

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding



Prepared For

Mr MR.DUMMY

M 23

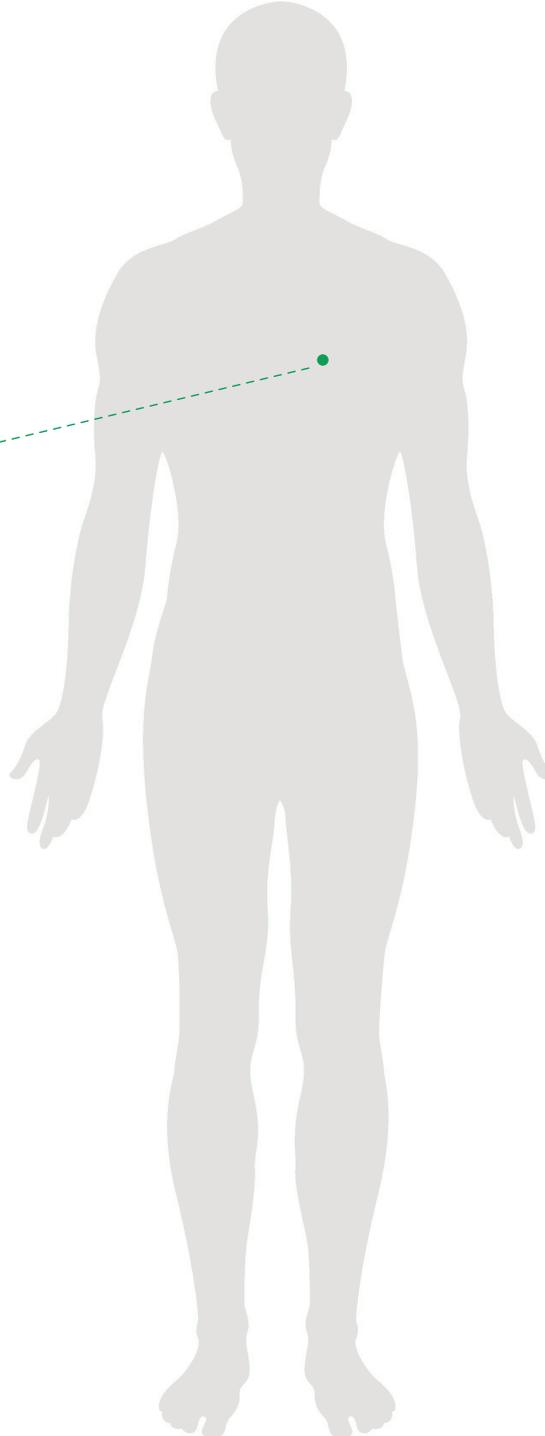
Name
Mr MR.DUMMY

Patient ID
8053222

Gender
M

Age
23

Health Summary



LIPID PROFILE

Everything looks good



Patient Name : Mr MR.DUMMY	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 08, 2024, 12:26 PM
Patient ID / UHID : 8053222/RCL7249709	Barcode No : ZC664036
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

Test Description	Value(s)	Unit(s)	Reference Range
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Cardiac Risk Markers- Essential

High Sensitivity C-Reactive Protein (Hs-CRP)

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) <i>Particle enhanced immunoturbidimetric assay.</i>	1.6	mg/L	Low < 1.00 mg/L Average 1.0-3.0 mg/L High > 3.0 mg/L
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Interpretation:
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.



Dr. Dummy



Booking Centre :- DEMO PARTNER CHENNAI, DEMO PARTNER CHENNAI
 Processing Lab :-

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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

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Lipoprotein (A)

Lipoprotein A (Lipo A) <i>Turbidimetric</i>	18.0	mg/dL	up to 30
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Interpretation:
Note:
 Lp(a) is considered an important risk factor for CHD especially among Indians as Indians tend to have high prevalence of elevated levels of Lp(a)

Lp(a) in mg/dL	REMARKS
<30	Low risk
30-49	Moderate Risk
>= 50	High risk

Comments:
 Lipoprotein (a) [Lp(a)] consists of an LDL particle that is covalently bound to an additional protein, apolipoprotein (a) [Apo(a)]. Apo(a) has high-sequence homology with the coagulation factor plasminogen and, like LDL, Lp(a) contains apolipoprotein B100 (ApoB). Thus, Lp(a) is both proatherogenic and prothrombotic. Lp(a) is an independent risk factor for Coronary Heart Disease (CHD), Ischemic Stroke, and Aortic Valve Stenosis. Lp(a) is highly heterogenous molecule; the degree of atherogenicity of the Lp(a) particle may depend on the molecular size of the Lp(a)-specific protein. Serum concentrations of Lp(a) are related to genetic factors, and are largely unaffected by diet, exercise and lipid -lowering pharmaceuticals. However, in a patient with additional modifiable CHD risk factors, more aggressive therapy to normalize these factors may be indicated if the Lp(a) value is also increased.

Usage
 Evaluation of increased risk for cardiovascular disease and events:
 1. In individuals at intermediate risk for cardiovascular disease
 2. In patients with early atherosclerosis or
 3. In patients with strong family history of early CHD

Apolipoproteins A1 & B

Apolipoprotein A-1 (APO-A) <i>Tina-quant</i>	187.0	mg/dL	104 - 202
Apolipoprotein B (APO-B) <i>Tina-quant</i>	112.0	mg/dL	66 - 144
Apo B / Apo A1 Ratio <i>Calculated</i>	0.6		0.35 - 0.98

*** End Of Report ***

Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.

Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.



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