Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

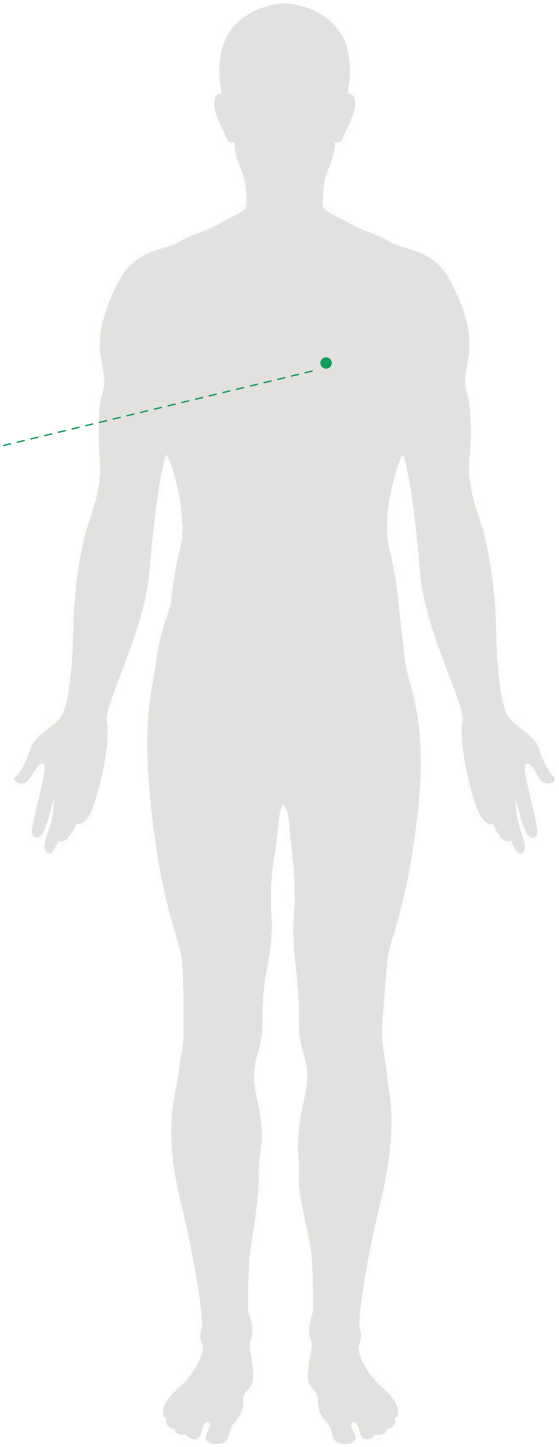
Prepared For

Mr MR.DUMMY

M 23

Name	Patient ID	Gender	Age
Mr MR.DUMMY	8053223	M	23

Health Summary



LIPID PROFILE

Everything looks good

LABORATORY REPORT

Redcliffe labs

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8053223/RCL7249750	Report Date	: May 08, 2024, 12:27 PM
Referred By	: Dr. Dr. X	Barcode No	: ZC664042
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range

Cardiac Risk Markers- Advanced

High Sensitivity C-Reactive Protein (Hs-CRP)

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) *Particle enhanced immunoturbidimetric assay.*	2.0	mg/L	Low < 1.00 mg/L Average 1.0-3.0 mg/L High > 3.0 mg/L

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

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Test Description	Value(s)	Unit(s)	Reference Range
Lipoprotein (A)			
Lipoprotein A (Lipo A) *Tina-quant*	15.5	mg/dL	up to 30

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	
(As per Lipid Association of India 2016)	**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

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Homocysteine

Test Description	Value(s)	Unit(s)	Reference Range
Homocysteine *Enzymatic*	8.2	µmol/L	5.46-16.2

Interpretation:

Homocysteine is a sulphur containing amino acid. There is an association between elevated levels of circulating homocysteine and various vascular and cardiovascular disorders. Clinically the measurement of homocysteine is considered important to diagnose homocystinuria, to identify individuals with or at risk of developing cobalamin or folate deficiency & to assess risk factor for Cardiovascular Disease (CVD) for which the recommendations are:

1. Specially useful in young CVD patients (< 40 yrs.)
2. In known cases of CVD, high homocysteine levels should be used as a prognostic marker for CVD events and mortality
3. CVD patients with homocysteine levels >15 µmol/L belong to a high risk group?

Increased homocysteine levels with low vitamin concentrations should be handled as a potential vitam in deficiency case.

Apolipoproteins A1 & B

Apolipoprotein A-1 (APO-A) *Tina-quant*	167.0	mg/dL	104 - 202
Apolipoprotein B (APO-B) *Tina-quant*	102.0	mg/dL	66 - 144
Apo B / Apo A1 Ratio *Calculated*	0.61		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.

Dr. Dummy

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