SUTTON, CRAIG
LOT 4 PAYNE ST, CLONCURRY. 4824
Phone: 0422457289
Birthdate: 13/07/1961 **Sex:** M **Medicare Number:** 4062280192
Your Reference: **Lab Reference:** 533758428-C-C847
Laboratory: Sullivan Nicolaides Pathology eOrder
Addressee: DR CAMERON T HOARE **Referred by:** DR CAMERON T HOARE

Name of Test: S-_LIPID PROFILE
Requested: 11/10/2024 **Collected:** 19/11/2024 **Reported:** 20/11/2024 05:21

Clinical notes: yearly bloods on pradexa

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Lipid Profile

				Latest Results		
Date	30-Oct-07	02-Jun-22	23-May-23	**19-Nov-24**		
Time F-Fast	Unkn	0941 F	0849 F	**0819 F**		
Lab Id.	568727740	666444198	682127102	**533758428**	Reference	Units
Cholesterol	4.7	6.4 H	5.8 H	5.4	(<5.6)	mmol/L
Triglyceride	1.1	1.1	0.8	0.8	(<2.1)	mmol/L
HDL	1.4	1.25	1.52	1.51	(>0.89)	mmol/L
LDL	2.8	4.6 H	3.9	3.6	(<4.1)	mmol/L
Chol/HDL Ratio	3.4	5.1 H	3.8	3.6	(<4.6)	
Non HDLC		5.15 H	4.28 H	3.89 H	(<3.81)	mmol/L

Comments on Collection 19-Nov-24 0819 F:
HDL-Cholesterol
LDL is now calculated by the Sampson equation which allows an accurate result at higher triglyceride levels.
The National Vascular Disease Prevention Alliance (NVDPA) guidelines recommend a target level of less than 2.5 mmol/L for non-HDLC.
TARGET LEVELS:
The National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:

Total Cholesterol	<4.0	mmol/L
HDL-Cholesterol	>=1.00	mmol/L
Fasting Triglycerides	<2.0	mmol/L
Non-HDL Cholesterol	<2.5	mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

CA

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Tests Completed: HDL-Cholesterol,E/LFT,PSA,FBE
Tests Pending : Occult Blood 1,Occult Blood 2,Occult Blood 3
Sample Pending :