



LABORATORY REPORT

NAME : MR.BC0693	REFERRED BY : SELF	VISIT NO : VAMP26148173
AGE : 40Y 0M 0D	ZERO TARIFF CLIENT CODE	COLLECTED ON : 21-04-2026 10:00
GENDER : Male	LAB MR# : AAMP01479452	RECEIVED ON : 21-04-2026 19:51
OP / IP / DG # :		APPROVED ON : 22-04-2026 18:04
		REPORT STATUS : Final Report



Test Name	Result	Biological Ref. Interval	Unit
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Lipid Profile - Extended

BIOCHEMISTRY

Lipid Profile (Serum)

Cholesterol Total - Serum <i>Enzymatic colorimetric</i>	165.0	No risk: <200 Moderate risk: 200-239 High risk: >240	mg/dL
Triglycerides <i>Enzymatic colorimetry</i>	99.0	Normal: <150 Borderline-high: 150-199 High risk 200-499 Very high risk >500	mg/dL
Cholesterol - HDL (Direct) <i>Enzymatic colorimetric</i>	65.0	High Risk: <40 No Risk: >60	mg/dL
LDL Chol, Calculated	80.20	Optimal:<100 Near optimal:100 - 129 Borderline high:130-159 High risk:160 - 189	mg/dL
VLDL (Very Low Density Lipoprotein) <i>Calculation</i>	19.8	<30	mg/dL
Cho/HDL Ratio <i>Enzymatic colorimetric &amp; Calculation</i>	2.54	Normal:<4.0 Low risk:4.0-6.0 High risk:>6.0	
LDL/HDL Ratio	1.23	Desirable/Low Risk: 0.5 - 3.0 Borderline/Moderate: 3.1 - 6.0 High Risk: >6.0	

Apolipoprotein A1 (Apo-A1) (Serum)

Apolipoprotein A1 (Apo-A1) <i>Immunoturbidimetry</i>	165.00	110-205	mg/dL
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Interpretation:

Apolipoprotein A (ApoA) is the primary protein component of high-density lipoprotein (HDL).

ApoA is the nucleating protein around which HDL forms during reverse cholesterol transport.

Reduced ApoA confers an increased risk of coronary artery disease. Extremely low ApoA is suggestive of liver disease or a genetic disorder.

Increased ApoA concentrations are more strongly associated with a reduction in risk of myocardial infarction than HDL-C concentrations.

ApoA is often interpreted as a ratio with apolipoprotein B (ApoB).

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This is an electronically authenticated laboratory report.

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Sin No: 20385469



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Lipid Profile - Extended

Apolipoprotein B (Apo-B) (Serum)

Apolipoprotein B (Apo-B) <i>Immunoturbidimetry</i>	99.00	55-140	mg/dL
Apolipoprotein B/Apolipoprotein A1 Ratio	0.60	Low risk: 0.40-0.69 Moderate risk: 0.70-0.89 High risk: 0.90-1.10	

Interpretation:

Apolipoprotein B (ApoB) is the primary protein component of low-density lipoprotein (LDL). ApoB is present in all atherogenic lipoproteins including LDL, Lp(a), intermediate-density lipoprotein (IDL), and very low-density lipoprotein (VLDL) remnants. Elevated (ApoB) confers increased risk of atherosclerotic cardiovascular disease, even in a context of acceptable LDL cholesterol concentrations.

Extremely low values of ApoB are related to malabsorption of food lipids and can lead to polyneuropathy

Interpretation of ApoB/ApoA Ratio:

Apolipoprotein B (ApoB) is the primary protein component of low-density lipoprotein (LDL). Apolipoprotein A (ApoA) is the primary protein component of high-density lipoprotein (HDL). Elevated ApoB and decreased ApoA are associated with increased risk of cardiovascular disease. Elevated ApoB confers increased risk of atherosclerotic cardiovascular disease, even in a context of acceptable LDL cholesterol concentrations.

Extremely low values of ApoB are related to malabsorption of food lipids and can lead to polyneuropathy.

Reduced apolipoprotein A (ApoA) confers an increased risk of coronary artery disease. Extremely low ApoA is suggestive of liver disease or a genetic disorder.

Elevated ApoB:ApoA ratio confers increased risk of atherosclerotic cardiovascular disease, independently of LDL and HDL cholesterol concentrations.

Lipoprotein a (Lp-a) (Serum)

Lipoprotein a (Lp-a) <i>Immunoturbidimetry</i>	36.00	< 75	nmol/L
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Lipid Profile - Extended

*Sanjeeta*

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Disclaimer:

1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

