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October 20, 2024

Proposal for Recognition of ' Cleansing Therapy'

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Sir,

Sub: <u>Cleansing Therapy – A popular alternative system of medicine</u>

Ref: Your Letter U-11018/03/2021-HR(ASM)/8102029 dated 14th Aug, 2023

Cleansing Therapy – Clinical trials done Request for our presentation before your IDC in December 2024

With reference to the above letter, we are submitting herewith a detailed proposal with clinical trial reports and supporting documents. The details being submitted herewith are as per the seven criteria given to us.

We hereby are applying for the recognition of 'Cleansing Therapy' as an alternative system of medicine. Cleansing Therapy is based on traditional remedies that have been passed down from several generations through word of mouth. This therapy has the power to cure 90% health problems from the comfort of one's home.

> 5 / 1202 NRI Complex, Nerul West, Navi Mumbai 400706 Phone: 022 27526000, 093210 93210, 089768 84903 Site: <u>www.thetempleofhealing.org</u> Email: cureyourselfindia@gmail.com



There are no charges, consultation fees or profits involved in Cleansing Therapy and it involves only low cost and easily available ingredients that can be purchased from local markets and it doesn't require any supervision or consultation. As a result, we cannot have organized studies and statistics to support 'Cleansing Therapy'.

Our book, 'Cleansing Therapy – Cure Yourself', explains how a person cannot have a heart attack for at least six months after doing a Liver Cleanse (see page 90), even if s/he observes no restrictions on food. This is because a Liver Cleanse reduces so much LDL Cholesterol that it cannot be replaced within six months.

Furthermore, this cleanse is beneficial for couples who wish to conceive naturally. If pathological tests do not suggest any major reproductive abnormality, then the couple is guaranteed to conceive naturally within 100 days of following Cleansing Therapy.

The FDA and several doctors have opposed the 'Liver Cleanse' with irrational arguments, even though they have not experienced it themselves. This rejection of Cleansing Therapy is similar to their abjuration to Ayurveda, Yoga, Unani, Siddha, Homeopathy or any other medicine that is not a part of their curriculum and practice. In response to our earlier applications to the Ministry of AYUSH and ICMR, we were advised to approach the Department of Health Research, MoHFW, New Delhi for the proposal's consideration under the captioned scheme.

We request you to kindly consider approving 'Cleansing Therapy' as a new/alternative system of medicine for practice, training and study. This will help future generations adopt simple home remedies for various cures and health benefits.

Kindly note that this application does NOT intend to seek money, donation or Grants- in-Aid from the government.

We request you to consider to include Cleansing Therapy as Other Health Care Professionals Category named CLEANSING THERAPY PROFESSIONALS with Independent Scope of Practice inside the National Commission for Allied & Health Care Professions (NCAHP).



Kindly place our proposal before the Inter-Departmental Committee for consideration as above.

We request for an opportunity for a one-hour presentation before the IDC.

Thank you,

wh Saxena

Dr Piyush Saxena Applicant, Propagator Therapist

URLs and Co-ordinates:

Websites: <u>www.thetempleofhealing.org</u> <u>www.drpiyushsaxena.com</u> Email <u>drpiyush2020@gmail.com</u> <u>cureyourselfindia@gmail.com</u> Phone: 022-27526000 / 93210 93210

Dr. Rajesh Kumar Singh (9326068723)

Dr . Yashpal Gupta (8800695356) Dr Mrs Fatima Shaikh (9768078628)

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Proposal

Application for recognition of 'Cleansing Therapy' as an alternative therapy

Cleansing Therapy is an alternative healing and cleansing technique compiled and propagated by Dr Piyush Saxena after years of research and successful trials since 2004. Nature planned us to live in forests, without possession and consume raw food only. Breaking these rules brought toxins to the body. Cleansing T based on the concept of eliminating toxins from various organs etc of the body to restore optimum conditions of cells and facilitate the body's own healing process instead of targeting a particular disease or alleviating troublesome symptoms.

Cleansing Therapy applies a holistic approach (treating the patient as a whole and not just a disease) to cure and seeks to promote overall well-being, positive health and long-term relief.

Cleansing Therapy involves 28 bodily cleanses to make the body disease free and optimally healthy. While Liver Cleanse (or Master Cleanse) is the most important cleanse, other important cleanses of the therapy include: (i) Kidney Cleanse (ii) Acidity Cleanse (iii) Parasite Cleanse (iv) Joint Cleanse (v) Colon Cleanse (vi) Mouth Cleanse (vii) PCOS (Polycystic Ovary Syndrome) Cleanse (viii) Uterus and Fertility Cleanse, and many more. These Organ-specific cleanses help organs eliminate toxins, enabling them to perform at their optimal level.

The success of Cleansing Therapy and its enduring results lie in following its most important factors, which other therapies often ignore. While most conventional therapies require you to forego things that you like to eat or drink, Cleansing Therapy does not require a change in lifestyle – you can continue eating and drinking your favorite food/drinks and enjoy a healthy life. The results of conventional therapies often reverse over time, as it is not humanly possible to give up favorite food/drinks forever. Cleansing Therapy, on the other hand, observes its motto of "*Khao piyo mast raho, Cleanse karo swasth raho*" (eat, drink and make merry; cleanse your body, stay healthy!).



Cleansing Therapy includes easy to follow cleanses that can be practiced from the comfort of your home with naturally available ingredients. In addition, these cleanses require very little time and no need for supervision or intervention by a medical practitioner. It is quick, easy, inexpensive and extremely effective.



1. Origin and History of Cleansing Therapy

The Liver Cleanse (in its current form), the most important cleanse of Cleansing Therapy, started in USA and is now commonly followed in several western countries. In 1992, an 85-year-old American woman, Suzanne, was suffering from several serious health issues. She had not eaten in four days and was suffering from chronic constipation. She was so weak that she could not even stand properly. She was confident that she would not live to see the next day. A friend advised her to take extra virgin olive oil, a grandma's recipe, as a last resort to get a peaceful death. At 11 pm, she took 400 ml of extra virgin olive oil and went to bed with no hope. Around 2 am, she woke up with the urge to go to the toilet, and then again, a little later. She did so five to six times until 6 am in the morning. To her astonishment, she felt much better by morning.

The oldest records that we are aware of, where oil and citrus juice or other juices were used in combination to dispel toxins from the liver, date back six to ten thousand years. The ancient systems of medicine explain how to use oil to dispel toxins from the liver, gallbladder and other organs. The ancient Egyptians have also described ways to detoxify the liver using oils.

Even in recent history, we can find references in English and German books written in the late 1920s and 1930s that describe how mixing olive oil and juices causes the body to dispel toxins from the liver in the form of green clumps that float in water. John Hopkins University has described them as 'intra hepatic gallstones' found in the liver.

These references are available in *The British Medical Journal* by *William H. Stephenson, L.R.C.P., L.R.C.S. Edin.,* 1895 issue. The journal includes a case of July, 1893 of a certain Mrs. T, a 48-year-old female who suffered from biliary colic in. She suffered from acute pain over the hepatic region extending up to the right shoulder blade and had been taking hypodermic injections of morphine for relief. For four years, she suffered from such attacks, and then got hit by jaundice. Subsequently, she was put on a treatment of Carlsbad salts, Sodium Phosphate, Sodium Sulphate, Salol, Ether and Turpentine, but no gall stones were found. At the end of February 1894, as a last resort, extra virgin olive oil was given to her at bedtime followed by another dose



at 6 am. In between, she was told to lie on her right side.

Following this, extra virgin olive oil was given every three hours during the day. In the three motions that she passed between 3 am and 8 am, six gall stones were found, two of them measured half an inch. She did not feel any pain or nausea.

The 1892 issue of *The Rationale* mentions the use of olive oil: "By administering olive oil, the fatty acids were allowed to form and thus the cholest, which was a large part of these concretions, was possibly precipitated."

A more recent study conducted by the North American Primary Care Research Group in 1998 was published by the American Family Physicians, where patients with gallstone diseases were given a traditional home remedy to induce gallstone expulsion instead of surgically removing them. The physicians used lemon juice and extra virgin olive oil along with few other herbs known for their laxative properties, such as *cascara sagrada*, garlic and certain enemas. All patients expelled stones and it was proven through ultrasounds that the remedy had eliminated gall stones from the gallbladder.

The Kidney Cleanse of Cleansing Therapy uses a concoction made from either corn silk, parsley leaves, coriander leaves or water melon seeds to expel toxins accumulated in the kidney. It dissolves toxins settled in the form of stones and dilates the kidney pores so that they can easily pass out of the body during urination.

For the last several centuries, various herbal teas or concoction have been used to optimize the health of kidneys and keep them stone and disease free. The use of corn silk tea by haqeems (traditional practitioners of Unani medicine) or a coriander leaves concoction by herbalists are quite common.

A study published in the *International Journal of Pharmacology* by Sukandar E., Sigit J., et al. instructed the use of an extract of corn silk and binahong (anredera cordifolia) leaves to study the effect on oxidative stress and kidney failure in rats. Four parameters of kidney functions were determined which includes biochemical markers (serum creatinine and urea levels), oxidative stress levels, organ index and the kidney's histology. The study concluded that the extract had shown positive effects on



rat's kidney failure. Moreover, reduced oxidative stress and biomarker levels correlated with kidney failure repair mechanism.

An article published in the *International Journal of ChemTech Research* titled *Corn Silk: A Medicinal Boon* has clearly indicated the use of corn silk for treatment of kidney diseases as it is considered to have a diuretic property. It has been prescribed in the form of corn silk tea as it increases urine output, which helps flush toxins out and reduces serum creatinine levels. Corn silk tea also relieves high blood pressure, the most prominent symptom of kidney disease.

A study conducted on rabbits exposed to carbon tetrachloride to induce hepatorenal disease (HRS) concluded that coriander leaves have a positive effect on kidney function. In addition, the kidneys displayed an increased amount of renal protective effects which can be attributed to the refurbished endogenous antioxidant enzymes.

Another study conducted at Riyadh, Saudi Arabia by the Department of Surgery and Department of Urology at King Khalid University, investigated the effects of parsley leaves tea on urine composition and formation of urinary tract stone inhibitors. While one group was administered parsley leaf tea (1.2 liters per day) for two weeks, another group consumed the same amount in a packaged bottle for the same period, followed by a 2 weeks flush period after which they were interchanged. At the end, no significant difference was concluded as this study was conducted on healthy subjects. However, a lot of their participants had already been using parsley tea as a traditional remedy. Parsley is believed to have a diuretic effect due to its constituents: *apiol* and *myristicin*. (Ref. https://pubmed.ncbi.nlm.nih.gov/21566309)

Parasite Cleanse Many plants that we consume everyday help us deal with parasites and promote good health. These plants have existed for thousands of years. Early humans learnt to use these plants to protect themselves from their own parasites.

Herbs such as a black walnut hulls, cloves, wormwood (*Artemisia absynthium*), garlic, black pepper, ginger, lemon, cinnamon, sage, peppermint, pumpkin seeds, cayenne pepper, goldenseal, thyme, cranberry, fennel, male fern, grapefruit seed, apple kernel, onion, olive leaves, and apple seeds are effective parasite killers.

Similarly, introducing a weak electric current in the body destroys parasites by reversing



their polarity. This weak current is passed either through a zapper or pulsar. Renowned American therapist, Dr. Hulda Clark https://www.huldaclark.com), has done a lot of research on various parasite cleansing techniques

In Parasite Cleanse of our Cleansing Therapy, Colloidal silver is used as an agent to kill, destroy and remove parasites from the body. Although it can be used singularly, it is better to use it in combination of a zapper and pulsar device and Clarkia Tincture (formulated and propagated by Dr. Hulda Clark in the USA).

Silver has been used as a healing and anti-bacterial agent by civilizations throughout the world. Its medical, preservative and restorative powers can be traced as far back as the ancient Greek and Roman Empires. Long before the development of modern pharmaceuticals, silver was popularly used as a germicide and antibiotic.

By 1800s, silver nitrate was used to treat wounds and skin ulcers. Silver nitrate solutions were introduced in 1880 to protect newborn infants' eyes from infection. Creams containing silver/compounds, such as silver sulfadiazine, have been used in burn centers for more than a hundred years. Unani medicine also uses silver leaves for health benefits. Concentrations of colloidal silver, at five parts per million (ppm) or higher, have been found to kill numerous infectious bacteria. Before 1938, colloidal silver was widely used by physicians as a mainstream antibiotic. The Greeks, Romans, Nawabs of Northern India, and the Chinese used silver vessels to keep water and other liquids fresh. They ate their food from silver vessels to prevent bacterial growth and enhance immunity.

By 1940s, there were approximately four dozen different silver compounds in the market available in oral, injectable and topical forms for treating infectious diseases.

The Joint Cleanse of Cleansing Therapy, a cure for arthritis and other Joint diseases, uses Apple Cider Vinegar (ACV), Black Molasses (BM), honey and Epsom salt. While ACV, BM and honey are used orally during the process, Epsom salt is used topically.

Apple Cider Vinegar contains strong anti-inflammatory properties and is one of the oldest fermentation processes known to humans. It has also been used as a medicine for thousands of years. Since Arthritis is an inflammatory disease, vinegar has found



to be very beneficial in its cure. The hard acid deposits causing arthritis are very similar in substance to an egg's shell. ACV has the ability to dissolve these acid deposits. ACV has been used in folk medicine (traditional or indigenous medicine) for hundreds of years. Hippocrates is believed to have used vinegar to treat his patients in 400 BC. Alternative health practitioners worldwide recommend drinking apple cider vinegar to treat arthritis. Moreover, a note from the University of Florida has recommended the use of ACV with water before meals to relieve arthritis pain.

There are many health benefits of honey, especially for curing Arthritis. Honey is known for its antibacterial traits and is gaining popularity for reducing joint inflammation as it provides a natural form of relief. People have been using honey for Arthritis cure globally and the success rate is incredible.

Mouth Cleanse has been described in detail in Ayurvedic texts as 'Kavala Graham'. In the Charaka Samhita, the Sutrasthana Chapter explains, "By doing oil pulling with sesame oil, tooth are not affected by cavities and become firmly rooted. Tooth pain and sensitivity to sour items will be healed and one will be able to chew the hardest food items." For a Mouth Cleanse, mustard oil, sesame oil, sunflower or groundnut mustard oil. oil can be used; however, for best results, use Ref. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5654187/

Ingredients used in other cleanses of Cleansing Therapy, have been used for a long time because of their recuperative properties. It is in public domain and can be verified through a search on Google.



2. Stages of Development and Research work

Late Mr. Saurabh Saxena, the younger brother of Dr. Piyush Saxena, the propagator of Cleansing Therapy, had been suffering from chronic renal failure since 1991. When his kidneys failed in 1998, their father donated one to him.

The transplanted kidney initially provided Saurabh some relief, but over time, it also developed problems due to the side effects of immunosuppressant drugs. By 2000, these drugs had caused cataracts, and by 2001, his hemoglobin levels gradually dropped to 6 gm/dl. Saurabh developed osteoporosis, as the drugs reduced the rate of calcium absorption. When the blood cannot absorb the necessary amount of calcium from food, it depletes calcium from the bones to maintain the brain and heart functions. This process eventually caused Saurabh unbearable pain as his condition progressed.

In September 2002, he developed pneumonia, which led to multiple organ failure and he passed away on October 10 the same year. While it is debatable whether Cleansing Therapy would have helped him recover, Saurabh's demise eroded Dr Saxena's faith in modern medical science.

In the beginning of 2003, Dr. Piyush Saxena's own health was in a very bad shape: he had very low energy levels, poor absorption of food, constant fatigue, and allergy to 40+ items. However, Dr. Saxena's ill health proved to be a blessing in disguise, not only for him, but also for mankind.

One day, during those turbulent times, Dr Saxena went to meet a close friend and told him about his failing health. The friend suggested trying the Liver Cleanse, that was gaining popularity in the USA. Dr Saxena found the details on <u>www.curezone.com and</u> did a Liver Cleanse as the last resort. The results were miraculous, and he was motivated to do the Liver Cleanse every alternate week for four months. Slowly, his health started to get better, and impressed by its miraculous results, he began practicing it on his family members, neighbors and close friends. The success was astonishing: the health of all participants improved tremendously.

This encouraged him to search for more such natural remedies being used worldwide.



Dr Saxena has tried almost all cleanses of the Cleansing Therapy on himself, his friends and family members to test their efficacy before advising others.

- By doing a Liver Cleanse, we can get rid of gallstones in a diarrhea without surgery. No other therapy can claim removal of gallstones from the gallbladder without surgery.
- By doing a Kidney Cleanse, we can get rid of many ailments related to kidney, such as kidney stone, low calcium level, reduced energy levels, and more.
- Joints and other body parts are also cleansed areas that are difficult to be cleansed with an ordinary eating pattern.
- Thinking power is enhanced due to proper circulation of more pure blood, air and nutrients to all parts of the body, especially the brain, without any obstacles. This is very difficult to maintain under high pollution levels in most modern cities.
- The digestive tract is cleansed of accumulated waste and fermenting bacteria.
- Excess mucus and congestion are cleared from the lungs.
- Cleansing Therapy balances hormone secretions that, when coupled with Essential Fatty Acids (EFAs) from fresh plant sources, stimulate and strengthen the immune system.

Cravings and dependence on alcohol, caffeine, drugs, nicotine or sugar are minimized without any special effort

feompiselasesive system and not restricted to

Cleansing therapy is a comprehensive system because it is based on the idea of promoting overall health and well-being by simply removing toxins from the body. Rather than targeting specific diseases, it is aimed to cleanse our organs and body systems. The approach is holistic, addressing the body's systems as a whole and it can be applied in a variety of contexts, making it relevant for a wide range of health conditions.

Following are some reasons why cleansing therapy is comprehensive:

1. Systemic Approach: Cleansing therapy doesn't focus on a single organ or system but rather the entire body. The idea is to support and enhance the body's natural detoxification processes, which involve multiple organs including the Liver, Kidneys, Lung, Mouth, Digestive system, Prostate, Ovary, Uterus,



Fallopian tube etc.

2. Versatility: Cleansing therapy can be adapted to address different health concerns, from digestive issues to liver function, fatigue to skin conditions, energy level to poor immunity, kidney stone to heart health, sexual health to infertility. This versatility makes it applicable to a broad range of health conditions, rather than being restricted to just a few.

3. Prevention and Maintenance: Cleansing is not just about treating existing conditions but also about preventing future health issues by maintaining the body's natural balance. This preventive aspect is why it is considered comprehensive.

4. Personalization: Cleansing therapy can be tailored to individual needs, depending on a person's specific health conditions, age, lifestyle and environment. This customization further underscores its comprehensive nature.

5. Multiple Modalities: Cleansing therapy includes a variety of methods to address specific organ or system of body. That includes Liver cleanse, Kidney cleanse, Lung cleanse, Parasite cleanse, Nose cleanse, Mouth cleanse, Vagina cleanse, Uterus cleanse, Prostate cleanse, Feet cleanse etc. The combination of these different modalities addresses multiple aspects of health, making the functioning of body system more holistic.

6. Support for Natural Healing: By focusing on flush-out of toxic build-up, cleansing therapy aims to reduce the burden on the body, allowing it to heal itself more effectively. It amplifies the natural defense mechanism of our body. Thus, cleansing therapy works on fundamental principles of holistic health systems.

Because of these factors, Cleansing Therapy can be considered as a comprehensive system that supports overall health and well-being, rather than being restricted to treating specific diseases.



Interconnectivity of Organs

Cleansing Therapy is based on fundamental concept of interconnectivity of our body organs. The human body is an intricate system where different organs and systems interact to maintain health and facilitate healing.

The liver is the 'master organ' because it plays vital role in maintaining the body's overall health and functioning. It handles multiple complex tasks simultaneously that are required to keep the body healthy and alive. Key tasks that the liver performs are:

Metabolism Regulation: The liver plays a central role in metabolizing carbohydrates, proteins, and fats. It converts glucose into glycogen for storage, regulates blood sugar levels, and produces bile, which is essential for the digestion and absorption of fats.

Detoxification: The liver detoxifies harmful substances by filtering blood from the digestive tract. It metabolizes drugs, alcohol, and other toxins, converting them into harmless substances or preparing them for elimination from the body.

Synthesis of Proteins: The liver produces essential proteins, including albumin, which helps maintain blood volume and pressure, and clotting factors necessary for blood coagulation.

Storage: The liver stores vital nutrients, such as vitamins (A, D, E, K, and B12) and minerals (iron and copper), and releases them into the bloodstream as needed.

Immune Function: The liver plays a role in the body's immune response by producing immune factors and filtering pathogens from the blood. It contains specialized cells, such as Kupffer cells, that help protect against infections.

Hormone Regulation: The liver helps regulate hormones by breaking down and removing excess hormones from the body. It also converts thyroid hormones into their active forms and regulates cholesterol levels.

Blood Filtration and Volume Regulation: The liver filters blood, removes damaged red blood cells and maintains healthy blood composition. It also regulates blood volume and serves as a blood reservoir in times of emergency.



Regenerative Capacity: The liver has a remarkable ability to regenerate itself after injury. Even if up to 70% of the liver is removed, it can grow back to its original size, a unique property among the body's organs.

The master organ - Liver that does all these extensive and critical functions need to be healthy in order to maintain a good health of our body. 'Liver cleansing' is a process that helps cleanse the liver of toxins, improve its function and enhance overall health.

How Cleansing Therapy Works?

On the basis of various experiments and trials conducted, we observed as under: The ingredient, Extra Virgin Olive Oil, used for Liver Cleanse is an oil of vegetable origin. It is used raw. We use it cold pressed. Post consumption it reaches the gallbladder and helps to push out actual stones.

These stones are made up of LDL cholesterol, bile salts and water as evidenced by various examinations. These stones come out even for those patients who have got their gall bladder removed.

This proves that the stones lie in liver and intestines also (this is contrary to the current belief in medical science). Hence, we observe this property of the Extra Virgin Olive Oil to remove gall bladder stones from the body. At the top of it, everybody feels much better and fresh for many months after doing one liver cleanse.

A Therapy That Is Voluntarily Done:

Cleansing Therapy is something that people can do voluntarily. It is easy, simple and it does not require any specific setup, equipment or support.

Dr Piyush Saxena did his first liver cleanse in 2004. Impressed by the results he started promoting it amongst friends and family members. His many articles were published in various newspapers and magazines. He frequently appeared on radio and Television. First edition of his book on Cleansing Therapy, "Cure Yourself was released in 2008. Thereafter, multiple editions of this book have been published in both English and Hindi.



He has always clearly declared and published that:

- Ø He does not charge any fees,
- Ø He does not accept any donation and
- Ø He does not promote any product,
- $\ensuremath{\varnothing}$ He has not retained copyright for the contents of the book; therefore, they may

be freely reproduced in any form without his permission.

- Ø Even for visiting camps, he bears his travelling expenses on his own.
- Ø He is a corporate professional. He recently retired from a top management position in a top business house.



3. Clinical Applicability and Efficacy

For the last 20 years, Cleansing Therapy is being practiced by thousands of people all over India and abroad. Based on the feedback received and the number of success stories, the 'Cleansing Therapy' makes the following claims:

- 90% of our health problems can be cured by following Cleansing Therapy.
- After one liver cleanse, a person cannot have a heart attack for six months.
- If there are no major abnormalities in the reproductive organs, an infertile couple can normally conceive within 100 days.

Clinical Trials; We have studied the norms of CDSCO / The Clinical Trials Registry -India (CTRI) for conducting a Controlled Clinical Trial and we understand that conducting a Controlled Clinical Trial as per the norms laid down by you is technically not possible for us. However, in view of the requirement of DHR and IDC, we arranged to conduct clinical trials in our camps.

We conducted controlled trials with utmost care within our limited means on 32 patients in our Siliguri camp (organized by Mrs.Faatima Shaikh 9768078628). We got test reports of 32 patients whose blood test was done before and after the Liver Cleanse. The results had been extremely encouraging.

The reports, summary, our observations and comments are enclosed herewith: (Please refer the attached clinical trials reports in Annexure-1 at the end of this letter).

Feasibility of controlled clinical trial:

A controlled clinical trial for the Cleansing Therapy in question is not feasible because the therapy is primarily administered voluntarily by individuals in their own homes, outside the structured environment of a clinical setting. This presents several significant challenges such as:

1. Lack of Control over Conditions: In a controlled clinical trial, consistency in the application of the therapy is crucial to ensure that results are reliable and comparable across participants. When therapy is administered voluntarily at home, participants may vary significantly in how, when, and how often they engage with the therapy, leading to inconsistent data.



2. Self-Selection Bias: Individuals who choose to perform this therapy at home may differ in important ways from those who do not, such as in terms of motivation, health status, or access to resources. This self-selection can introduce bias, making it difficult to attribute outcomes solely to the therapy rather than to these other factors.

3. Monitoring and Compliance: In a clinical trial, adherence to the treatment protocol is closely monitored to ensure that participants are following the prescribed regimen. At-home therapy lacks this oversight, leading to potential issues with compliance. Participants may not fully follow the therapy protocol, making it challenging to assess the true efficacy of the therapy.

4. Data Collection Issues: Accurate and consistent data collection is a cornerstone of clinical trials. However, in a home setting, participants may not reliably record their therapy sessions or outcomes, leading to incomplete or inaccurate data. This lack of standardized data collection further complicates efforts to draw valid conclusions from the trial.

5. Ethical Concerns: Enforcing a controlled trial would require restricting or altering how individuals voluntarily engage with the therapy in their homes, which raises ethical concerns about autonomy and the right to choose one's treatment method.

Due to these challenges, conducting a controlled clinical trial of cleansing therapy would practically may not yield valid or reliable results.

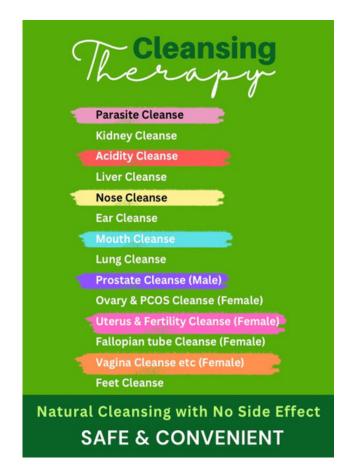


4. Safety of Cleansing therapy

its existence in India and the world, not a single case of contraindication has been found.

Liver Cleanse is deemed to be very safe. More than 1,50,000 cases, including several people in their seventies and eighties, have reported success. It may cause temporary inconvenience for a short-term, including diarrhea, rarely vomiting and rarely nausea, as a part of cleanse. But rest assured, none of the patient's needed hospitalization or doctor's consultation during or after completing the cleanse. The results have proven to be excellent in the short, medium as well as long term on an individual's health.

Other cleansing processes such as Kidney, Uterus, Eye, Ear, Colon, Mouth, etc. are completely safe as well and no adverse side effects have been reported. Certain precautions are to be taken for progressive diseases. Gynecological cleanses help in general health of females. It improves fertility and the health of fetus.





5. List of Institutions providing Training:

Cleansing Therapy is an easy-to-follow technique and popular as a 'cure yourself' or 'do it yourself' therapy. In simple terms, it is called "*Apna Ilaaj Apne Haath*" (अपना इलाज अपने हाथ)

One can easily do it by following the videos/literature provided online on our websites <u>https://www.thetempleofhealing.org</u> an<u>d https://www.drpiyushsaxena.co</u>m . In case of any clarification/help, anyone can contact our volunteers available on call nationally and internationally. These volunteers have conducted Cleansing Therapy on themselves and are volunteering to help others live a healthy life. Regular seminars are organised to train our volunteers to provide proper counseling and support to others. We have been approached by a number of institutions, but as we strictly work on a no fee and no donation norm, no long-term association has been made. However, we have been invited by more than a hundred institutions to deliver the lectures. Some of the prominent institutions are as follows:

- 1. Jio Talk at Reliance Industries Limited, Mumbai
- 2. BAPS Swami Narayan 16 Temples in Gujrat and Maharashtra
- 3. Reserve Bank of India, Central Office, Mumbai
- 4. National Academy of Customs Excise and Narcotics, Vadodara
- 5. ISKON, Nasik
- 6. Bafna Gau Seva Sansthan, Jalgaon
- 7. Lions Club, Palladium Mall, Mumbai
- 8. Reliance Industries Ltd, Jamnagar
- 9. Narayan Seva Sansthan, Surat
- 10. Sri Sri Ravi Shankar's Art of Living Foundation, Bangalore
- 11. Brahmkumaris Ashram, Mount Abu
- 12. and hundreds of other places at camps and seminars



6. Curriculum

Cleansing Therapy does not fall into the modern system of medicine. Most of these cleanses do not fall into Ayurveda practice – albeit a few odd indirect connections – and the same is true for Yoga, Unani, Siddha and Homeopathy.

- 1. We recommend no medicine.
- 2. The proponent Dr Saxena is 65 years old.
- 3. He does not take any medicine.
- 4. He does not observe any restrictions on his food.

Cleansing Therapy also does not fall under Naturopathy (as in AYUSH) since it primarily deals with air, water, clay, sun, etc., whereas we use different herbs and other natural ingredients. Additionally, a trained practitioner is not required to follow Cleansing Therapy. Basic knowledge of human anatomy, toxicity, and the process of removing toxins is sufficient, much like a scooter mechanic who repairs a scooter's carburetor and gives it a new life. Therefore, we refer to Cleansing Therapy as 'Apna Ilaj Apne Haath". To plan a 4.5 years course on Cleansing Therapy, we can create a separate curriculum based on the lines of BAMS/ Unani / Siddha school of medicines, which would include the following along with the procedures for various Cleanses -

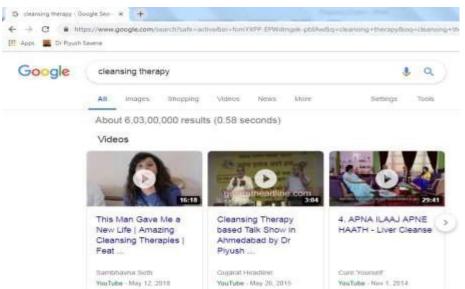
- Anatomy and Physiology
- Clinical Methods
- Nutrition
- Digestive system
- Cardio Vascular system
- Respiratory system
- Blood
- Muscular system
- Nervous system
- Skeletal system



7. Mode of Therapy – Frequency of cleanse

Cleansing Therapy consists of 28 organ-specific cleanses. These cleanses are very popular; some have more than 11 crore search results on Google.

Cleansing Therapy - Google results: 6,03,00,000



These cleanses complement each other and can be done with the following frequencies.

1. Kidney Cleanse (twice a month), Google results: 11,10,00,000

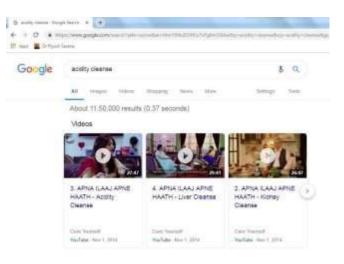




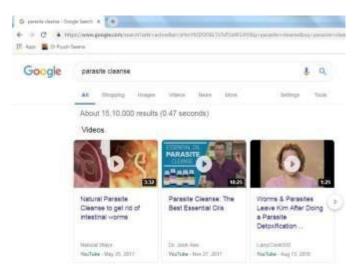
I

Temple of Healing

2. Acidity Cleanse (twice a month), Google results: 11,50,000



3. Parasite Cleanse (once every six months) Google results: 15,10,000



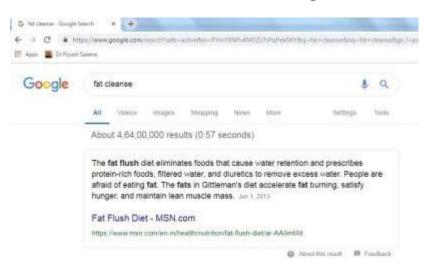
4. Liver Cleanse (Two weeks/six months) Google results: 9,70,00,000

| Google | liver dearse | \$ Q | | |
|--------|------------------------------------------------------------------------------------------------------------------------------|-------------|--|--|
| | All maps theater more time of | Antega Test | | |
| | About 9,70,00,000 results (0.81 seconds) | | | |
| | Liver Detox Cleanses - How Effective are They? - WebMD | | | |
| | https://www.amfand.com - Digentive Dearders - Reference = | | | |
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| | Aug 21, 2018 - You want to do everything you can to | | | |
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| | Aug 21, 2018 - You want to do everything you can to | | | |
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| | Aug 21, 2018 - You want to do everything you can to your health. But if you think you need a liver detox (a cleanse or | | | |
| | Aug 21, 2018 - You want to do everything you can to your health. But if you think you need a liver detox (a cleanse or | | | |
| | Aug 21, 2018 - You want to do everything you can to your health. But if you think you need a liver detox (a cleanse or | | | |

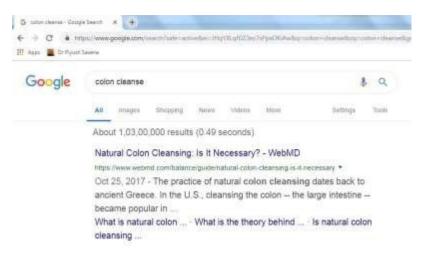


6 jon man lings hait 4 + - - C + House II tem Britantia Google joint cleanse 1 9 AL DISCOUNTS - 44.0 About 2.40.00.008 results (0.44 seconds) Videos 4 APNA ILAAJ APNE HAATH - Liver Cleaner APNA ILAA FAPNE 2. APNA ILAAJ APN HAATH - Kithey Cleance HAATH - Joint Cleanee Care Marry P. YuuTuka - No. 1 (2014) Care Money# Pacifican Asia C. 2014 Tra-Table Visit I 1911

6. Fat Cleanse (once in six months max.) Google results: 4,64,00,000



7. Colon Cleanse (once a month) Google results: 1,03,00,000





8. Mouth Cleanse (once a week), Google results: 2,89,00,000



9. Ovary & PCOS Cleanse (once a month) Google results:10,30,000



10. Uterus & Fertility Cleanse (once a month) Google results:7,46,000





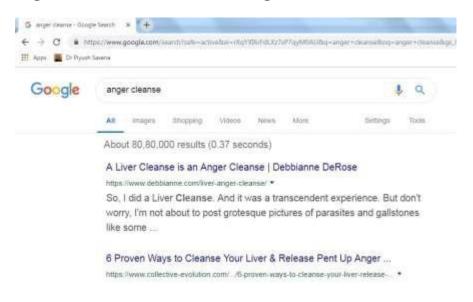
11. Fallopian Tube Cleanse (once a month) Google results: 5,53,000



12. Vagina Cleanse (twice a month) Google results: 14,90,000



13. Anger Cleanse (twice a month) Google results: 80,80,000





14. Body Odour Cleanse (once a month) Google results: 26,10,000



15. Breast Cleanse (once a month) Google results: 1,53,00,000



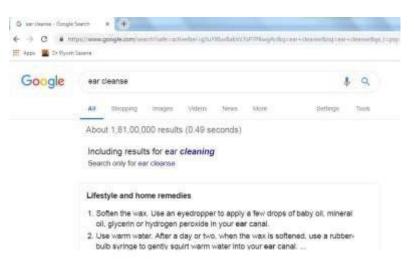
16. Depression Cleanse (twice a month) Google results: 2,01,00,000



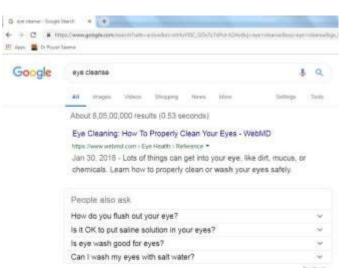
HOW DETOX HELPED ME BATTLE DEPRESSION - The LifeCo



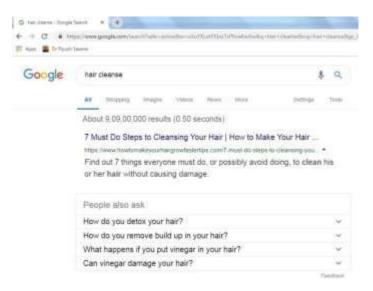
17. Ear Cleanse (once a month) Google results: 1,81,00,000



18. Eye Cleanse (twice a month) Google results: 8,05,00,000

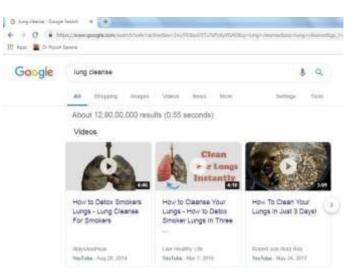


19. Hair Cleanse (twice a month) Google results: 9,09,00,000

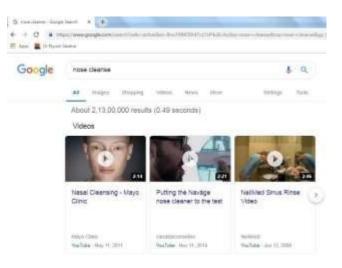




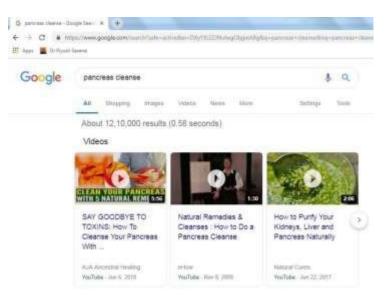
20. Lung Cleanse (twice a month) Google results: 12,90,00,000



21. Nose Cleanse (twice a month) Google results: 2,13,00,000

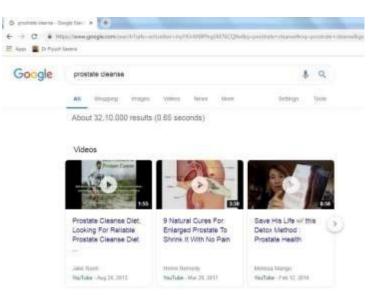


22. Pancreas Cleanse (twice a month) Google results: 12,10,000

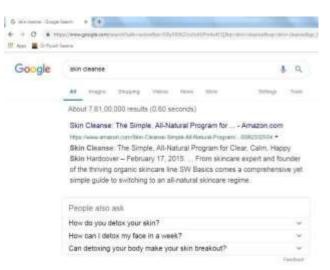




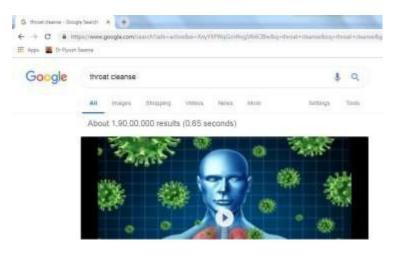
23. Prostate Cleanse (twice a month) Google results: 32,10,000



24. Skin Cleanse (twice a month) Google results: 7,61,00,000



25. Throat Cleanse (twice a month) Google results: 1,90,00,000





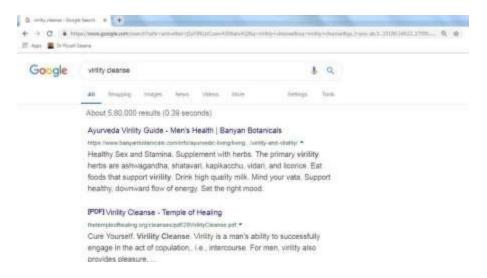
26. Thyroid Cleanse (twice a month) Google results: 82,20,000



27. Tooth Cleanse (twice a month) Google results: 1,57,00,000



28. Virility Cleanse (twice a month) Google results: 5,80,000





8. List of Experts

The concept is to 'practice before you preach'. After doing a Liver Cleanse on themselves, students may safely give advice and guidance to others. They can do it by watching our videos and relevant literature.

List of Individuals who have successfully done Cleansing Therapy: Thousands of people have undergone Cleansing Therapy and have voluntarily guided more than one hundred thousand others to do the same. Their details are available at the following link: https://www.drpiyushsaxena.com/contact.php

Details of Apna Ilaj Apne Haath Videos on YouTube:

| Sr. No. | Episode | Duration in | Views | | |
|-----------------------------------------------------|--------------------------------------------------|------------------|----------|--|--|
| 1. | Introduction – | minutes 28.53 | 1,39,321 | | |
| _ | Kunickaa Sadanand | 20.55 | 1,39,321 | | |
| | Kunickaa Sadanand | | | | |
| http://www.drpiyushsaxena.com/cleanses/intro.php | | | | | |
| 2. | Kidney Cleanse – | 26.06 | 4,17,105 | | |
| | Actor Rajendra Gupta | | | | |
| http://www.drpiyushsaxena.com/cleanses/kidney.php | | | | | |
| 3. | Acidity Cleanse – | 27.46 | 3,52,255 | | |
| | B P Gaur – CCIT | | | | |
| http://www.drpiyushsaxena.com/cleanses/acidity.php | | | | | |
| 4. | Parasite Cleanse – | 27.00 | 71,642 | | |
| | Justice Krishna Narayan | | | | |
| http://www.drpiyushsaxena.com/cleanses/parasite.php | | | | | |
| 5. | Liver Cleanse – | 28.40 | 5,34,286 | | |
| | Actor Sambhavna Seth | | | | |
| http://www.drpiyushsaxena.com/cleanses/liver.php | | | | | |
| 6. | Joint Cleanse – | 28.22 | 1,10,080 | | |
| | Shreesh Sarvagya | | | | |
| http://ww | http://www.drpiyushsaxena.com/cleanses/joint.php | | | | |
| 7. | Fat Cleanse – | 22.50 | 1,42,117 | | |
| | Sharma family | | | | |
| http:// | http://www.drpivushsaxena.com/cleanses/fat.php | | | | |

http://www.drpiyushsaxena.com/cleanses/fat.php



9. Published documents available in the public domain

In 2008, Dr. Piyush Saxena authored the book 'Cure Yourself' published by Shanta Publishing House, Navi Mumbai, followed by a second updated edition 'Cleansing Therapy – Cure Yourself' in 2016. A Hindi edition of the book was published in 2019, followed by updated editions in 2022 and 2023. In July 2024, the third updated English edition was published.

Health & Nutrition, a Hindi magazine published by Magna Publishing Company, published an article every month authored by Dr Saxena on Cleansing Therapy from January 2005 to March 2010 when it ceased publication. Noted Indian publications such as Rajasthan Patrika, Nav Bharat, Nav Bharat Times, Women's Era etc. have also published articles on numerous cleanses of our therapy.

The NGO that promotes our Cleansing Therapy, Temple of Healing, was awarded a Google Ad Grant worth US\$10,000 per month. Google Ad Grants supports initiatives that share Google's philosophy of community service to help the world in areas such as science and technology, education, global public health etc.



2. Testimonials

The amazing results experienced by practitioners of Cleansing Therapy is a testimony to the efficacy of this therapy.

Kunickaa Sadaanand, actor, politician and social activist

Bollywood...... just the mention of the word creates excitement and curiosity. Unfortunately, not many people are interested in the picture behind the gloss. Being a part of the film industry for the past 22 years, I know the pain and hard work that goes hand in glove with the fame. But I ain't complaining! Talking of pain, I really wished I could wish it away. Due to my exercise regimen and emotionally challenging profession, I started shirking from exercise, especially on days when I was not feeling too good emotionally or physically. Somewhere around 1997, I could see my clothes size getting bigger and bigger and I got trapped in the vicious circle of – 'you feel fat you stress - you eat - you feel fat' and I actually become fat. After putting on weight, I started suffering from water retention. My body pain didn't get any better and remarks from friends and acquaintances like "Have you put on weight?" were a lot to deal with. To top it, someone suggested an allergy test and I discovered I was allergic to nearly 40 things. By now, it was 2007.

I had reconciled to a life of being overweight with numerous allergies, terrible itching all over my body, sinus and mild asthma (because of allergies), red patches on my skin, body pain and thyroid. I would start my day with anti-allergy tablets and what not. Then in May 2008, I discovered Dr Piyush's treatment from Sambhavna, a fellow actor and a very dear colleague whom I affectionately call Sam. I saw her after a gap of more than six months and was shocked at her weight loss. She asked me about a red patch on my neck and I jokingly said, "Oh this is a sign of my royal blood." She obviously didn't find it amusing and I knew in my heart how untrue that statement was. She took it upon herself to explain to me the treatment formulated by Dr Piyush and its benefits, but it sounded completely impractical and gross. However, she insisted that I give it a try and am I glad I did it! After a month of interacting with Sambhavana and asking Dr Saxena all sorts of questions under the sun, I took that first baby step towards well-being. Today, I feel I have embarked on a new journey, with a new zest



for life and endeavour to help more people with this wonderful and magical treatment. Not only have I stopped taking pain killers and anti-allergy tablets, but my digestion has also improved by a hundred times. My hypothyroidism is under control. I don't feel exhausted anymore. I am full of dreams of the future. Dr Piyush and his cleansing treatments are a blessing for mankind. I highly recommend it to everyone.

Sambhavna Seth, actor and danseuse

Kunickaa Sadanand has expressed in so much detail that not much is left for me to write. However, I take the credit of introducing her to Dr Saxena. I had been suffering from severe allergies and had been on regular medication. I also had hormonal problems. Besides, I used to have severe joint pain in my knees and was diagnosed with rheumatoid arthritis. I was prescribed to take 'Regestrone' on a regular basis to reduce the pain. My doctor took one hour to counsel me to never dance again (which is my profession) and that I must change my line of work. Fortunately, in Oct. 2007, I met Dr Piyush Saxena on a shooting where I was giving a dance performance for an 'item number'. He gave me a draft of his book 'Cure Yourself', which I read overnight. Then I spoke to him and he personally monitored my three liver cleanses over a period of two months. My allergies vanished gradually. My joint pain has vanished and my weight has come down from 64 kg to 58 kg. My hormonal problems are over. I feel much better now and I do not take any medicine. The honest truth is that I have forgotten that I had any medical problems in the past. I now have higher energy levels and I am able to perform better in my all activities. (Attached – Sambhavna Seth interview in Dainik Bhasker, with all praise to Cleansing Therapy.)

Rajendra Gupta, Actor

I was doing a serial in which Kunickaa was acting with me. When we were on a break, Kunickaa told me about this magical treatment. I could not believe it but she was adamant. To close the topic, I told her to send to me the book of Dr Saxena by email. My wife and I started reading the book the next day. It was 1 pm. By the time we were midway through the book, I called up Kunickaa and told her that I wanted to do the Liver Cleanse the same day itself. She told me about the requirement of light food during the previous night and I confirmed that I had unknowingly complied with the conditions. I started the Liver Cleanse within 24 hours. The effects were amazing.



Earlier I used to get tired by evening. I had fatigue and lethargy. All that has gone. I am now feeling very fresh and energetic. I have already told many people about it.

Ajay Goel (9930362223)

Thank you very much for such a wonderful way of curing ailments. God Bless you. I have done the Liver Cleanse once and Joint Cleanse twice at the age of 62 and I am living a very happy and healthy life.

Dharmesh Bhardwaj (9911596133)

I feel better and have helped 12 other persons including my family members and friends in doing a successful Liver Cleanse.

Amar Kumar (9812089356)

It was a very good experience for me, and I feel more active and healthier. I suggested several others to do Liver and Kidney Cleanses for their stomach/urine related issues and the results was surprisingly amazing.

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Ramesh Pandya (7982935144)
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I have done five Liver Cleanses on myself and helped my father do two. My fatty liver condition is now gone. I have been doing Kidney Cleanse regularly. Others have also found it useful. Thanks for everything, Sir.

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Kunal Shah (9100502826)
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Liver cleansing has helped control my cholesterol level.

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Munish Ahuja (9814573061)
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I have completed my second Liver Cleanse under the guidance of S. Nirmal Singh ji from Ludhiana. I managed to expel nearly 500gm green stone which I think were cholesterol.

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Muskan (9414309380)
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In May 2018, I fell sick and had low hemoglobin and high BP. I didn't feel like eating



anything, just felt nauseous. On August 01, 2018, all my test reports were done, and Dr Saxena suggested that I visit a nephrologist. On August 02, 2018, I was hospitalized and was kept in ICU. My first dialysis was done the next day. I'm still undergoing dialysis. During this period, as my parents were scared and didn't want to believe allopathic doctors, my mother found out a treatment by Dr. Piyush Saxena. I was very scared to do a Liver Cleanse but my parents gave me full support by doing a Liver Cleanse on themselves first. Then while I was on dialysis, I did a liver cleanse on October 06. After doing a Liver Cleanse, my body felt light and energetic and my BP has also reduced since then. I'm determined to heal myself naturally.

Kailash Agarwal (7002212403)

Liver Cleanse was very effective and beneficial.

Meenakshi Khaitan (7047248714)

It is an extremely simple technique for cleansing the body from the inside. I noticed perceptible change after doing a cleanse. During my first Liver Cleanse, more than 40 stones (different sizes) came out of my body. It is an excellent home therapy, and by and large, not much supervision required. At the age of 64, I feel healthy and always fresh. I have done the Master Cleanse more than 10 times.

Prakash Chand (9968656999)

My name is Prakash Chand and I am 49 years old. I am a computer engineer in a government office. I was suffering from Asthma for the last 20 years. I was on regular medicines and was taking an inhaler and tables daily to manage my asthma. I tried Homeopathy, Allopathy and Ayurvedic treatments to cure this disease but could not get much success. In fact, I took regular homeopathy medicine for two half years. With no relief, I discontinued the treatment. After discussion with an ayurvedic doctor, I started ayurvedic medicine for one and half years but still could not get permanent relief. I also attended 15 days yoga course at Bangalore at SVYSA and attended Sri Sri Ravi Shankar's basic yoga course. All these gave only temporary relief.

Around two months back, I saw Dr. Piyush Saxena's video on YouTube regarding Liver Cleanse and Kidney Cleanse. After reading his brief description, I got some



hope. I sent an email to Dr. Saxena about his program and a brief on my problems. The very next day, I received a reply with phone number of Shri Sunil Vaid from Delhi who had volunteered to help. I contacted Shri Sunil Vaid regarding Liver Cleanse on several occasions. One day, Shri Sunil Vaid informed me that there is a seminar of Dr.

Dr. Piyush Saxena on September 23 at Indrapuram, Ghaziabad, UP. I attended that program with my wife and we got interested in doing a Liver Cleanse. I purchased the materials required for Liver Cleanse and Kidney Cleanse.

Dr. Piyush Saxena's program at Indrapuram was very informative as I learned so many new things about curing various types of diseases. Today, I feel happy to inform you that I have almost recovered from Asthma and have not been taking any medicine for the last 25 days.

I recommend the Liver Cleanse to everyone to see an improvement in their life. This is based on my personal experience!

For video testimonials, you can visit the links given below:

Jaswant Verma (7428346577) - https://youtu.be/b8ajDwY8ww4 Mahesh Tejwani (9825225947) - https://youtu.be/EuWxktf16tY Anmol Sharma (8790918714) - https://youtu.be/xif3KPEDf_M Kanchan Tyagi (9354835330) - https://youtu.be/Ls0x0E39F8c Dr. Nidhi Verma (8369082406) - https://youtu.be/Ls0x0E39F8c

All the above experiences are available in the public domain - <u>https://www.drpiyushsaxena.com/testimonials.php</u>

Invitation for Controlled Clinical Trial:

Our next camp is scheduled to be held through Dr Santosh Kumar Pndey (Ph;8887869433) at, Shri Paying Guest House Bhagwanpur, Varanasi, Uttar Pradesh 221005 from November 9th to 11th, 2024 (Saturday to Monday). It will be a residential camp for Cleansing Therapy, with approximately 40 participants.



We invite you for kind verification and guidance.

You may send your representative(s) to monitor a controlled trial of Cleansing Therapy on the participants at any of the camps organized by us. We offer to bear the entire cost related to their travel, boarding and lodging.

We have thus submitted details covering the 7 criteria for examination of alternative system of medicine, both the 5 Essential Criteria and 2 Desirable criteria.

The 36 critical illnesses are as follows.

- 1. Heart attack
- 2. Heart valve replacement
- 3. Aorta surgery
- 4. Kidney failure
- 5. Stroke
- 6. Cancer
- 7. Transplant of an organ such as heart, kidney, lungs, liver, bone
- 8. marrow
- 9. Fulminant viral hepatitis
- 10. Multiple sclerosis
- 11. Primary pulmonary Arterial Hypertension
- 12. Paralysis
- 13. Permanent or total deafness
- 14. Permanent or total blindness
- 15. The permanent loss of speech
- 16. Parkinson's disease
- 17. Coma
- 18. Degenerative brain disorder
- 19. Alzheimer's disease
- 20. Third-degree burns or major burns
- 21. Terminal illness
- 22. Motor neuron disease
- 23. Chronic lung disease
- 24. Chronic liver disease
- 25. A major head trauma
- 26. Muscle dystrophy
- 27. Chronic persistent bone marrow failure
- 28. Benign brain tumor
- 29. Encephalitis
- 30. Poliomyelitis
- 31. Bacterial meningitis
- 32. Craniotomy or brain surgery Full-blown AIDS



- 33. AIDS contracted by medical staff
- 34. AIDS due to the blood transfusion when receiving infective blood
- 35. The universal necrosis of the brain cortex or Apallic syndrome
- 36. Various other serious coronary heart diseases.

Many of these illnesses have been claimed as incurable. Actually, many of these have been successfully treated in alternate therapy. We have ourself seen many such cases of such diseases. In fact, I myself have been suffering from a couple of these ailments 22 years back and now I could get cure for all of them one by one through one or the other therapy.

In fact, it is wrong to raise a negative claim that these diseases cannot be cured. Being practiced by the particular practitioner, a more rational statement would have been, "So far my limited knowledge goes, It cannot be cured in traditional medicine. I jave no idea treatment and scope of other therapies. "

This proposal has been prepared by Dr Rajesh Singh, Mumbai +91 9326068723

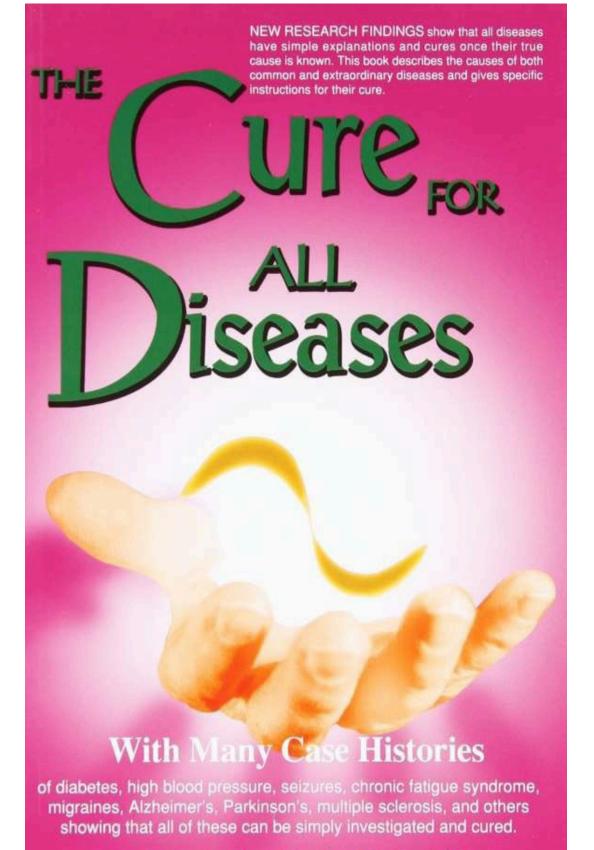


3. Annexure

- 1. Report of controlled trials on 32 patients at Siliguri, West Bengal
- 2. Cure Yourself book by Dr Piyush Saxena
- 3. Cleansing Therapy Cure Yourself by Dr Piyush Saxena
- 4. Cover pages of international publications supporting Cleansing Therapy
 - a. Cure for all Diseases by Hulda Clark, PhD.
 - b. Healing through Cleansing by Dr. Yakoy Koyfman
 - c. Curing Arthritis by Margaret Hills
 - d. Lunaception by Louise Lacey
 - e. Health through Inner Body Cleansing by Dr. Eric Rauch, MD
 - f. Liver Cleansing Diet by Dr. Sandra Cabot
 - g. Oil Pulling Therapy by Dr. Bruce Fife
 - h. Effortless Healing by Dr. Joseph Mercola

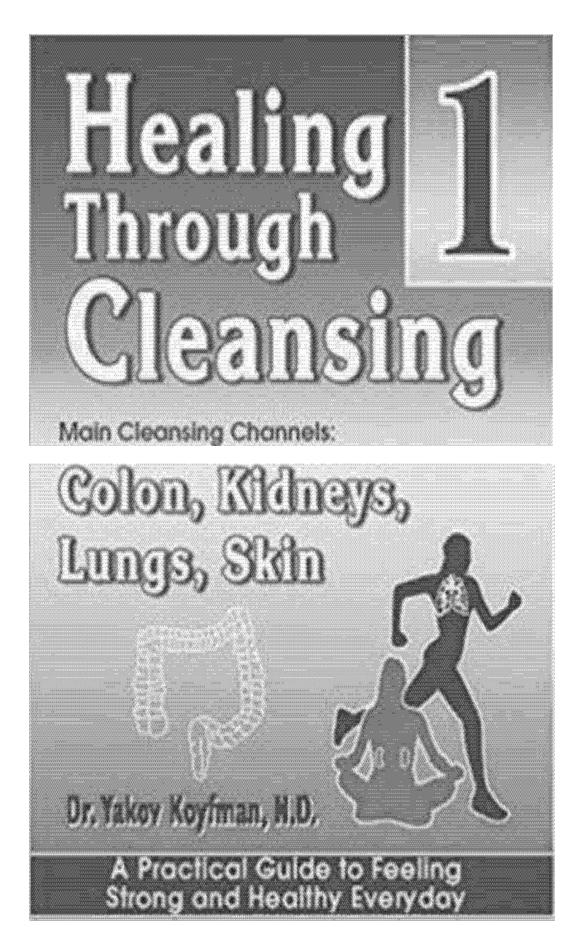


Annexure - 4 : Cover pages of international publications

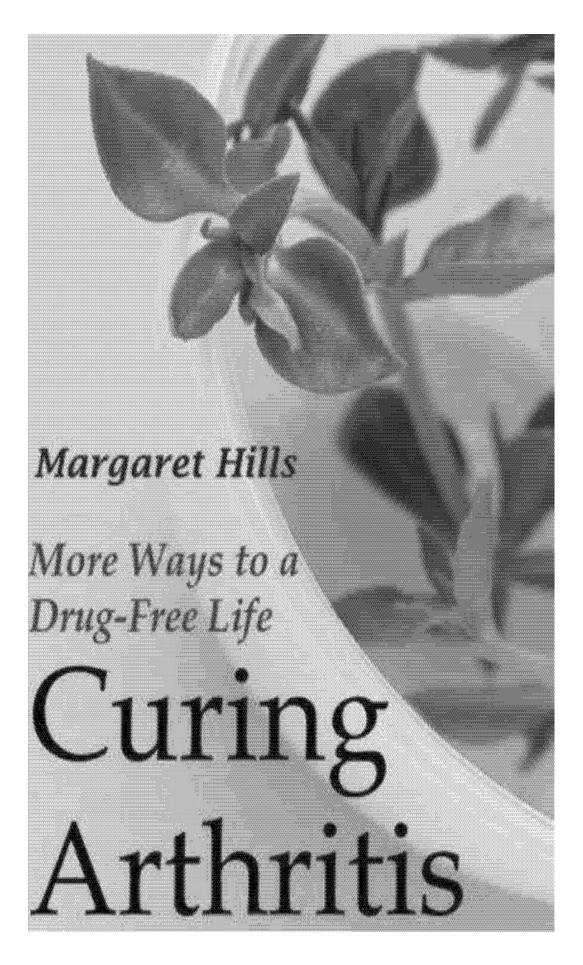


Hulda Regehr Clark, Ph.D., N.D.







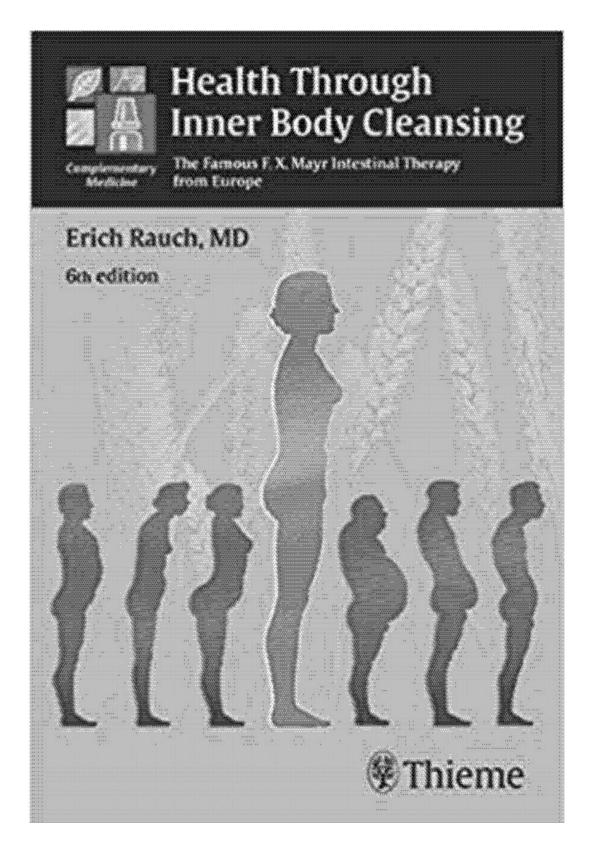




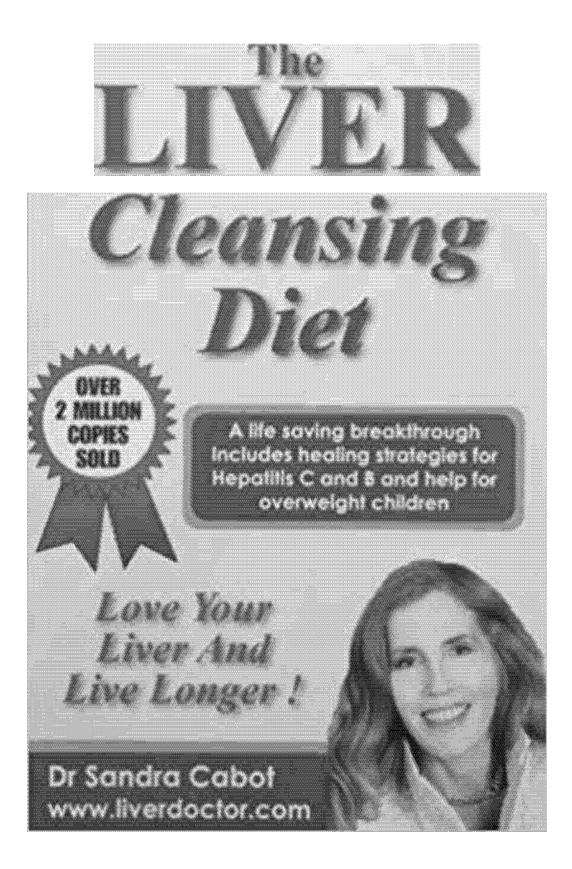
The new revolutionary, natural way to control your body, your body, your life and your fertifity.

With Charts and Force to Help You Regulate and Use Your Own Cycles





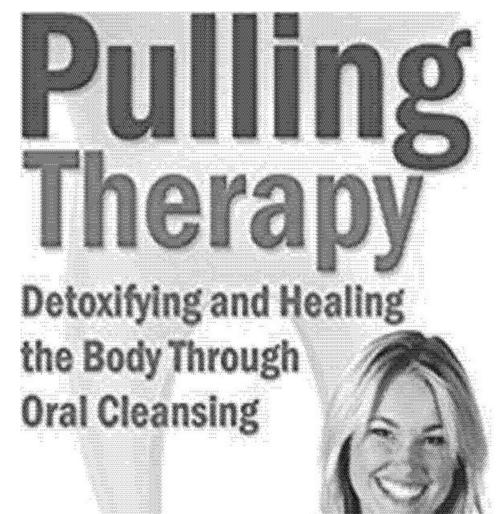






All Disease Starts-in-the Mouth

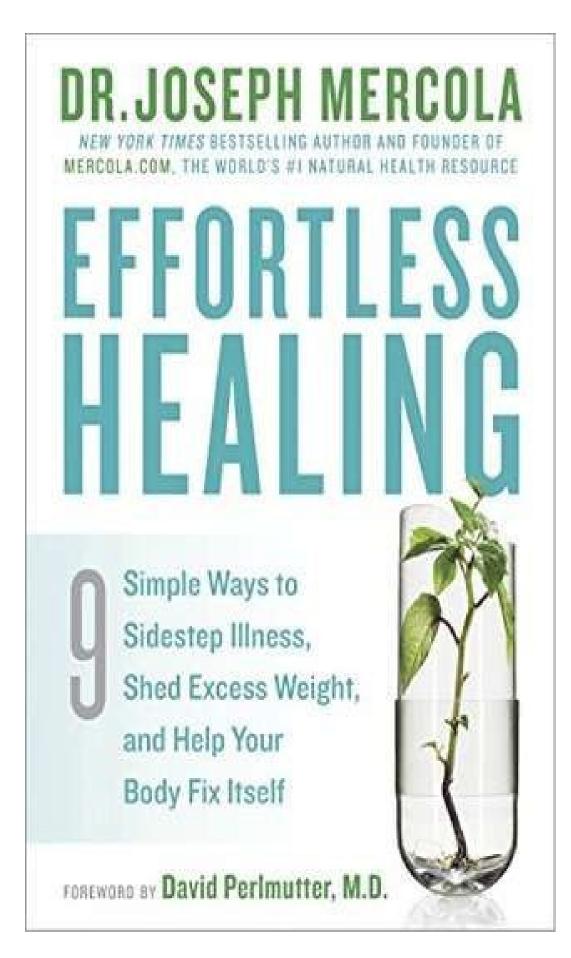




Dr. Bruce Fife

Copy advind Mate







| Name | : Mr. ARUN AGARWAL | | | s Dr. Lat Packdabs Dr. Lat Packdabs Dr. Lat Packdabs Dr. Lat Packdabs Dr. Lat Pac |
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| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 105.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action. *Tel:* 011-4988-5050, *Fax:* +91-11-2788-2134, *E-mail:* customer.care@lalpathlabs.com



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 189.00 | mg/dL | <200.00 |
| Triglycerides | 103.99 | mg/dL | <150.00 |
| HDL Cholesterol | 30.80 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 137.40 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 20.80 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 158 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020



Page 2 of 4



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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----





Page 3 of 4



| Name : Mr. ARUN AGARWAL | s De Lai Pathlabs De Lai Pathlabs 2 De Lai Daehlabs De Lai Daehlab |
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| •Test results released pertain to the sp | ecimen submitted.•All test results are deper | ndent 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 unfore | seen circumstances. Inconvenience is regret | ted .•Certain tests may requi | re further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post re | porting.•Test results may | show interlaboratory variations.•The |
| Courts/Forum at Delhi shall have exclusi | ve jurisdiction in all disputes/claims concerni | ng the test(s) & or results | of test(s). •Test results are not valid |
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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



Page 4 of 4



| Name | : Mr. ARUN AGARWAL | | | s Dr. Lat Pathilabs Dr. Lat Pathilabs Dr. Lat Pathilabs Dr. Lat Pathilabs Dr. Lat Pat |
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| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 107.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action. *Tel:* 011-4988-5050, *Fax:* +91-11-2788-2134, *E-mail:* customer.care@lalpathlabs.com



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| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 219.00 | mg/dL | <200.00 |
| Triglycerides | 131.65 | mg/dL | <150.00 |
| HDL Cholesterol | 39.70 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 152.97 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 26.33 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 179 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020



Page 2 of 4



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| RISK CATEGORY | TREATM | ENT GOAL | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----





Page 3 of 4



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| •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 unfore | seen circumstances. Inconvenience is regret | ted .•Certain tests may requi | re further testing at additional cost |
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(#) 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



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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 94.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action. *Tel:* 011-4988-5050, *Fax:* +91-11-2788-2134, *E-mail:* customer.care@lalpathlabs.com



| Name : Mr. PRAKA | SH KUMAR JAIN | | | r Lat Pathlahs Dr Lat Pathlahs Dr Lat Pathlahs Dr Lat Pathlahs Dr Lat Pathlahs |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 231.00 | mg/dL | <200.00 |
| Triglycerides | 192.70 | mg/dL | <150.00 |
| HDL Cholesterol | 41.90 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 150.56 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 38.54 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 189 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020



Page 2 of 4



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Test Report

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| RISK CATEGORY | TREATM | ENT GOAL | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----





Page 3 of 4



| Name : N | Ir. PRAKASH KUMAR JAIN | | | De Lei Pathlade De Lei Pathlade De Lei Derhide De Lei Derhide De Lei Derhide De Lei Derhide De Lei De |
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| •Laboratory investigations are only a too | to facilitate in arriving at a diagnosis and sl | nould be clinically correlated | by the Referring Physician .•Report |
| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regrette | d.•Certain tests may requ | ire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclusi | ve 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 | | | |

(#) 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



Page 4 of 4



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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 85.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action. *Tel:* 011-4988-5050, *Fax:* +91-11-2788-2134, *E-mail:* customer.care@lalpathlabs.com



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 219.00 | mg/dL | <200.00 |
| Triglycerides | 105.54 | mg/dL | <150.00 |
| HDL Cholesterol | 41.80 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 156.09 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 21.11 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 177 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020



Page 2 of 4



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| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----





Page 3 of 4



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| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regretted | d.•Certain tests may requi | re further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•Test results may | show interlaboratory variations.•The |
| Courts/Forum at Delhi shall have exclusi | ve 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 | | | |

(#) 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



Page 4 of 4



| Name Name | : Mr. VINOD KUMAR GOYAL, Particular De Las Particular De | | | |
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| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 114.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action. *Tel:* 011-4988-5050, *Fax:* +91-11-2788-2134, *E-mail:* customer.care@lalpathlabs.com



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| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 128.00 | mg/dL | <200.00 |
| Triglycerides | 225.31 | mg/dL | <150.00 |
| HDL Cholesterol | 32.10 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 50.84 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 45.06 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 96 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020



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Test Report

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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----





Page 3 of 4



| Name : Mr. VINOD KUMAR GOYAL | | s De Lei PathLabs De Lei PathLabs • De Lei Destetet, |
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| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•Test results may | show interlaboratory variations.•The |
| Courts/Forum at Delhi shall have exclusiv | e 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 | | | |

(#) 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



Page 4 of 4



| Name Dave | : Mr. VINOD KUMAR AGARWAL | | | |
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| | Test Report | | |
|----------------------------------------------|-------------|-------|--------------------|
| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 96.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action. *Tel:* 011-4988-5050, *Fax:* +91-11-2788-2134, *E-mail:* customer.care@lalpathlabs.com



| Name : Mr. VINOD KUMAR AGARWAL | . Dr Lat Pathlahs |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 130.00 | mg/dL | <200.00 |
| Triglycerides | 80.89 | mg/dL | <150.00 |
| HDL Cholesterol | 37.60 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 76.22 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 16.18 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 92 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020



Page 2 of 4



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Test Report

| est Name | | Results | | Bio. Ref. Interval |
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| RISK CATEGORY | | | CONSIDER THERAPY | |
| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : | Mr. VINOD KUMAR AGARWAL | | | De Lat PathLabs De Lat PathLabs De Lat PathLabs De Lat PathLabs De Lat PathLabs De Ant ParthLabs De Ant ParthLabs De Ant ParthLabs De Ant ParthLabs De Ant ParthLabs |
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Test Report

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| | IMPORTANT INSTRUCTION | <u>s</u> | |
| •Test results released pertain to the sp | ecimen submitted.•All test results are depende | ent on the quality of the | sample received by the Laboratory. |
| •Laboratory investigations are only a tool | to facilitate in arriving at a diagnosis and sh | nould be clinically correlated | by the Referring Physician .•Report |
| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regretted | d.•Certain tests may requi | re further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•Test results may | show interlaboratory variations.•The |
| Courts/Forum at Delhi shall have exclusi | ve 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 | | | |

(#) 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





| Name | : Ms. MAMTA DEVI AGARWAL | | | s Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat Path |
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| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------|---------|-------|--------------------|
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 132.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : | Ms. MAMTA DEVI AGARWAL | lal PathLabs Dr Lal PathLabs | s Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLab |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 227.00 | mg/dL | <200.00 |
| Triglycerides | 268.92 | mg/dL | <150.00 |
| HDL Cholesterol | 48.30 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 124.92 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 53.78 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 179 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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Test Report

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| RISK CATEGORY | | | CONSIDER THERAPY | |
| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : I | Ms. MAMTA DEVI AGARWAL | | | De Lat PathLabs De Lat PathLabs De Lat PathLabs De Lat PathLabs De Lat PathLabs De Art BarthLabs De Art BarthLabs De Art BarthLabs De Art BarthLabs De Art BarthLabs |
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| | IMPORTANT INSTRUCTION | <u>s</u> | |
| •Test results released pertain to the sp | ecimen submitted.•All test results are depende | ent on the quality of the | sample received by the Laboratory. |
| •Laboratory investigations are only a tool | to facilitate in arriving at a diagnosis and sh | ould be clinically correlate | d by the Referring Physician .•Report |
| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regretted | d.•Certain tests may requ | ire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclusi | ve 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. | | | |

(#) 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





| Nar | me. D. Z. P. | : Ms. MAMTA AGARWAL | | | |
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| | Test Report | | |
|----------------------------------------------|-------------|-------|--------------------|
| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 106.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 193.00 | mg/dL | <200.00 |
| Triglycerides | 107.41 | mg/dL | <150.00 |
| HDL Cholesterol | 41.40 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 130.12 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 21.48 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 152 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclusiv | e jurisdiction in all disputes/claims concerning | the test(s) & or results | of test(s). • Test results are not valid |
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| Practitioner/Doctor. • The report does not need | physical signature. | | |
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(#) 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





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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 120.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 161.00 | mg/dL | <200.00 |
| Triglycerides | 106.10 | mg/dL | <150.00 |
| HDL Cholesterol | 38.40 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 101.38 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 21.22 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 123 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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| (#) Sample drawn from outside source | | | |

(#) 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





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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 126.00 | mg/dL | 70.00 - 100.00 |



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| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 133.00 | mg/dL | <200.00 |
| Triglycerides | 79.18 | mg/dL | <150.00 |
| HDL Cholesterol | 40.90 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 76.26 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 15.84 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 92 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

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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





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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA | 91.00 | mg/dL | 70.00 - 100.00 |
| (Hexokinase) | | | |



Page 1 of 4



| Name : Ms. ASHA AGARWAL | abs Dr Lal PathLabs Dr Lal PathL |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 139.00 | mg/dL | <200.00 |
| Triglycerides | <50.00 | mg/dL | <150.00 |
| HDL Cholesterol | 42.60 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 87.16 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 9.24 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 96 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| Name : Ms. ASHA AGARWAL | at PaikLabs Dr Lat PaikLa |
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Test Report

| Test I | est Name | | Results | Units | Bio. Ref. Interval | |
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| ļ | RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | | |
| | CATEGORY | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | |
| | Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 | |
| | Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 | |
| | Very High | <50 | <80 | ≥50 | ≥80 | |
| ļ | High | <70 | <100 | ≥70 | ≥100 | |
| ļ | Moderate | <100 | <130 | ≥100 | ≥130 | |
| ļ | Low | <100 | <130 | ≥130* | ≥160* | |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. ASHA AGARWAL | s De Lat PathLabs |
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| •Test results released pertain to the sp | ecimen submitted.•All test results are deper | ndent 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 unfore | seen circumstances. Inconvenience is regret | ted .•Certain tests may requi | re further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post re | porting.•Test results may | show interlaboratory variations.•The |
| Courts/Forum at Delhi shall have exclusi | ve jurisdiction in all disputes/claims concerni | ng 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. | | |
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(#) 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





| Name D. Z. P. | : Ms. ASHA AGARWAL | | | s Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat Pat |
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| | Test Report | | |
|----------------------------------------------|-------------|-------|--------------------|
| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 89.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : Ms. ASHA AGARWAL | r Lat PathLabs Dr Lat PathLab |
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| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 129.00 | mg/dL | <200.00 |
| Triglycerides | 60.79 | mg/dL | <150.00 |
| HDL Cholesterol | 49.40 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 67.44 | mg/dL | <100.00 |
| VLDL Cholesterol,Calculated | 12.16 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 80 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATM | ENT GOAL | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. ASHA AGARWAL | s De Lai PathLabs De Lai PathLab |
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| | IMPORTANT INSTRUCTION | <u>NS</u> | |
| •Test results released pertain to the sp | ecimen submitted.•All test results are depend | lent on the quality of the | sample received by the Laboratory. |
| •Laboratory investigations are only a tool | to facilitate in arriving at a diagnosis and s | hould be clinically correlate | d by the Referring Physician .•Report |
| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regrette | ed.●Certain tests may requ | ire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post rep | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclusi | ve jurisdiction in all disputes/claims concernin | g 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. | | |
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(#) 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





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| | Test Report | | |
|----------------------------------------------|-------------|-------|--------------------|
| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 93.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 231.00 | mg/dL | <200.00 |
| Triglycerides | 74.75 | mg/dL | <150.00 |
| HDL Cholesterol | 53.20 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 162.85 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 14.95 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 178 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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Test Report

| est Name | | Results | Units | Bio. Ref. Interval |
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| RISK CATEGORY | | | CONSIDER THERAPY | |
| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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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





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| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 95.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 205.00 | mg/dL | <200.00 |
| Triglycerides | 83.34 | mg/dL | <150.00 |
| HDL Cholesterol | 51.40 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 136.93 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 16.67 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 154 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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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





| Name | : Mr. SANJAY GUPTA | | | |
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|----------------------------------------------|-------------|-------|--------------------|
| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 97.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 154.00 | mg/dL | <200.00 |
| Triglycerides | 117.50 | mg/dL | <150.00 |
| HDL Cholesterol | 26.90 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 103.60 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 23.50 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 127 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATM | ENT GOAL | CONS | SIDER THERAPY |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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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





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| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 210.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 147.00 | mg/dL | <200.00 |
| Triglycerides | 178.33 | mg/dL | <150.00 |
| HDL Cholesterol | 32.20 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 79.13 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 35.67 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 115 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATME | ENT GOAL | CONS | SIDER THERAPY |
| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Mr. SANJAY AGARWAL | als De Lai PackLabs De Lai Pa als De Lai Darch fais De hai Darch fabs De Lai Darch fabs De Lai Darch fabs De hai Darch fabs De hai Darch fabs |
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| •Test results released pertain to the sp | ecimen submitted.•All test results are depend | ent on the quality of the | sample received by the Laboratory. |
| •Laboratory investigations are only a tool | to facilitate in arriving at a diagnosis and s | hould be clinically correlate | d by the Referring Physician .•Report |
| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regrette | d.•Certain tests may requ | ire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post rep | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclusi | ve jurisdiction in all disputes/claims concerning | g 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 | | | |

(#) 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





| Name | : Mr. S S AGARWAL access Dr. 24 Particula Dr. 24 Particula Dr. | | | |
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|----------------------------------------------|-------------|-------------|--------------------|--|
| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 161.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4



| Name : Mr. S S AGARWAL | , Lat PathLabs Dr. Lat PathL A D. M. A. D. A. D. A. D. A. A. D. A. A. D. M. A. D. A. D. A. D. A. A. D. M. A. D. A. D. A. A. D. A. A. D. M. A |
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| Results | Units | Bio. Ref. Interval |
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| | | |
| 200.00 | mg/dL | <200.00 |
| 264.63 | mg/dL | <150.00 |
| 41.30 | mg/dL | >40.00 |
| 105.77 | mg/dL | <100.00 |
| 52.93 | mg/dL | <30.00 |
| 159 | mg/dL | <130 |
| | 200.00 264.63 41.30 105.77 52.93 | 200.00 mg/dL 264.63 mg/dL 41.30 mg/dL 105.77 mg/dL 52.93 mg/dL |

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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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| | IMPORTANT INSTRUCTION | DNS | |
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(#) 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





| Name | Mr. S S AGARWAL | |
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| Lab No. | . La Part : 467154554 (Dr. La Part de Dr. La Part de D | n der Perioden Druc Age den Druce Period ; 59 Years in Druce Perioden Druce Perioden Druce Perioden Druce P |
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| | Test Report | st Report | | |
|----------------------------------------------|-------------|-----------|--------------------|--|
| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 142.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4



| Name : Mr. S S AGARWAL | PathLabs Dr Lal PathLabs |
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| Lab No. : 467154554 | Age : 59 Years |
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| Results | Units | Bio. Ref. Interval |
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| | | |
| 184.00 | mg/dL | <200.00 |
| 152.98 | mg/dL | <150.00 |
| 42.30 | mg/dL | >40.00 |
| 111.10 | mg/dL | <100.00 |
| 30.60 | mg/dL | <30.00 |
| 142 | mg/dL | <130 |
| | 184.00 152.98 42.30 111.10 30.60 | 184.00 mg/dL 152.98 mg/dL 42.30 mg/dL 111.10 mg/dL 30.60 mg/dL |

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.
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- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
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- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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Test Report

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| RISK CATEGORY | TREATM | ENT GOAL | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Mr. S S AGARWAL | 's De Zal Pathials De Lat Pathials De Lat Pathials De Zal Pathials De Lat Pathials De Lat Pathials De Lat Pathi |
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| •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 unfore | seen circumstances. Inconvenience is regret | ted .•Certain tests may requi | re further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post re | porting.•Test results may | show interlaboratory variations.•The |
| Courts/Forum at Delhi shall have exclusi | ve jurisdiction in all disputes/claims concerni | ng 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. | | |
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(#) 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





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| Test Report | | | |
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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA | 194.00 | mg/dL | 70.00 - 100.00 |
| (Hexokinase) | | | |



Page 1 of 4



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 109.00 | mg/dL | <200.00 |
| Triglycerides | 170.07 | mg/dL | <150.00 |
| HDL Cholesterol | 26.00 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 48.99 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 34.01 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 83 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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Test Report

| est Name | | Results | Units | Bio. Ref. Interval |
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| RISK CATEGORY | TREATM | ENT GOAL | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. R BINDU AGARWAL | és De Lel PathLabs De Lal PathLabs De Lal PathLabs De Lel PathLabs De Lal PathLabs De Lal PathLabs De Lal PathLabs A De Lal Dard Labs De Lab Dard Labs De Lab D |
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| delivery may be delayed due to unfores | een circumstances. Inconvenience is regrette | ed.•Certain tests may requ | ire further testing at additional cost |
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| (#) Sample drawn from outside source | | | |

(#) 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





| 1 | Name | : Ms. R BINDU AGARWAL | | | |
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| GLUCOSE, FASTING (F), PLAS (Hexokinase) | SMA 229.00 | mg/dL | 70.00 - 100.00 | | |



Page 1 of 4



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| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 149.00 | mg/dL | <200.00 |
| Triglycerides | 183.65 | mg/dL | <150.00 |
| HDL Cholesterol | 33.40 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 78.87 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 36.73 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 116 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| Name : Ms. R BINDU AGARWAL | Labs Dr Lai PathLabs Dr Lai PothLabs |
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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 | |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 | |
| Very High | <50 | <80 | ≥50 | ≥80 | |
| High | <70 | <100 | ≥70 | ≥100 | |
| Moderate | <100 | <130 | ≥100 | ≥130 | |
| Low | <100 | <130 | ≥130* | ≥160* | |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. R BINDU AGARWAL | labs Dr.Lal PathLabs Dr.Lal PathLabs Dr.Lal PathLabs Dr.Lal PathLabs Dr.Lal PathLabs Dr.Lal PathLabs Dr.Lal P |
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| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regret | ted .•Certain tests may requi | re further testing at additional cost |
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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





| Name | : Ms. PINKI AGARWAL | | | rate and in the rate cane in the rate cane and in the rate can be the set of |
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| HEMOGRAM | | | |
| (Spectrophotometry, Electrical Impedance, Ana | logical Integration, Flow Cytometry | & Calculated, Capillary Pho | otometry) |
| Hemoglobin | 13.60 | g/dL | 12.00 - 15.00 |
| Packed Cell Volume (PCV) | 41.30 | % | 36.00 - 46.00 |
| RBC Count | 4.58 | mill/mm3 | 3.80 - 4.80 |
| MCV | 90.00 | fL | 83.00 - 101.00 |
| МСН | 29.80 | pg | 27.00 - 32.00 |
| МСНС | 33.00 | g/dL | 31.50 - 34.50 |
| Red Cell Distribution Width (RDW) | 13.20 | % | 11.60 - 14.00 |
| Total Leukocyte Count (TLC) | 8.40 | thou/mm3 | 4.00 - 10.00 |
| Differential Leucocyte Count (DLC) | | | |
| Segmented Neutrophils | 53.80 | % | 40.00 - 80.00 |
| Lymphocytes | 37.90 | % | 20.00 - 40.00 |
| Monocytes | 6.30 | % | 2.00 - 10.00 |
| Eosinophils | 1.90 | % | 1.00 - 6.00 |
| Basophils | 0.10 | % | <2.00 |
| Absolute Leucocyte Count | | | |
| Neutrophils | 4.52 | thou/mm3 | 2.00 - 7.00 |
| Lymphocytes | 3.18 | thou/mm3 | 1.00 - 3.00 |
| Monocytes | 0.53 | thou/mm3 | 0.20 - 1.00 |
| Eosinophils | 0.16 | thou/mm3 | 0.02 - 0.50 |
| Basophils | 0.01 | thou/mm3 | 0.02 - 0.10 |
| Platelet Count | 210 | thou/mm3 | 150.00 - 410.00 |
| Mean Platelet Volume | 10.0 | fL | 6.5 - 12.0 |
| E.S.R. | 63 | mm/hr | 0.00 - 20.00 |
| | | | Page 1 of 6 |



| Name | : Ms. PINKI AGARWAL | | | Pathizada DA Zat Pathizada DA Zat Pathizada DA Zat Pathizada DA Zat Pathi |
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| Note | | | |

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- 2. Test conducted on EDTA whole blood





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| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 77.00 | mg/dL | 70.00 - 100.00 | |



Page 3 of 6



| Name : Ms. PINKI AGARWAL | Lat PathLabs Dr |
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| Lab No. : 385971960 | Age : 38 Years |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 247.00 | mg/dL | <200.00 |
| Triglycerides | 110.52 | mg/dL | <150.00 |
| HDL Cholesterol | 52.60 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 172.30 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 22.10 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 194 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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Test Report

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| RISK CATEGORY | TREATM | ENT GOAL | CONS | SIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 | |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 | |
| Very High | <50 | <80 | ≥50 | ≥80 | |
| High | <70 | <100 | ≥70 | ≥100 | |
| Moderate | <100 | <130 | ≥100 | ≥130 | |
| Low | <100 | <130 | ≥130* | ≥160* | |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----





Page 5 of 6



| Name ; Ms. PINKI AGARWAL | s De Lat PathLabs De Lat PathLab I De Lat PathLabs De Lat PathLabs |
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Test Report

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| •Test results released pertain to the spec | imen submitted.•All test results are depende | ent on the quality of the | sample received by the Laboratory. |
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| delivery may be delayed due to unforese | en circumstances. Inconvenience is regretted | d.•Certain tests may requ | ire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•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 |
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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



Page 6 of 6



| N | lame | : Ms. PINKI AGARWAL | | | s Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat Pat |
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| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 77.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 206.00 | mg/dL | <200.00 |
| Triglycerides | 70.99 | mg/dL | <150.00 |
| HDL Cholesterol | 50.40 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 141.40 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 14.20 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 156 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATM | ENT GOAL | CONSIDER THERAPY | | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 | |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 | |
| Very High | <50 | <80 | ≥50 | ≥80 | |
| High | <70 | <100 | ≥70 | ≥100 | |
| Moderate | <100 | <130 | ≥100 | ≥130 | |
| Low | <100 | <130 | ≥130* | ≥160* | |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name ; Ms. PINKI AGARWAL | Dr Lai PathLahs Dr Lai PathLah Dr Lai DathLahs Dr Lai PathLahs |
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| •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 unfore | seen circumstances. Inconvenience is regret | ted .•Certain tests may requi | re further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post re | porting.•Test results may | show interlaboratory variations.•The |
| Courts/Forum at Delhi shall have exclusi | ve jurisdiction in all disputes/claims concerni | ng the test(s) & or results | of test(s). •Test results are not valid |
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(#) 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





| Name Diane | .: Mr. KANAHAIYA LAL GOYAL | | | |
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| Test Name | Results | Units | Bio. Ref. Interval | | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 83.00 | mg/dL | 70.00 - 100.00 | | |



Page 1 of 4



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 179.00 | mg/dL | <200.00 |
| Triglycerides | 129.60 | mg/dL | <150.00 |
| HDL Cholesterol | 31.20 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 121.88 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 25.92 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 148 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 | |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 | |
| Very High | <50 | <80 | ≥50 | ≥80 | |
| High | <70 | <100 | ≥70 | ≥100 | |
| Moderate | <100 | <130 | ≥100 | ≥130 | |
| Low | <100 | <130 | ≥130* | ≥160* | |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Mr. I | KANAHAIYA LAL GOYAL | | | De Lei Pathlabe De Lei Pathlabe De Ani Dark habi De Ani Dark habi De Ani Dark habi De Ani Dark habi De Ani Dark habi |
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| | IMPORTANT INSTRUCTION | <u> </u> | |
| •Test results released pertain to the specim | en submitted.•All test results are depende | nt on the quality of the | e sample received by the Laboratory. |
| •Laboratory investigations are only a tool to | facilitate in arriving at a diagnosis and sh | ould be clinically correlat | ed by the Referring Physician .•Report |
| delivery may be delayed due to unforeseen | circumstances. Inconvenience is regretted | .•Certain tests may rec | uire further testing at additional cost |
| for derivation of exact value. Kindly sub | omit request within 72 hours post repo | rting.•Test results may | show interlaboratory variations.•The |
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| Practitioner/Doctor. •The report does not need phy | sical 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





| Name Didap | : Mr. KANAHAIYA LAL GOYAL | | | |
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| Lab No. | :: 467154550 is Dr. Let Perfecte Dr. Let Perfecte Dr. Let Perfecte Dr. Let | Age data Da Zat Para | Zala | 60 Years to Dr. Lat Park Late Dr. Lat Park Late Dr. Lat Park Late Dr. Lat |
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|----------------------------------------------|-------------|-------|--------------------|
| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 88.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : Mr. KANAHAIYA LAL GOYAL | De Lai PathLais De Lai PethLais |
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| Lab No. : 467154550 | Age : 60 Years |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 165.00 | mg/dL | <200.00 |
| Triglycerides | 79.97 | mg/dL | <150.00 |
| HDL Cholesterol | 34.70 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 114.31 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 15.99 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 130 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | |
| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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| Courts/Forum at Delhi shall have exclusi | ve jurisdiction in all disputes/claims concerning | the test(s) & or results | of test(s). • Test results are not valid |
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| (#) Sample drawn from outside source | | | |

(#) 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





| Na | me | : Ms. RITA AGARWAL | | | |
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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 89.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : Ms. RITA AGARWAL | labs Dr Lat Pathlabs |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 179.00 | mg/dL | <200.00 |
| Triglycerides | 82.30 | mg/dL | <150.00 |
| HDL Cholesterol | 49.90 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 112.64 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 16.46 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 129 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| Name : Ms. RITA AGARWAL | lal Pathlabs Dr Lal Pathla |
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| RISK CATEGORY | | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. RITA AGARWAL | , Dr. Lat PathLabs Dr. Lat 20. de 20. de 14. de 20. de 17. de |
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| Lab No. : 385971988 | Age : 49 Years |
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Test Report

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| | IMPORTANT INSTRUCTION | <u>s</u> | |
| •Test results released pertain to the spe | ecimen submitted.•All test results are depende | ent on the quality of the | sample received by the Laboratory. |
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| delivery may be delayed due to unfores | seen circumstances. Inconvenience is regretted | d.•Certain tests may requ | ire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclusiv | e 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. | | |
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(#) 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





| Name | to Dr. Lal Pa | .: Ms. RITA AGARWAL | | | |
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| Lab N | 0. <u>//</u> P. | : 467154565 do Do Lat Particula Do Lat Particula Do Lat Perticula | Age and Dr. And Park | Laks | 58 Years to Dr. Lat Particula Dr. Lat Particula Dr. Lat Particular Dr. Lat |
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| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 112.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4



| Name : Ms. RITA AGARWAL | 'r Lei PathLabs Dr Lai PathLab A de barne a stad a s |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 106.00 | mg/dL | <200.00 |
| Triglycerides | 133.40 | mg/dL | <150.00 |
| HDL Cholesterol | 36.80 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 42.52 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 26.68 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 69 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. RITA AGARWAL | s Dr Lat PachLabs |
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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





| Name | Ms. SARITA GOYAL | |
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| Lab No. | . Les Pers: 467154820 in Dr. Les Personn Dr. Les Personn Dr. L | the Presidents Dr. & Age take Dr. And Preside; 48 Years in Dr. And Presidents Dr. And Presidents Dr. And Presidents Dr. And |
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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 94.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : Ms. SARITA GOYAL | Lat PachLabs Dr Lat Po |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 154.00 | mg/dL | <200.00 |
| Triglycerides | 81.27 | mg/dL | <150.00 |
| HDL Cholesterol | 47.30 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 90.45 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 16.25 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 107 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 | |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 | |
| Very High | <50 | <80 | ≥50 | ≥80 | |
| High | <70 | <100 | ≥70 | ≥100 | |
| Moderate | <100 | <130 | ≥100 | ≥130 | |
| Low | <100 | <130 | ≥130* | ≥160* | |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. SARITA GOYAL | | PathLabs Dr Lai PothLabs DathLabs Dr Lai PathLabs |
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| 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 |
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(#) 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





| N | lame | : Ms. SARITA AGARWAL | | | |
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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 91.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 109.00 | mg/dL | <200.00 |
| Triglycerides | 75.06 | mg/dL | <150.00 |
| HDL Cholesterol | 39.20 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 54.79 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 15.01 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 70 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. SARITA AGARWAL | ebs De Leil PathLabs De L de De Leil De the hel De hel De thele De hel DesthLabs De Leil De the De Leil De the De hel DesthLabs De Leil D |
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(#) 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





| Name | : Ms. URMILA GOYAL | | | |
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| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 84.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4



| Name : Ms. | URMILA GOYAL | il PathLabs Dr Lal PathLabs | Dr Lal PathLabs |
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Test Report

| Results | Units | Bio. Ref. Interval |
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| | | |
| 235.00 | mg/dL | <200.00 |
| 354.55 | mg/dL | <150.00 |
| 47.70 | mg/dL | >50.00 |
| 116.39 | mg/dL | <100.00 |
| 70.91 | mg/dL | <30.00 |
| 187 | mg/dL | <130 |
| | 235.00 354.55 47.70 116.39 70.91 | 235.00 mg/dL 354.55 mg/dL 47.70 mg/dL 116.39 mg/dL 70.91 mg/dL |

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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| Name | : Ms. URMILA GOYAL | Labs Dr Lat PathLabs Dr Lat PathLabs Dr Lat PathLab |
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Test Report

| est Name | | Results | Units | Bio. Ref. Interval |
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| RISK CATEGORY | TREATM | ENT GOAL | CONS | SIDER THERAPY |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. URMILA GOYAL | aks De Lat ParkLaks De Lat ParkLaks A De Lat ParkLaks De Lat ParkLak |
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| •Test results released pertain to the spec | imen submitted.•All test results are depende | ent on the quality of the | sample received by the Laboratory. |
| •Laboratory investigations are only a tool | to facilitate in arriving at a diagnosis and sh | nould be clinically correlated | by the Referring Physician .•Report |
| delivery may be delayed due to unforese | en circumstances. Inconvenience is regretted | d.•Certain tests may requ | ire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•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 p | hysical signature. | | |
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(#) 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





| Name D. M.P. | : Ms. URMILA GOYAL | | | s Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat Pr |
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|----------------------------------------------|-------------|-------------|--------------------|--|
| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 93.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4



| Name : Ms. URMILA GOYAL | De Lai PathLabe De Lai PathLa |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 228.00 | mg/dL | <200.00 |
| Triglycerides | 154.33 | mg/dL | <150.00 |
| HDL Cholesterol | 52.90 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 144.23 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 30.87 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 175 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATM | ENT GOAL | CONS | SIDER THERAPY |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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| •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 unfore | seen circumstances. Inconvenience is regret | ted .•Certain tests may requi | re further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post re | porting.•Test results may | show interlaboratory variations.•The |
| Courts/Forum at Delhi shall have exclusi | ve jurisdiction in all disputes/claims concerni | ng the test(s) & or results | of test(s). •Test results are not valid |
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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





| Name | Mr. SATISH GOYAL and Dr. de Period Dr. de Period | | | |
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|----------------------------------------------|-------------|-------------|--------------------|--|
| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 179.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4



| Name : Mr. SATISH GOYAL | Lat PathLabs Dr Lat PathLabs A 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 356.00 | mg/dL | <200.00 |
| Triglycerides | 645.27 | mg/dL | <150.00 |
| Result Rechecked, Please Correlate Clinically. | | | |
| HDL Cholesterol | 57.50 | mg/dL | >40.00 |
| Non-HDL Cholesterol | 299 | mg/dL | <130 |
| | | | |

Advised: LDL CHOLESTEROL, DIRECT - B129

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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
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- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| Name : Mr. SATISH GOYAL | abs Dr.Lat PathLabs Dr.Lat PathLabs Dr.Lat PathLabs Dr.Lat PathLabs Dr.Lat PathLabs Dr.Lat PathLabs Dr.Lat PothLa |
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Test Report

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| RISK CATEGORY | TREATMI | TREATMENT GOAL | | SIDER THERAPY |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <pre><50 (Optional goal ≤30)</pre> | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Mr. SATISH GOYAL | s Dr. Leit PethLebs Dr Is Dr. Leit PethLebs D |
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| •Test results released pertain to the sp | ecimen submitted.•All test results are depend | lent on the quality of the | sample received by the Laboratory. |
| •Laboratory investigations are only a too | I to facilitate in arriving at a diagnosis and s | hould be clinically correlated | by the Referring Physician .•Report |
| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regrette | d.•Certain tests may requ | ire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post rep | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclus | ve jurisdiction in all disputes/claims concerning | g 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 | l physical signature. | | |
| (#) Sample drawn from outside source | | | |

(#) 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





| Name Days | .: Mr. SATISH GOYAL | | | |
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| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 215.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4



| Name : Mr. SATISH GOYAL | iais Dr Lat Pathlais Dr Lat Path |
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| | | |
| 289.00 | mg/dL | <200.00 |
| 368.52 | mg/dL | <150.00 |
| 58.50 | mg/dL | >40.00 |
| 156.80 | mg/dL | <100.00 |
| 73.70 | mg/dL | <30.00 |
| 231 | mg/dL | <130 |
| | 289.00 368.52 58.50 156.80 73.70 | 289.00 mg/dL 368.52 mg/dL 58.50 mg/dL 156.80 mg/dL 73.70 mg/dL |

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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| Name : Mr. SATISH GOYAL | Lat Pathilabs Dr. Lat Pathilabs |
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| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Mr. SATISH GOYAL | De Leil PathLabs De Leil Pa De Leil Barth Labs De Leil Barth Labs De Leil Parth Labs De Leil Barth Labs De Leil Barth Labs De Leil Barth L |
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| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regret | ted .•Certain tests may requi | re further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post re | porting.•Test results may | show interlaboratory variations.•The |
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(#) 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





| Name | Ms. SEEMA BANSAL | | | s Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat Pat |
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| Results | Units | Bio. Ref. Interval |
| 94.00 | mg/dL | 70.00 - 100.00 |
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Page 1 of 4



| Name : | Ms. SEEMA BANSAL | | s Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat P |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 182.00 | mg/dL | <200.00 |
| Triglycerides | 76.21 | mg/dL | <150.00 |
| HDL Cholesterol | 51.50 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 115.26 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 15.24 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 131 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 | |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 | |
| Very High | <50 | <80 | ≥50 | ≥80 | |
| High | <70 | <100 | ≥70 | ≥100 | |
| Moderate | <100 | <130 | ≥100 | ≥130 | |
| Low | <100 | <130 | ≥130* | ≥160* | |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. SEEMA BANSAL | s De Lai Pathlads De Lai Pathlads - De La Devide De La |
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| 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 |
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(#) 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





| Name | : Ms. SEEMA BANSAL | | | De Lat Pathhabs De Lat Pathhabs De Lat Pathhabs De Lat Pathhabs De Lat Path |
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| | Test Report | | |
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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 84.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : Ms. SEEMA BANSAL | Dr Lal PathLabs Dr Lal PathL |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 161.00 | mg/dL | <200.00 |
| Triglycerides | 61.51 | mg/dL | <150.00 |
| HDL Cholesterol | 61.10 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 87.60 | mg/dL | <100.00 |
| VLDL Cholesterol,Calculated | 12.30 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 100 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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Test Report

| Test Name | | Results | Units | Bio. Ref. Interval |
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| RISK CATEGORY | TREATMI | ENT GOAL | CONS | SIDER THERAPY |
| | LDL CHOLESTEROL (LDL-C) (mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. SEEMA BANSAL | s Dr. Zal PathLabs Dr. Lal PathLabs Dr. Lal D. L. D. L. L. D. L. L. D. L. L. D. L. D. L. L. D |
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Test Report

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| •Test results released pertain to the sp | ecimen submitted.•All test results are depend | lent on the quality of the | sample received by the Laboratory. |
| •Laboratory investigations are only a tool | to facilitate in arriving at a diagnosis and s | hould be clinically correlate | d by the Referring Physician .•Report |
| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regrette | ed.●Certain tests may requ | ire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post rep | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclusi | ve jurisdiction in all disputes/claims concernin | g 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. | | |
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(#) 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





| Dele | Name | : Mr. NAVIN KR AGARWAL an Product De Les Products De | | | Dr Lal PathLabs Dr Lat PathLabs Dr Lat PathLabs Dr Lat PathLabs Dr Lat Par |
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| Test Report | | | | |
|----------------------------------------------|---------|-------|--------------------|--|
| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 87.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4



| Name : Mr. NAVIN KR AGARWAL | Dr Lal PathLabs Dr Lal PathLabs Dr Lal P | PathLabs Dr Lat PathLabs Dr Lat PathLabs Dr Lat PathLabs Dr Lat PathLabs |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 180.00 | mg/dL | <200.00 |
| Triglycerides | 115.26 | mg/dL | <150.00 |
| HDL Cholesterol | 33.80 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 123.15 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 23.05 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 146 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATME | ENT GOAL | CONS | SIDER THERAPY |
| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : | Mr. NAVIN KR AGARWAL | | | De Lai PathLabs De Lai PathLabs De Lai PathLabs De Lai PathLabs De Lai PathLabs De Lai PathLabs De Lai PathLabs De Lai PathLabs De Lai PathLabs |
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Test Report

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| •Test results released pertain to the sp | ecimen submitted.•All test results are depende | ent on the quality of the | sample received by the Laboratory. |
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| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regretted | d.•Certain tests may requi | re further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•Test results may | show interlaboratory variations.•The |
| Courts/Forum at Delhi shall have exclusiv | e 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 |
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| (#) Sample drawn from outside source | | | |

(#) 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





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| | Test Report | | |
|----------------------------------------------|-------------|-------|--------------------|
| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 84.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 168.00 | mg/dL | <200.00 |
| Triglycerides | 85.07 | mg/dL | <150.00 |
| HDL Cholesterol | 35.60 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 115.39 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 17.01 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 132 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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Test Report

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| RISK CATEGORY | TREATME | ENT GOAL | CONS | SIDER THERAPY |
| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Mr. NAVIN KR AGARWAL | théads Dréal Pathéads Dréal Pathéads Dréal Pathéads Dréal Pathéads Dréal Pathéads Dréal Pathéads Dréal Pathéads théads Dréal Pathéads |
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| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regretted | .•Certain tests may requi | re further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•Test results may | show interlaboratory variations.•The |
| Courts/Forum at Delhi shall have exclusi | ve jurisdiction in all disputes/claims concerning | the test(s) & or results of | 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. | | |
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(#) 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





| Dela | Name, p | : Mr. BIJAY CHOWDHURY | | | |
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| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 111.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 212.00 | mg/dL | <200.00 |
| Triglycerides | 164.28 | mg/dL | <150.00 |
| HDL Cholesterol | 55.40 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 123.74 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 32.86 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 157 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regrette | d.•Certain tests may req | uire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post rep | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclusiv | ve jurisdiction in all disputes/claims concerning | g 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 | | | |

(#) 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





| Name Dave | : Mr. BIJAY CHOWDHURY | | | s Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat Pat |
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|----------------------------------------------|-------------|-------|--------------------|
| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 106.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 200.00 | mg/dL | <200.00 |
| Triglycerides | 121.61 | mg/dL | <150.00 |
| HDL Cholesterol | 55.60 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 120.08 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 24.32 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 144 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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Test Report

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| RISK CATEGORY | | | CONSIDER THERAPY | |
| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name ; Mr. BIJAY CHOWDHURY | De Lal PathLabe De Lal PathLabe De Lal David de De Lal David de |
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| •Laboratory investigations are only a too | to facilitate in arriving at a diagnosis and sh | nould be clinically correlated | by the Referring Physician .•Report |
| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regretted | d.•Certain tests may requi | re further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•Test results may | show interlaboratory variations.•The |
| Courts/Forum at Delhi shall have exclusi | ve 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 | | | |

(#) 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





| Name | | .: Ms. ANMOL AGARWAL | | | |
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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 83.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| PathLabs Dr Lal PathLabs | Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr L | lal PathLabs Dr Lal PathLab | s Dr Lat PathLabs Dr Lat PathLabs Dr Lat PathLabs Dr Lat PathLabs Dr Lat PsthLab |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 140.00 | mg/dL | <200.00 |
| Triglycerides | 114.80 | mg/dL | <150.00 |
| HDL Cholesterol | 36.90 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 80.14 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 22.96 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 103 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATM | ENT GOAL | CONS | SIDER THERAPY |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : M | Ms. ANMOL AGARWAL | | | Pathlado De Lai Pathlado De Lai Pathlado De Lai Pathlado De Lai Pathlado Bathlado De Lai Bathlado De Lai Bathlado De Lai Bathlado De Lai Pathlado |
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| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•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 |
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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





| Dr.L | Name on Zarpa | : Ms. ANMOL AGARWAL | | | |
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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 90.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 152.00 | mg/dL | <200.00 |
| Triglycerides | 153.82 | mg/dL | <150.00 |
| HDL Cholesterol | 42.00 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 79.24 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 30.76 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 110 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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(#) 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





| Name | : Ms. MANJU AGARAWALA | | | s Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat Pat |
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|----------------------------------------------|-------------|-------------|--------------------|--|--|
| Test Name | Results | Units | Bio. Ref. Interval | | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 149.00 | mg/dL | 70.00 - 100.00 | | |



Page 1 of 4



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Test Report

| Results | Units | Bio. Ref. Interval |
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| | | |
| 245.00 | mg/dL | <200.00 |
| 191.34 | mg/dL | <150.00 |
| 53.80 | mg/dL | >50.00 |
| 152.93 | mg/dL | <100.00 |
| 38.27 | mg/dL | <30.00 |
| 191 | mg/dL | <130 |
| | 245.00 191.34 53.80 152.93 38.27 | 245.00 mg/dL 191.34 mg/dL 53.80 mg/dL 152.93 mg/dL 38.27 mg/dL |

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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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Test Report

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| RISK CATEGORY | TREATM | ENT GOAL | CONS | SIDER THERAPY |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms | S. MANJU AGARAWALA | | | De Lai Pathlade De Lai Pathlade De Lai Darh fach De Lai Darh fach De Lai Darh fach De Lai Darh fach De Lai Darh fach |
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| •Test results released pertain to the sp | ecimen submitted.•All test results are depend | ent on the quality of the | sample received by the Laboratory. |
| •Laboratory investigations are only a tool | to facilitate in arriving at a diagnosis and s | hould be clinically correlate | d by the Referring Physician .•Report |
| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regrette | d.•Certain tests may req | uire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post rep | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclusiv | ve jurisdiction in all disputes/claims concerning | g 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 | | | |

(#) 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





| Name | : Ms. MANJU AGARAWALA | | | s Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat Path |
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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 122.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : Ms. MANJU AGARAWALA | Dr Lai PathLabs Dr Lai PathLab |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 227.00 | mg/dL | <200.00 |
| Triglycerides | 162.05 | mg/dL | <150.00 |
| HDL Cholesterol | 57.40 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 137.19 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 32.41 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 170 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 | |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 | |
| Very High | <50 | <80 | ≥50 | ≥80 | |
| High | <70 | <100 | ≥70 | ≥100 | |
| Moderate | <100 | <130 | ≥100 | ≥130 | |
| Low | <100 | <130 | ≥130* | ≥160* | |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. MANJU AGAR | AWALA | | | De Lei Pethlebs De Lei Pethl De Lei Pethlebs De Lei Pethlebs De Lei Pethlebs De Lei Pethlebs De Lei Pethlebs | |
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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





| Name Dave | : Ms. RITU AGARWAL | | | |
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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA | 94.00 | mg/dL | 70.00 - 100.00 |
| (Hexokinase) | | | |



Page 1 of 4



| Name : Ms. RITU AGARWAL | De Lat PathLabs De Lat PathLab De Lat PathLabs De Lat PathLabs |
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| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 226.00 | mg/dL | <200.00 |
| Triglycerides | 168.38 | mg/dL | <150.00 |
| HDL Cholesterol | 42.80 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 149.52 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 33.68 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 183 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
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- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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Test Report

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| RISK CATEGORY | | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. RITU AGARWAL | | Labs Dr. Lat PathLabs |
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Test Report

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| | IMPORTANT INSTRUCTION | <u>15</u> | |
| •Test results released pertain to the spo | ecimen submitted.•All test results are depend | lent on the quality of the | sample received by the Laboratory. |
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| delivery may be delayed due to unfores | seen circumstances. Inconvenience is regrette | d.•Certain tests may requ | ire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post rep | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclusiv | e jurisdiction in all disputes/claims concerning | g 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. | | |
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(#) 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





| Name | Ms. RITU AGARWAL | | | |
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| Lab No. | (Part: 467154578. () Dr. Lei Part Lab Dr. Lai Part Lab Dr. Lai Part Cate Dr. | Age and Do Ant Par | 2.1 | 49 Years to Dr. Lat Particlate Dr. Lat Particlate Dr. Lat Particlate Dr. Lat 7 |
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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 97.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : Ms. RITU AGARWAL | s Lel Pathlads De Lel Pathlads A la Pathlads De Lel Pathlads D |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 203.00 | mg/dL | <200.00 |
| Triglycerides | 116.15 | mg/dL | <150.00 |
| HDL Cholesterol | 43.50 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 136.27 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 23.23 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 160 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| Name : Ms. RITU AGARWAL | Lei PathLabs Dr. Lei PathL |
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Test Report

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| RISK CATEGORY | TREATM | ENT GOAL | CONSIDER THERAPY | |
| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. RITU AGARWAL | Dr Lai PathLabs |
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| Lab No. : 467154578 | Age : 49 Years |
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| •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 unfore | seen circumstances. Inconvenience is regret | ted .•Certain tests may requi | re further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post re | porting.•Test results may | show interlaboratory variations.•The |
| Courts/Forum at Delhi shall have exclusi | ve jurisdiction in all disputes/claims concerni | ng the test(s) & or results | of test(s). •Test results are not valid |
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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





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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 118.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 169.00 | mg/dL | <200.00 |
| Triglycerides | 181.48 | mg/dL | <150.00 |
| HDL Cholesterol | 48.30 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 84.40 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 36.30 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 121 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | |
| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•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 |
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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





| Name Name | : Ms. SUNITA AGARWAL | | | s Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat Pat |
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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 109.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 136.00 | mg/dL | <200.00 |
| Triglycerides | 89.22 | mg/dL | <150.00 |
| HDL Cholesterol | 62.10 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 56.06 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 17.84 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 74 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C) (mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. SUNITA AGARWAL | ás De Leil PathLabs De Lai PathLabs De Lai PathLabs De Lui PathLabs De Lai PathLabs De Lai PathLabs De Lai Path As De Lai Dard habs De Lai D |
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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





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| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 69.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : Ms. RANJU SETHIA | De Lat PathLabs De Lat PathLa De Lat PathLabs De Lat PathLabs |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 212.00 | mg/dL | <200.00 |
| Triglycerides | 316.53 | mg/dL | <150.00 |
| HDL Cholesterol | 50.20 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 98.49 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 63.31 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 162 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. RANJU SETHIA | De Lat PathLabs De Lat PathLab De Lat De Lat |
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(#) 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





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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 90.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : RANJU SETHIA | abs De Lal PathLabs De Lal PothL |
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| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 199.00 | mg/dL | <200.00 |
| Triglycerides | 94.51 | mg/dL | <150.00 |
| HDL Cholesterol | 66.70 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 113.40 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 18.90 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 132 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

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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





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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 101.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 158.00 | mg/dL | <200.00 |
| Triglycerides | 154.42 | mg/dL | <150.00 |
| HDL Cholesterol | 29.70 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 97.42 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 30.88 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 128 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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Test Report

| est Name | | Results | Units | Bio. Ref. Interval | |
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| RISK CATEGORY | TREATM | ENT GOAL | CONS | SIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 | |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 | |
| Very High | <50 | <80 | ≥50 | ≥80 | |
| High | <70 | <100 | ≥70 | ≥100 | |
| Moderate | <100 | <130 | ≥100 | ≥130 | |
| Low | <100 | <130 | ≥130* | ≥160* | |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : | Ms. INDRANI AGARWAL | | | De Lai PathLabe De Lai PathLabe De Lai PathLabe De Lai PathLabe De Lai PathLabe De Lai PathLabe De Lai PathLabe De Lai PathLabe De Lai PathLabe |
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| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regretted | d.•Certain tests may requi | re further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•Test results may | show interlaboratory variations.•The |
| Courts/Forum at Delhi shall have exclusiv | e 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 |
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| (#) Sample drawn from outside source | | | |

(#) 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





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| Test Name | Results | Units | Bio. Ref. Interval | | | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 103.00 | mg/dL | 70.00 - 100.00 | | | |



Page 1 of 4



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| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 145.00 | mg/dL | <200.00 |
| Triglycerides | 96.19 | mg/dL | <150.00 |
| HDL Cholesterol | 34.70 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 91.06 | mg/dL | <100.00 |
| VLDL Cholesterol,Calculated | 19.24 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 110 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATME | ENT GOAL | CONS | SIDER THERAPY | |
| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 | |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 | |
| Very High | <50 | <80 | ≥50 | ≥80 | |
| High | <70 | <100 | ≥70 | ≥100 | |
| Moderate | <100 | <130 | ≥100 | ≥130 | |
| Low | <100 | <130 | ≥130* | ≥160* | |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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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





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| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 121.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 233.00 | mg/dL | <200.00 |
| Triglycerides | 135.65 | mg/dL | <150.00 |
| HDL Cholesterol | 42.00 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 163.87 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 27.13 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 191 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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| •Laboratory investigations are only a tool | to facilitate in arriving at a diagnosis and sh | nould be clinically correlated | by the Referring Physician .•Report |
| delivery may be delayed due to unforese | en circumstances. Inconvenience is regretted | d.•Certain tests may requ | ire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•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 |
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(#) 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





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| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 89.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 187.00 | mg/dL | <200.00 |
| Triglycerides | 86.09 | mg/dL | <150.00 |
| HDL Cholesterol | 41.70 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 128.08 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 17.22 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 145 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

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| for medico legal purposes.•This is | computer generated medical diagnostic | report that has been | validated by Authorized Medical |
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| (#) Sample drawn from outside source | | | |

(#) 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





| Name | : Mr. SAJJAN KUMAR AGARWAL | | | er zai Painzans in zai Prinz De zai Painžahs De Zai Painžahs De Zai Painžahs De žai Painžahs De Zai Peinž |
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| Test Report |
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| Test Name | Results | Units | Bio. Ref. Interval |
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| GLUCOSE, FASTING (F), PLASMA | 90.00 | mg/dL | 70.00 - 100.00 |
| (Hexokinase) | | | |



Page 1 of 4



| Name : | Mr. SAJJAN KUMAR AGARWAL | | s Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PethLabs |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 214.00 | mg/dL | <200.00 |
| Triglycerides | 120.76 | mg/dL | <150.00 |
| HDL Cholesterol | 51.40 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 138.45 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 24.15 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 163 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATMI | ENT GOAL | CONSIDER THERAPY | | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | |
| Extreme Risk Group Category A | <pre><50 (Optional goal ≤30)</pre> | <80 (Optional goal ≤60) | ≥50 | ≥80 | |
| Extreme Risk Group Category B | ≤30 | | >30 | >60 | |
| Very High | <50 | <80 | ≥50 | ≥80 | |
| High | <70 | <100 | ≥70 | ≥100 | |
| Moderate | <100 | <130 | ≥100 | ≥130 | |
| Low | <100 | <130 | ≥130* | ≥160* | |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

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| (#) Sample drawn from outside source | | | |

(#) 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





| Name | : Mr. SAJJAN KUMAR AGARWAL | | | |
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|----------------------------------------------|-------------|-------|--------------------|--|
| Test Name | Results | Units | Bio. Ref. Interval | |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 98.00 | mg/dL | 70.00 - 100.00 | |



Page 1 of 4



| Name : I | Mr. SAJJAN KUMAR AGARWAL | | s Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PsthLabs |
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| e Patacass Cr Lac Patacass | 467154586 | Age : | 61 Years |
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| el PathLabs Dr. Lat PathLabs | Mobile No:9832428320 Dr. Col Publicht Dr. Col Publicht Dr. Col | | s Dr.Lat PathLabs Dr.Lat PathLabs Dr.Lat PathLabs Dr.Lat PathLabs Dr.Lat Po |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 210.00 | mg/dL | <200.00 |
| Triglycerides | 119.99 | mg/dL | <150.00 |
| HDL Cholesterol | 55.80 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 130.20 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 24.00 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 154 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





| Name : Mr. SAJJAN KUMAR AGARWAL | | Dr Lai PathLabs |
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| RISK | TREATMI | ENT GOAL | CONS | SIDER THERAPY |
| CATEGORY | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | <u>≤</u> 60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : | Mr. SAJJAN KUMAR AGARWAL | | | De Lat PathLabs De Lat PathLabs De Lat PathLabs De Lat PathLabs De Lat PathLabs De Ant ParthLabs De Ant ParthLabs De Ant ParthLabs De Ant ParthLabs De Ant ParthLabs |
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| | IMPORTANT INSTRUCTION | <u>s</u> | |
| •Test results released pertain to the spe | ecimen submitted.•All test results are depend | ent on the quality of the | sample received by the Laboratory. |
| •Laboratory investigations are only a tool | to facilitate in arriving at a diagnosis and sh | ould be clinically correlate | d by the Referring Physician .•Report |
| delivery may be delayed due to unfores | seen circumstances. Inconvenience is regrette | .•Certain tests may requ | uire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclusiv | e 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





| Name | Ms. SANGITA AGARWAL - Proceedings of Proceedings | | | |
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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 96.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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Test Report

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| | | |
| 248.00 | mg/dL | <200.00 |
| 174.99 | mg/dL | <150.00 |
| 50.10 | mg/dL | >50.00 |
| 162.90 | mg/dL | <100.00 |
| 35.00 | mg/dL | <30.00 |
| 198 | mg/dL | <130 |
| | 248.00 174.99 50.10 162.90 35.00 | 248.00 mg/dL 174.99 mg/dL 50.10 mg/dL 162.90 mg/dL 35.00 mg/dL |

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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATME | ENT GOAL | CONS | SIDER THERAPY |
| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : | Ms. SANGITA AGARWAL | | | De Lai PathLabs De Lai PathLabs De Lai PathLabs De Lai PathLabs De Lai PathLabs De Lai PathLabs De Lai PathLabs De Lai PathLabs De Lai PathLabs |
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| •Test results released pertain to the sp | ecimen submitted.•All test results are depend | ent on the quality of the | sample received by the Laboratory. |
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| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regrette | d.•Certain tests may req | uire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post rep | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclusiv | ve jurisdiction in all disputes/claims concerning | g 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 | | | |

(#) 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





| Name Dave | .: Ms. SANGITA AGARWAL - Proceed Dr. La Proceed Dr. | | | s Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat PathLabs Dr. Lat Pat |
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| | Test Report | | |
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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 112.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 223.00 | mg/dL | <200.00 |
| Triglycerides | 124.96 | mg/dL | <150.00 |
| HDL Cholesterol | 46.40 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 151.61 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 24.99 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 177 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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Test Report

| est Name | | Results | Units | Bio. Ref. Interval |
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| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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| (#) Sample drawn from outside source | | | |

(#) 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





| Name | .: Ms. BABITA AGARWAL | | | |
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| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 96.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : Ms. BABI | TA AGARWAL | r Lal PathLabs Dr Lal PathLab | is Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PothLa |
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| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 235.00 | mg/dL | <200.00 |
| Triglycerides | 254.50 | mg/dL | <150.00 |
| HDL Cholesterol | 45.50 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 138.60 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 50.90 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 190 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. BABITA AGARWAL | . Lat PartiLats Dr. Lat PartiLats Lat PartiLats Dr. Lat P |
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| •Laboratory investigations are only a tool | to facilitate in arriving at a diagnosis and sh | nould be clinically correlated | by the Referring Physician .•Report |
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(#) 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





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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 85.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



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| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 145.00 | mg/dL | <200.00 |
| Triglycerides | 89.03 | mg/dL | <150.00 |
| HDL Cholesterol | 46.70 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 80.49 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 17.81 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 98 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATM | TREATMENT GOAL | | SIDER THERAPY |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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(#) 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





| Name | Ms. RANJANA CHOUDHURY | | | |
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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 84.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : M | Ms. RANJANA CHOUDHURY | | . Dr. Lai PathLabs |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 194.00 | mg/dL | <200.00 |
| Triglycerides | 118.75 | mg/dL | <150.00 |
| HDL Cholesterol | 55.70 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 114.55 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 23.75 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 138 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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Test Report

| Test Name | | Results | Units | Bio. Ref. Interval |
|-----------------------------------------|----------------------------------------|--------------------------------------------|-------|--------------------------------------------|
| RISK CATEGORY | TREATM | TREATMENT GOAL | | SIDER THERAPY |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <pre><50 (Optional goal ≤30) </pre> | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : | Ms. RANJANA CHOUDHURY | | | De Lei Pathlade De Lei Pathlade De Lei Pathlade De Lei Pathlade De Lei Pathlade De 1ai Destalade De 1ai Destalade De 1ai Destalade De 1ai Destalade De 1ai Destalade |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
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| IMPORTANT INSTRUCTIONS | | | |
| •Test results released pertain to the sp | ecimen submitted.•All test results are depend | ent 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 unfore | seen circumstances. Inconvenience is regrette | d.•Certain tests may req | uire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post rep | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclusiv | ve jurisdiction in all disputes/claims concerning | g 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 | | | |

(#) 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





| Name | Ms. RANJANA CHOUDHURY | | | |
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| | Test Report | | |
|----------------------------------------------|-------------|-------|--------------------|
| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 84.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : I | Ms. RANJANA CHOUDHURY | | s Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLab |
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| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 174.00 | mg/dL | <200.00 |
| Triglycerides | 67.13 | mg/dL | <150.00 |
| HDL Cholesterol | 63.20 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 97.37 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 13.43 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 111 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATME | ENT GOAL | CONS | SIDER THERAPY |
| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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| •Laboratory investigations are only a too | to facilitate in arriving at a diagnosis and s | nould be clinically correlated | by the Referring Physician .•Report |
| delivery may be delayed due to unfore | seen circumstances. Inconvenience is regrette | d.•Certain tests may requ | ire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post rep | orting.•Test results may | show interlaboratory variations. • The |
| Courts/Forum at Delhi shall have exclusi | ve 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 | | | |

(#) 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





| Name Name | Ms. SAROJ BAWRI | | |
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|----------------------------------------------|-------------|-------|--------------------|
| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 89.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| N | ame : | Ms. SAROJ BAWRI | lal PathLabs Dr Lal PathLai | s Dr Lei PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLai |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 191.00 | mg/dL | <200.00 |
| Triglycerides | 67.13 | mg/dL | <150.00 |
| HDL Cholesterol | 49.10 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 128.47 | mg/dL | <100.00 |
| VLDL Cholesterol,Calculated | 13.43 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 142 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| Name : Ms. SAROJ BAWRI | | | Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PothL |
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Test Report

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| RISK CATEGORY | TREATM | ENT GOAL | CONSIDER THERAPY | |
| | 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 Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : Ms. SAROJ BAWRI | s De Lal PachLabs De Lal PachLab 1 |
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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





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Page 1 of 4



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| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 174.00 | mg/dL | <200.00 |
| Triglycerides | 55.13 | mg/dL | <150.00 |
| HDL Cholesterol | 52.80 | mg/dL | >50.00 |
| LDL Cholesterol, Calculated | 110.17 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 11.03 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 121 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| RISK CATEGORY | TREATM | ENT GOAL | CONSIDER THERAPY | | |
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 | |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 | |
| Very High | <50 | <80 | ≥50 | ≥80 | |
| High | <70 | <100 | ≥70 | ≥100 | |
| Moderate | <100 | <130 | ≥100 | ≥130 | |
| Low | <100 | <130 | ≥130* | ≥160* | |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name ; Ms. SAROJ BAWRI | De Lai Parkhade De Lai Parkhade De Lai Derkhade De Lai Derkhade |
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(#) 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





| N | lame | : Mr. ASHOK KUMAR AGARWAL | | | . Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathL 2 Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathLabs Dr Lai PathL |
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| Test Name | Results | Units | Bio. Ref. Interval |
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| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 84.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : | Mr. ASHOK KUMAR AGARWAL | | s De Lai PathLabs De Lai PathLabs De Lai PathLabs De Lai PathLabs De Lai PethLabs |
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| Test Name | Results | Units | Bio. Ref. Interval |
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| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 97.00 | mg/dL | <200.00 |
| Triglycerides | 83.15 | mg/dL | <150.00 |
| HDL Cholesterol | 36.30 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 44.07 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 16.63 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 61 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







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| (#) Sample drawn from outside source | | | |

(#) 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





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| Test Name | Results | Units | Bio. Ref. Interval |
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 90.00 | mg/dL | 70.00 - 100.00 |



Page 1 of 4



| Name : | Mr. ASHOK KUMAR AGARWAL | lal PathLabs Dr Lal PathLabs | s Dr Lai PathLabs |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------------------------------------------------------|---------|-------|--------------------|
| LIPID SCREEN, SERUM (Spectrophotometry, Indirect ISE) | | | |
| Cholesterol, Total | 100.00 | mg/dL | <200.00 |
| Triglycerides | 64.61 | mg/dL | <150.00 |
| HDL Cholesterol | 39.10 | mg/dL | >40.00 |
| LDL Cholesterol, Calculated | 47.98 | mg/dL | <100.00 |
| VLDL Cholesterol, Calculated | 12.92 | mg/dL | <30.00 |
| Non-HDL Cholesterol | 61 | 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.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- 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
- 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
- 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
- 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
- 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2020





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Test Report

| est Name | Results | | Units | Bio. Ref. Interval | |
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| RISK | TREATMENT GOAL | | CONSIDER THERAPY | | |
| CATEGORY | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 | |
| Extreme Risk Group Category B | ≤30 | <u>≤</u> 60 | >30 | >60 | |
| Very High | <50 | <80 | ≥50 | ≥80 | |
| High | <70 | <100 | ≥70 | ≥100 | |
| Moderate | <100 | <130 | ≥100 | ≥130 | |
| Low | <100 | <130 | ≥130* | ≥160* | |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Sunta Saramarge

Dr. Sweta Sarawagi MBBS,MD(Pathology) Consultant Pathologist

-----End of report -----







| Name : | Mr. ASHOK KUMAR AGARWAL | | | De Lat PathLabs De Lat PathLabs De Lat PathLabs De Lat PathLabs De Lat PathLabs De Ast Deet Asts De Ast Deet Asts De Ast Deet Asts De Ast Deet Asts De Ast De Ast |
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Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
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| | IMPORTANT INSTRUCTION | <u>s</u> | |
| •Test results released pertain to the spec | imen submitted.•All test results are depende | ent on the quality of the | sample received by the Laboratory. |
| •Laboratory investigations are only a tool t | o facilitate in arriving at a diagnosis and sh | ould be clinically correlate | d by the Referring Physician .•Report |
| delivery may be delayed due to unforese | en circumstances. Inconvenience is regretted | Certain tests may req | uire further testing at additional cost |
| for derivation of exact value. Kindly | submit request within 72 hours post repo | orting.•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 p | hysical 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.

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