NutriPATH
INTEGRATIVE PATHOLOGY SERVICES
P: 1300 688 522
E: info@nutripath.com.au

SAMPLE REPORT
09-May-1990 Female

16 HARKER STREET
BURWOOD VIC 3125

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

LAB ID : 3814173
UR NO. :
Collection Date : 09-May-2022
Received Date:09-May-2022

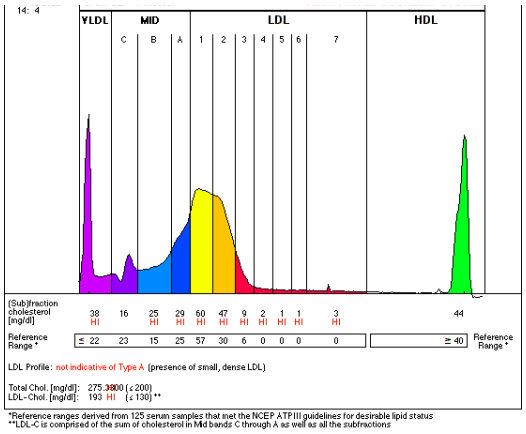
3814173

HAEMATOLOGY

BLOOD - CITRAT	Result	Range	Units
FIBRINOGEN	3.4	2.0 - 4.5	g/L
HAEMATOLOGY COMMENTS	Fibrinogen test performed by accredited laboratory NATA: 2133		

BIOCHEMISTRY

BLOOD - SERUM	Result	Range	Units
CHOLESTEROL	5.8 *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)	4.2 *H	0.5 - 3.5	mmol/L
LDL/HDL RATIO (Risk Factor)	4.2 *H	0.0 - 3.2	
Lipoprotein (a)	63.0	0.0 - 75.0	nmol/L
Apolipoprotein B	1.46 **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
LIPOSCREEN LDL Subfractions2			
Very Low Density Lipoprotein (VLDL)	0.8 *H	0.1 - 0.6	mmol/L
Intermediate Density Lipoprotein (IDL-1)	0.4	0.1 - 0.6	mmol/L
Intermediate Density Lipoprotein (IDL-2)	0.3	0.1 - 0.4	mmol/L
Intermediate Density Lipoprotein (IDL-3)	0.7 *H	0.1 - 0.6	mmol/L
Low Density Lipoprotein (LDL-1)	1.51 *H	0.10 - 1.50	mmol/L
Low Density Lipoprotein (LDL-2)	0.77	0.10 - 0.80	mmol/L
Low Density Lipoprotein (LDL-3)	0.05	0.00 - 0.20	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- Normal		
Mean Particle Size	271.0	> 268.0	Angstrom



Note: This graph is a sample only

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

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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.

However, please note the presence of small dense LDLs (LDL3).

Of note is the elevated VLDL and IDL Mid A bands, which when elevated are also deemed highly atherogenic.

Elevations of IDL3 can be attributable to raised Lipoprotein (a) levels.

Lipoprotein Pattern Characteristics:
(Patient may have some or all of these present)

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.

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Lipid Profile Comment

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)	***5.8* *H**	3.5 - 5.6	mmol/L

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General Chemistry Comment

ELEVATED HOMOCYSTEINE LEVEL:
May be due to high protein/Paleo diet. High methionine foods can falsely elevate Homocysteine. Also consider B12 deficiency, renal failure or medication such as Metformin.
Also possible SNPs in CBS, MTHFR, MTR, MTRR genes.
Consider reducing methionine intake, TMG (trimethylglycine) up to 6g daily plus NAC (N-acetylcysteine 600mg twice daily), along with B6 and B12.
Improve renal function. If due to prescription medications, consider changing medication or reducing dose where possible.

Homocysteine is elevated in B12, B6 and folate deficiency as well as renal impairment.
A fasting specimen is required as homocysteine is affected by diet.

In the Methylation process, Homocysteine levels may be lowered by one of the following;
1. Conversion to Methionine to SAMe (via TMG or methylB12)
2. Conversion to Cystathionine to Glutathione (via Vit B6)
3. Conversion to Tetrhydrofolate to 5MTHF (via VitB2, VitB6)

HOMOCYSTEINE	***16.0* *H**	5.0 - 12.0	umol/L

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

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