

Sample results. Actual results may vary

PATIENT INFORMATION

REPORT STATUS: FINAL

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SPECIMEN INFORMATION

SPECIMEN:

REQUISITION:

LAB REF NO:

DOB:

AGE:

GENDER:

FASTING:

Clinical Info:

COLLECTED:

RECEIVED:

REPORTED:

Test Name	Result	Flag	Reference Range	Lab
CARDIO IQ(R) LIPID PANEL				
CHOLESTEROL, TOTAL	175		125-200 mg/dL	02
Adult Reference Ranges for Cholesterol, Total:*				
> or = 20 Years: 125-200 mg/dL				
<200 (Desirable)				
200-239 (Borderline)				
≥240 (Higher Risk)				
References:				
** An executive summary of the NCEP guidelines, the "Third Report of the NCEP Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults." Journal of the American Medical Association. May 16, 2001.				
HDL CHOLESTEROL	105		> OR = 40 mg/dL	02
TRIGLYCERIDES	44		mg/dL	02
Adult Reference Ranges for Triglycerides**:				
<150 mg/dL (Normal)				
150-199 mg/dL (Borderline High)				
200-499 mg/dL (High)				
≥500 mg/dL (Very High)				
References:				
** An executive summary of the NCEP guidelines, the "Third Report of the NCEP Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults." Journal of the American Medical Association. May 16, 2001.				
LDL-CHOLESTEROL	61		mg/dL	02
Reference Range:				
<130 (DESIRABLE)				
130-159 (BORDERLINE)				
≥160 (HIGH)				
Desirable Range <100 mg/dL for patients with CHD or Diabetes and <70 mg/dL for Diabetic patients with known heart disease.				
CHOL/HDL-C RATIO	1.7		< OR = 5.0 calc	02
NON HDL CHOLESTEROL	70		mg/dL	02
Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target				
LP PLA2 (PLAC[R])				
LP PLA2 (PLAC[R])	169		81-259 ng/mL	02
Risk: Optimal < 200 ng/mL; Moderate 200-235 ng/mL; High > 235 ng/mL Cardiovascular event risk category cut points (optimal, moderate, high) are based on Lanman et al. Prev Cardiol. 2006;9:138				

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OMEGA 3 AND 6 FATTY ACIDS, PLASMA

OMEGA 3 (EPA+DHA) INDEX	9.8	HIGH	0.5-6.4 %	02
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Risk: Optimal > 3.3%; Moderate 1.1-3.3%; High < 1.1%

Cardiovascular event risk category cut points for Omega3 index (optimal, moderate, high) are based on quantities of adult U.S reference population. Association between Omega3 index and cardiovascular events is based on Albert et al. NEJM. 2002;346:1113.

RISK	Low			02
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The Omega-3 Index is associated with a low risk of cardiovascular disease because it is in the top population quartile. The Omega-3 Index categories are based on the top (75th percentile) and bottom (25th percentile) quartiles of the reference population. Consumption of foods high in omega-3 fatty acids (EPA and DHA) or supplements containing omega-3 fatty acids can increase the Omega-3 Index.

Index <1.1: High
 Index 1.1-3.3: Moderate
 Index >3.3: Low

OMEGA 6/OMEGA 3 RATIO	2.7		1.3-12.0	02
ARACHIDONIC ACID/EPA RATIO	0.4		0.2-7.0	02
ARACHIDONIC ACID	1.1		0.3-2.3 %	02
EPA	2.6	HIGH	<2.3 %	02
DHA	7.2	HIGH	0.4-3.0 %	02

HS CRP

HS CRP	0.2		mg/L	01
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Lower relative cardiovascular risk according to AHA/CDC guidelines.

For ages >17 Years:

hs-CRP mg/L	Risk According to AHA/CDC Guidelines
<1.0	Lower relative cardiovascular risk.
1.0-3.0	Average relative cardiovascular risk.
3.1-10.0	Higher relative cardiovascular risk. Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation.
>10.0	Persistent elevation, upon retesting, may be associated with infection and inflammation.

LIPOPROTEIN FRACTIONATION ION MOBILITY

LDL PARTICLE NUMBER	791	LOW	1016-2185 nmol/L	02
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Risk: Optimal <1260; Moderate 1260-1538; High >1538

LDL SMALL	124		123-441 nmol/L	02
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Risk: Optimal <162; Moderate 162-217; High >217

LDL MEDIUM	133	LOW	167-465 nmol/L	02
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Risk: Optimal <201; Moderate 201-271; High >271

HDL LARGE	7403		4334-10815 nmol/L	02
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Risk: Optimal >9386; Moderate 9386-6996; High <6996

LDL PATTERN	A		A Pattern	02
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Risk: Optimal Pattern A; High Pattern B

LDL PEAK SIZE	221.9		> OR = 218.2 Angstrom	02
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Risk: Optimal >222.5; Moderate 222.5-218.2; High <218.2

Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on adult U.S. reference population. Association between lipoprotein subfractions and cardiovascular events is based on Musunuru et al. *ATVB*. 2009;29:1975.

CARDIO IQ(R) APOLIPOPROTEIN B

APOLIPOPROTEIN B	54		52-109 mg/dL	02
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Risk: Optimal < 80 mg/dL; Moderate 80-119 mg/dL; High > or = 120 mg/dL Cardiovascular event risk category cut points (optimal, moderate, high) are based on National Lipid Association recommendations - Davidson et al. *J Clin Lipidol*. 2011;5:338

CARDIO IQ(R) LIPOPROTEIN (a)

LIPOPROTEIN (a)	150	HIGH	<75 nmol/L	02
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Risk: Optimal < 75 nmol/L; Moderate 75-125 nmol/L; High > 125 nmol/L Cardiovascular event risk category cut points (optimal, moderate, high) are based on Marcovina et al. *Clin Chem*. 2003;49:1785 and Nordestgaard et al. *European Heart J*. 2010;31:2844 (results of meta-analysis and expert panel recommendations).

HOMOCYSTEINE

HOMOCYSTEINE	9.7		<11.4 umol/L	01
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Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide.

B TYPE NATRIURETIC PEPTIDE (BNP)

B TYPE NATRIURETIC PEPTIDE (BNP)	<4		<100 pg/mL	01
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BNP levels increase with age in the general population with the highest values seen in individuals greater than 75 years of age. Reference: *J. Am. Coll. Cardiol*. 2002; 40:976-982.