

P: 1300 688 522 E: info@nutripath.com.au

Dr.SAMPLE REPORT TEST HEALTH CENTRE 123 TEST STREET BURWOOD VIC 3125

## SAMPLE REPORT 09-May-1990 Female

16 HARKER STREET BURWOOD VIC 3125

LAB ID : 3814171 UR NO. : Collection Date : 09-May-2022 Received Date:09-May-2022



HAEMATOLOGY				
BLOOD - CITRAT	Result	Range	Units	
FIBRINOGEN	3.0	2.0 - 4.5	g/L	
HAEMATOLOGY COMMENTS	Fibrinogen	test performed	d by accredited	d laboratory NATA: 2133
BIOCHEMISTRY				
BLOOD - SERUM	Result	Range	Units	
CHOLESTEROL	<i>5.8</i> *H	0.0 - 5.5	mmol/L	
TRIGLYCERIDES	1.4	0.2 - 1.5	mmol/L	
HDL(Protective)	1.0 *L	> 1.2	mmol/L	
LDL(Atherogenic)	<i>4.2</i> *H	0.5 - 3.5	mmol/L	
LDL/HDL RATIO (Risk Factor)	<i>4.2</i> *H	0.0 - 3.2		
Lipoprotein (a)	63.0	0.0 - 75.0	nmol/L	
Apolipoprotein B	<i>1.46</i> **H	0.60 - 1.30	g/L	
Apolipoprotein A-1	1.54	1.10 - 2.05	g/L	
RATIO (APO B / APO A-1)	0.95	0.35 - 1.15		
HIGH SEN CRP	>5.00	0.00 - 5.00	mg/L	

(\*) Result outside normal reference range

(\*\*) Result is critically abnormal

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



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CHOLESTEROL COMMENT: For secondary prevention, total cholesterol Treatment Target is <4.0 mmol/L Triglycerides Treatment Target <2.0 mmol/L HDL Treatment Target Value >1.0 mmol/L

LDL-CHOLESTEROL COMMENT:

As there is an elevated LDL level, we suggest a Liposcreen (LDL Subfractions) Test to determine the presence of small, dense (highly atherogenic) LDLs which are a primary cause of Coronary Artery Disease (CAD). The LDL subtypes are not detectable through conventional Lipid Profiles.

APOLIPOPROTEIN B ELEVATED:

Apolipoprotein B levels increase during pregnancy, hypercholesteremia, LDL receptor defect, bile obstruction, hyperlipemia type II, and nephrotic syndrome.

Suspect: Elevated LDL, Hyperlipoproteinemia type 2a or 2b, Hyper-beta-lipoproteinemia, Arterial Stenosis (High Apo B can be associated with carotid or coronary stenosis). Further testing: Liposcreen LDL subfractions, Lipoprotein-a, Oxidised LDL.

Consider the following actions: Treat as for elevated Cholesterol and Triglycerides, 1 g TID Niacin OR inositol hexaniacinate (non-flush if availalable), use Psyllium and other water soluble fibres, vegetable-based diet including soy products, Zinc supplementation and Anti-oxidants.

**GLUCOSE (FASTING)** 

6.1 \*H 3.5 - 5.6

mmol/L

## Glucose Comment

ELEVATED FASTING GLUCOSE LEVEL indicates the patient has impaired fasting glucose. Please note that an elevated fasting glucose can also be due to inadequate fasting or stress hyperglycemia from acute illness at the time of sampling. In high risk patients who are not known to be diabetic, an Oral Glucose Tolerance Test might be useful.

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

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(\*\*) Result is critically abnormal

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**Final Report** 

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