

Understanding Your Cholesterol Numbers

Your results need context.

You have your lab report. Now what? Start by understanding what each number measures, then ask how it fits with your health history. A result inside the lab range is not always the right treatment goal for you.

01 / Start with your lipid panel

TEST	WHAT IT CAN TELL YOU
LDL-C	Measures the cholesterol carried in LDL particles. These particles can contribute to plaque in arteries. LDL-C is a major focus of treatment to reduce heart attack and stroke risk.
HDL-C	Measures cholesterol carried in HDL particles. It is part of the risk picture, but a high HDL-C does not cancel out elevated LDL-C or other risk factors. Raising HDL-C alone is generally not a treatment goal.
Triglycerides	A type of blood fat used for energy storage. Levels can be influenced by meals, alcohol, blood sugar, medications, and other conditions. Fasting status matters when interpreting the result.
Total cholesterol	Combines cholesterol carried in several types of particles. It provides a broad overview, but does not tell you enough on its own to judge cardiovascular risk.
Non-HDL-C	Total cholesterol minus HDL-C. It captures cholesterol carried in the particles that can contribute to plaque, including LDL and triglyceride-rich particles. Your clinician may track it alongside LDL-C.

A quick example

If total cholesterol is 220 mg/dL and HDL-C is 70 mg/dL, non-HDL-C is 150 mg/dL. The HDL number alone does not tell you whether your prevention plan is sufficient.

Triglycerides: know the context

Fasting triglycerides below 150 mg/dL are generally considered normal. Elevation begins at 150 mg/dL fasting or 175 mg/dL nonfasting. A result of 500 mg/dL or higher warrants prompt discussion with your clinician because pancreatitis risk becomes a concern, especially at 1,000 mg/dL or higher.

Ask whether you should fast before testing. Do not assume every lipid panel requires fasting.

Two additional numbers to know

02 / ApoB and lipoprotein(a)

TEST	WHAT IT CAN TELL YOU
ApoB	Reflects the number of particles that can contribute to plaque, rather than just the cholesterol they carry. It can reveal risk that LDL-C alone underestimates, particularly with high triglycerides, diabetes, or certain metabolic conditions. Testing is selective; ask whether it would change your plan.
Lp(a)	A largely inherited cardiovascular risk factor that is not included in a standard lipid panel. Current guidance recommends measuring it at least once in adulthood. A level of 125 nmol/L or higher, or 50 mg/dL or higher, is a risk-enhancing factor. These are thresholds in different units, not a conversion formula.

Always record the units

Lp(a) may be reported in nmol/L or mg/dL. Do not compare results across units or use a fixed conversion. Elevated Lp(a) is a reason to discuss a more focused prevention plan, including LDL-C lowering and management of other risk factors.

03 / What should your LDL-C goal be?

Your goal depends on your overall risk and whether you already have atherosclerotic cardiovascular disease (ASCVD), such as a heart attack, atherosclerotic stroke, or peripheral artery disease. These examples reflect 2026 guideline goals; they are not a way to assign your own risk category.

LDL-C GOAL	WHO IT MAY APPLY TO
Below 100 mg/dL	For primary prevention in adults at borderline or intermediate risk, when lipid-lowering treatment is indicated.
Below 70 mg/dL	For primary prevention in adults at high risk; also for some people with established ASCVD who are not at very high risk.
Below 55 mg/dL	For people with established ASCVD who are at very high risk of another event.

Ask about ApoB and non-HDL-C goals too. These also depend on risk; a single universal target would oversimplify your care.

Your history belongs in this conversation

Share your family history of early cardiovascular disease, pregnancy complications such as preeclampsia or gestational diabetes, and menopause history. Blood pressure, smoking, diabetes, kidney health, and other conditions also help shape your prevention plan.

My numbers. My next steps.

Use this worksheet with your healthcare team. Record the date, units, and whether you were taking cholesterol medication when tested. Leave the goal blank when a treatment target does not apply.

Test date: _____ Fasting? Yes / No / Unsure

Current cholesterol medication(s): _____

MEASURE	MY RESULT + UNITS	MY AGREED GOAL
LDL-C	_____	_____
Non-HDL-C	_____	_____
HDL-C	_____	_____
Triglycerides	_____	_____
Total cholesterol	_____	_____
ApoB (if tested)	_____	_____
Lp(a) (if tested)	_____	_____

Questions worth asking

1. What is my cardiovascular risk, and what LDL-C goal fits that risk?
2. Have I had Lp(a) checked? Would ApoB testing add useful information?
3. Do my pregnancy, menopause, or family histories change our plan?
4. Which lifestyle changes and treatment options would help me most?
5. When should we repeat testing, and how will we judge progress?

My plan

The change we agreed on: _____

Repeat labs / follow-up date: _____

Questions I still have: _____

Sources & review

AHA/ACC Dyslipidemia Guideline (2026); 2026 LDL-C goal summary; AHA cholesterol & lipids guide; ACC triglyceride consensus (2021); MedlinePlus HDL; AHA non-HDL explainer; AHA women-specific risk. Reviewed October 3, 2026.

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