

## Interpretation results

Date: **01.06.2026**

User: **Female, 58 y.o.**



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### Test type

Fasting lipid panel + Vitamin D, 25-OH

### Summary table of results

Marker	Result	Reference from the form	Status
Total cholesterol	192 mg/dL	< 200 mg/dL	<b>NORMAL</b>
LDL cholesterol, Friedewald	121 mg/dL	< 100 mg/dL optimal	<b>HIGH</b>
HDL cholesterol	53 mg/dL	> 50 mg/dL for women	<b>NORMAL</b>
Non-HDL cholesterol	140 mg/dL	< 130 mg/dL	<b>HIGH</b>
Triglycerides	94 mg/dL	< 150 mg/dL	<b>NORMAL</b>
Vitamin D, 25-OH	39 ng/mL	30–100 ng/mL	<b>NORMAL</b>

### Interpretation of deviations

#### LDL cholesterol — 121 mg/dL

- **Clinical meaning:** LDL is above the “optimal” range listed on the form. In a post-menopausal woman, this may contribute to increased long-term cardiovascular risk, even without chest symptoms.
- **Possible causes:** Age/post-menopausal metabolic changes, diet **high** in saturated fats, genetic tendency, lower physical activity, weight gain, hypothyroidism, diabetes/insulin resistance, kidney disease, or certain medications.

#### Non-HDL cholesterol — 140 mg/dL

- **Clinical meaning:** Non-HDL cholesterol includes LDL and other atherogenic cholesterol particles. It is above the form’s reference target and can be a useful cardiovascular-risk

marker, especially in risk assessment.

- **Possible causes:** Similar to LDL elevation; may reflect increased atherogenic lipoprotein burden despite **normal** triglycerides.

### Combined assessment

- The lipid panel shows **mild atherogenic cholesterol elevation:** LDL and non-HDL cholesterol are above the target values on the form.
- Total cholesterol, HDL, and triglycerides are within the listed reference ranges.
- Vitamin D level is adequate by the laboratory reference range.
- Because this is a routine cardiovascular-risk assessment in a 58-year-old post-menopausal woman, the key next step is not only looking at LDL alone, but calculating overall **10-year ASCVD cardiovascular risk**, using blood pressure, smoking status, diabetes status, cholesterol values, and treatment history.

### Recommended additional tests

- **HbA1c and fasting glucose** — to assess diabetes or prediabetes, which strongly affects cardiovascular-risk category.
- **Blood pressure assessment** — needed for formal 10-year ASCVD risk calculation.
- **TSH** — to rule out hypothyroidism as a contributor to **elevated** LDL.
- **Apolipoprotein B, ApoB** — optional but useful to better quantify atherogenic particle burden.
- **Lipoprotein(a), Lp(a)** — recommended at least once in adulthood, especially for cardiovascular-risk refinement.
- **Comprehensive metabolic panel** — kidney/liver status, useful before considering lipid-lowering medication.
- **Urine albumin-to-creatinine ratio** — if hypertension, diabetes, kidney-risk factors, or for broader cardiovascular-risk evaluation.

### Which doctor to consult

- **Primary care physician / internist** — to calculate cardiovascular risk and decide whether lifestyle measures alone are sufficient or whether medication should be considered.
- **Cardiologist** — if calculated risk is intermediate/**high**, there is strong family history of premature cardiovascular disease, **high** Lp(a), diabetes, hypertension, or other risk-enhancing factors.

## General recommendations

- Follow a heart-healthy eating pattern: Mediterranean-style diet, more vegetables, legumes, whole grains, nuts, fish; reduce saturated fats, processed meats, butter, **high**-fat dairy, and trans fats.
- Aim for regular physical activity: at least **150 minutes/week** of moderate aerobic exercise plus resistance training 2 days/week, if medically appropriate.
- Maintain healthy body weight and waist circumference.
- Avoid smoking and minimize alcohol intake.
- Recheck lipid panel after lifestyle changes, commonly in **3 months**, or as advised by the physician.
- Discuss with a clinician whether LDL 121 mg/dL and non-HDL 140 mg/dL warrant statin therapy based on overall ASCVD risk, not this lab result alone.

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**Important:** This decoding is preliminary. Reference values are taken from your form. Consult a physician for diagnosis.

### Important notice

This interpretation is for informational purposes only and is not medical advice, a diagnosis, or a treatment recommendation. Test results must be reviewed by a qualified physician taking into account your medical history and clinical picture.