NutriPATH
Integrative Pathology Services
P: 1300 688 522
E: info@nutripath.com.au
A: PO Box 442 Ashburton VIC 3142

TEST PATIENT
Sample Test Name
Sex : F
Date Collected : 00-00-0000
111 TEST ROAD TEST SUBURB
LAB ID: 00000000 UR#:0000000

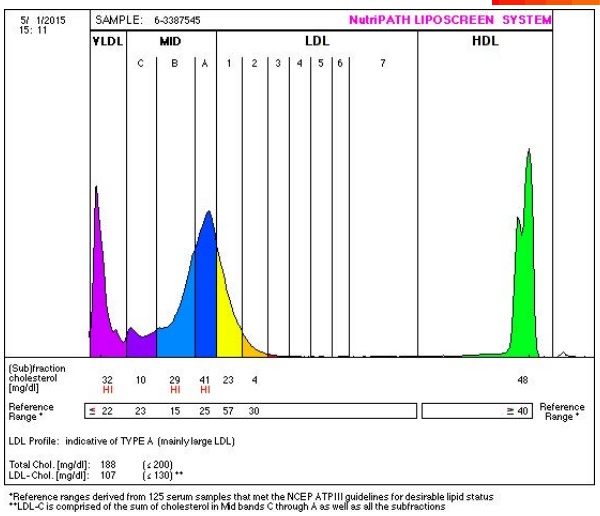
TEST PHYSICIAN
DR JOHN DOE
111 CLINIC STREET
CLINIC SUBURB VIC 3000

HAEMATOLOGY

BLOOD - CITRAT	Result	Range	Units
FIBRINOGEN	**2.4**	2.0 - 4.5	g/L

BIOCHEMISTRY

BLOOD - SERUM	Result	Range	Units
CHOLESTEROL	**4.9**	0.0 - 5.5	mmol/L
TRIGLYCERIDES	**0.6**	0.2 - 1.5	mmol/L
HDL(Protective)	**1.5**	> 1.0	mmol/L
LDL(Atherogenic)	**3.0**	0.5 - 3.5	mmol/L
LDL/HDL RATIO (Risk Factor)	**2.0**	0.0 - 3.6	
Lipoprotein (a)	***216*** ***H**	0.0 - 75.0	nmol/L
Apolipoprotein B	**0.81**	0.60 - 1.40	g/L
Apolipoprotein A-1	**1.44**	1.10 - 1.80	g/L
RATIO (APO B / APO A-1)	**0.56**	0.45 - 1.25	
HOMOCYSTEINE	**9.0**	5.0 - 12.0	umol/L
C-REACTIVE PROTEIN	**<1.0**	0.0 - 5.0	mg/L
LIPOSCREEN LDL Subfractions2			
Very Low Density Lipoprotein (VLDL)	***0.8*** ***H**	0.1 - 0.6	mmol/L
Intermediate Density Lipoprotein (IDL-1)	**0.3**	0.1 - 0.6	mmol/L
Intermediate Density Lipoprotein (IDL-2)	***0.7*** ***H**	0.1 - 0.4	mmol/L
Intermediate Density Lipoprotein (IDL-3)	***1.1*** ***H**	0.1 - 0.6	mmol/L
Low Density Lipoprotein (LDL-1)	**0.6**	0.1 - 1.5	mmol/L
Low Density Lipoprotein (LDL-2)	**0.1**	0.1 - 0.8	mmol/L
Low Density Lipoprotein (LDL-3)	***0.0*** ***L**	0.1 - 0.2	mmol/L
Low Density Lipoprotein (LDL-4)	**0.00**	0.00 - 0.01	mmol/L
Low Density Lipoprotein (LDL-5)	**0.00**	0.00 - 0.01	mmol/L
Low Density Lipoprotein (LDL-6)	**0.00**	0.00 - 0.01	mmol/L
Low Density Lipoprotein (LDL-7)	**0.00**	0.00 - 0.01	mmol/L
LDL Phenotype Pattern	Type A		
Mean Particle Size	**275.0**	> 268.0	Angstrom



(*) Result outside normal reference range (H) Result is above upper limit of reference rang (L) Result is below lower limit of reference range

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LIPOSCREEN Comments

RESULT INTERPRETATION
The Liposcreen LDL Subractions test provides a superior indicator for Coronary Artery Disease (CAD) risk than other conventionally available lipid profiles.
Many individuals with normal LDL and HDL cholesterol levels remain at risk from CAD as these conventional tests do not convey the detail of the CAD risk.
Liposcreen additionally quantifies the different subfractions.

Liposcreen clearly identifies a patient's LDL phenotype profile;

This patient has a profile indicative of Type A, which is deemed normal.

Type A	**Deemed a normal profile.** **Predominance of large/buoyant (less atherogenic) LDL subclasses (LDL 1 and 2).** **Mean Particle Size of > 263 Angstrom (A).** **Elevated Cholesterol, Normal Triglycerides, Elevated Apo B**
Type B	**Deemed an ABNORMAL profile.** **Predominance of small/dense (more atherogenic) LDL subclasses (LDL3, 4, 5, 6, 7).** **Mean Particle Size of < 258 Angstrom (A).** **Raised Cholesterol, Raised Triglycerides, Raised VLDL, Low HDLC** **This profile is the designated atherogenic lipoprotein phenotype, consistent with an increased risk of CAD. It is also** **It is also characteristically prevalent in insulin-resistant states such as Metabolic Syndrome and Type 2 Diabetes mellitus.**

Follow up Liposcreen testing, for this patient, is recommended in 12 months.

Lipid Profile Comment

LIPOPROTEIN(a) ELEVATED:
Consists of an LDL bound to Apolipoprotein component. Causes atherothrombogenesis and strongly associated with peripheral and coronary events.

Consider the following possible causes:
Genetic predisposition, Excessive intake of partially hydrogenated oils/fats, low-fibre, low vegetable-based diet, Hypothyroidism, Post-Menopausal elevation, Diabetes, particularly with central obesity, Chronic renal insufficiency, Simvistatin Therapy, Compounded likelihood of CVD if also high LDL and/or total Cholesterol.

Consider the following actions:
Aerobic Exercise, Dietary modification, 1 g TID Niacin OR inositol hexaniacinate (non-flush if availalable), CoQ10, L-lysine, proline, HRT if indicated, Magnesium, Coronary vasodilator therapy - as elevated Lp(a) may impair normal vasodilation mechanisms.
Vitamin C, L-Lysine and Vitamin E are also beneficial.

Increased HDL levels appear to reduce the threat posed by high levels of Lp(a).

Lp(a) COMMENT:
For Lp(a) levels > 0.30 g/L the relative risk of MI is 1.75 compared to patients with Lp(a) below this level. Lp(a) is an acute phase reactant and the level is elevated in acute illness.

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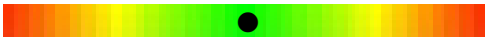
BIOCHEMISTRY

BLOOD - FL. OXA	Result	Range	Units
GLUCOSE (FASTING)	**4.8**	3.5 - 6.0	mmol/L



Tests ordered: FIB,FGLU,CVP,IMPEI,CFee,LIPOSCRN2