



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

## TEST PATIENT

GUa d'Y'HYghBUa Y  
Sex : :  
DUHY Collected : 00-00-0000  
111 H9GH'ROAD TEST SUBURB  
@AB =8: 00000000 UR#:0000000

## TEST PHYSICIAN

DR JOHN DOE  
111 CLINIC STF 99H  
7@B=7'GI 6I F 6'J =7'' \$\$\$

## HAEMATOTOLOGY

BLOOD - CITRAT

FIBRINOGEN

Result	Range	Units
3.1	2.0 - 4.5	g/L



## BIOCHEMISTRY

BLOOD - SERUM

CHOLESTEROL

Result	Range	Units
6.6 *H	0.0 - 5.5	mmol/L



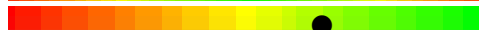
TRIGLYCERIDES

Result	Range	Units
1.5	0.2 - 1.5	mmol/L



HDL(Protective)

Result	Range	Units
1.6	> 1.2	mmol/L



LDL(Atherogenic)

Result	Range	Units
4.4 *H	0.5 - 3.5	mmol/L



LDL/HDL RATIO (Risk Factor)

Result	Range	Units
2.8	0.0 - 3.2	



Lipoprotein (a)

Result	Range	Units
273 *H	0.0 - 75.0	nmol/L



Apolipoprotein B

Result	Range	Units
1.32 **H	0.50 - 1.30	g/L



Apolipoprotein A-1

Result	Range	Units
1.70	1.10 - 2.05	g/L



RATIO (APO B / APO A-1)

Result	Range	Units
0.78	0.35 - 1.15	



HOMOCYSTEINE

Result	Range	Units
11.0	5.0 - 12.0	umol/L



HIGH SEN CRP

Result	Range	Units
0.90	0.00 - 10.00	mg/L



(\*) Result outside normal reference range

(H) Result is above upper limit of reference rang

(\*\*) Result is critically abnormal



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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 Subtractions) 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.

##### 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, Simvastatin 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 available), 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.

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



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#### General Chemistry Comment

##### ELEVATED HOMOCYSTEINE LEVEL:

Hyperhomocysteinemia is a risk factor for arterial and venous thrombosis.

Highest 25th percentile of Homocysteine levels showed 3 fold greater MI risk than the lowest 25th percentile.

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 Tetrahydrofolate to 5MTHF (via VitB2, VitB6)

GLUCOSE (FASTING)

5.3 3.5 - 6.0

mmol/L

