40
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Comments

Primary sample: Serum
Methodology : HOMOgeneous Enzymatic colorimetric assay.

LDL Cholesterol	157 H	mg/dl	Optimal <100 Near optimal 100-129 Borderline high 130-159 High 160-189 Very high >189
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Comments

Sample type: Serum
Methodology: Calculation

*This is non-accredited test.

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Cholesterol/HDL/LDL/Triglycerides

Test	Result	Unit	Ref. Range
Non-HDL Cholesterol	211 H	mg/dL	very high >220 High 190-219 Borderline high 160-189 Near Ideal 130-159 Ideal for people at risk of heart disease <130 Ideal for people at very high risk of heart disease <100

Comments

Patients with elevated levels of non-HDL-C and normal levels of LDL-C, often have an increased number of LDL particles, increased apo B or increased small, dense LDL particles and these are associated with an increased risk of CVD. Therefore non-HDL-C might be more valuable indicator of cardiovascular risk than LDL-C.
 The treatment goal for non-HDL cholesterol in persons with high triglycerides (>199 mg/dl) is 30 mg/dl higher than their LDL cholesterol goal.

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** End Of Report **