LB-MED-305

Patient Name	:	Mr. BHAGIKHAO MAHATO	**Sample UID No.**	:	4111613
Age / Gender	:	40 Y / Male	**Sample Collected On**	:	23-08-2025 11:45
Patient ID	:	QLD111064	**Registered On**	:	23-08-2025 11:46
Referred By	:	Dr. FARHEEN	**Reported on**	:	23-08-2025 18:38
Referral Client	:	CITICARE MEDICAL CENTER(INSURANCE)	**External Patient ID**	:	30618
Emirates ID / Passport No	:		**Print Version**	:	V.1

Department of BIOCHEMISTRY

LIPID PROFILE TEST

Investigation	Results	Flag	Units	Biological Reference Interval	Method
CHOLESTEROL (TOTAL)	136		mg/dl	Desirable: < 200 Borderline High: 200-239 High: > 240	Enzymatic colorimteric assay
TRIGLYCERIDES	77		mg/dl	Normal Up to 150 Borderline-High 150-199 High 200-499 Very High > 500	Enzymatic colorimetric test
HDL CHOLESTEROL	32		mg/dl	High risk up to 40 Low risk > 60	Homogeneous Enzymatic Colorimetric
LDL CHOLESTEROL DIRECT	89		mg/dl	Optimal up to < 100 Near Optimal: 100-129 Borderline : 130-159 High: 160-189 Very High: > 190	Enzymatic, colorimetric method
VLDL CHOLESTEROL	15		mg/dl	10-35	Calculation
NON-HDL CHOLESTEROL	104		mg/dl	Desirable < 130 Borderline 130 – 159 High >159	Calculation
TOTAL CHOLESTEROL / HDL RATIO	4.3		--	< 4.5	Calculation
LDL / HDL RATIO	2.8		--	Low Risk < 3.0 Borderline 3.1-6.0 High Risk >6.0	Calculation

Interpretation Notes :

CLINICAL IMPLICATIONS:

1. Cholesterol testing evaluates the risk for atherosclerosis, myocardial occlusion, and coronary artery occlusion. Elevated cholesterol levels are a major component in the hereditary hyper lipoproteinemia. It is also used to monitor effectiveness of diet, medications, lifestyle, and stress management.
2.The cholesterol to HDL ratio provides more information than does either value alone. When a slightly increased cholesterol is due to high HDL, therapy is not indicated.
3. LDL cholesterol has a longer shelf life and determines the CHD risk.

INTERFERING FACTORS:

1. Seasonal and positional variations may alter cholesterol levels. Estrogens, ascorbic acid, bilirubin decrease the cholesterol levels .Pregnancy, bile salt, high saturated fat, and high cholesterol diet may increase the cholesterol values. Prolonged fasting with ketosis may increase the value.
2. Increased levels of HDL may be associated with estrogen therapy, drugs like steroids, alcohol and insulin therapy. Decreased levels are associated with stress, recent illness, starvation, obesity, smoking, hyper triglyceridemia, lack of exercise.
3. Increased LDL may be associated with pregnancy, drugs like steroids. Decreased LDL are found in women under estrogen therapy. No fasting may cause false elevation.
4. A transient increase in triglycerides occurs following heavy meal, alcohol ingestion, pregnancy, acute illness like cold ,flu, obesity, physical inactivity ,smoking. Transient decrease occurs after strenuous exercise, weight loss.

"QLabs compliance with ISO 15189:2022 standards"

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RECOMMENDATION:

1. Cholesterol levels >200 mg/dl should be retested and the results averaged and if the results differ by > than 10%, a third test need to be done for confirmation. Perform a comprehensive lipoprotein analysis if cholesterol levels are not lowered within 6 months after start of therapy. If the values are altered in a normal condition, recommended to follow a stable diet for 1 week and overnight fasting (9 to 12 hours)before repeating the test.
2. Cholesterol and HDL should not be measured immediately after MI. A 3 month wait is suggested.
3. If triglyceride levels are more than 400mg/dl or >10.36mmol/L recommended to fast overnight(9 to 12 hours) and retest .Because of biological and analytical variation, at least 2 serial sample may be necessary for clinical decision making. VLDL cannot be calculated if triglycerides are more than 400mg/dl

REFERENCE: 1) Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]
2) Tietz clinical guide to Laboratory tests(Fourth edition) ALAN H.B.WU

Sample: Serum

- END OF REPORT -

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