

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery, AL 36117
(334) 244-3281

Laboratory Results**Patient Name:** SCOTT PARSONS**Order Date:** 06/21/2024**MRN:** 1145**DOB:** 02/05/1973**Phone:** (334) 740-9584**Gender:** MALE**Placer Order ID:** 01013505**Physician:** BARTON**Filler Order ID:** AL375133N**Physician ID:** 1215285879**Specimen Date:** 06/21/2024 9:27 AM**Fasting:****Result Date:** 06/22/2024 5:27 AM**Disposition:****Specimen Source:** SOURCE, UNSPECIFIED**LIPID PANEL 7600 STATUS: FINAL**

<u>Test Name</u>	<u>Abnormal</u>	<u>Result Value</u>	<u>Unit of Measure</u>	<u>Ref Range</u>	<u>Status</u>	<u>Producer ID</u>
CHOLESTEROL, TOTAL	H	323	mg/dL	<200	F	AT
HDL CHOLESTEROL		42	mg/dL	> OR = 40	F	AT
TRIGLYCERIDES	H	163	mg/dL	<150	F	AT
LDL-CHOLESTEROL	H	248	mg/dL (calc)		F	AT

LDL-C levels > or = 190 mg/dL may indicate familial hypercholesterolemia (FH). Clinical assessment and measurement of blood lipid levels should be considered for all first degree relatives of patients with an FH diagnosis. LDL Cholesterol (LDL-C) levels > or = 300 mg/dL may indicate homozygous familial hypercholesterolemia (HoFH). Untreated, these extremely high LDL-C levels can result in premature CV events and mortality. Patients should be identified early and provided appropriate interventions to reduce the cumulative LDL-C burden from birth.

For questions about testing for familial hypercholesterolemia, please call Quest Genomics Client Services at 1.866.GENE.INFO.

Jacobson T, et al. J National Lipid Association Recommendations for Patient-Centered Management of Dyslipidemia: Part 1 Journal of Clinical Lipidology 2015;9(2), 129-169.
Cuchel, M. et al. (2014). Homozygous familial hypercholesterolaemia: new insights and guidance for clinicians to improve detection and clinical management. European Heart Journal, 35(32), 2146-2157.

Reference range: <100

Desirable range <100 mg/dL for primary prevention;
<70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C.

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Martin SS et al. JAMA. 2013;310(19): 2061-2068

(http://education.QuestDiagnostics.com/faq/FAQ164)

CHOL/HDL-C RATIO	H	7.7	(calc)	<5.0	F	AT
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NON HDL CHOLESTEROL	H	281	mg/dL (calc)	<130	F	AT
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Non-HDL level > or = 220 is very high and may indicate genetic familial hypercholesterolemia (FH). Clinical assessment and measurement of blood lipid levels should be considered for all first-degree relatives of patients with an FH diagnosis.

For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.

Lab

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Comments:**Confidential**