

Final Report
OrderNumber0063359 - date of receipt 03.11.2014

PatientsName	Date of Birth	Gender
Sample Report	11.07.1968	male

Test	Result		Unit	Reference Value
CLINICAL/Anamnestic data				
Anamnesis	none			
Fat Metabolism (SI units)				
Cholesterol	7.37	+	mmol/l	< 5.17
Triglycerides	1.02		mmol/l	< 1.7
LIPOSCAN (SI units)				
HDL	1.27		mmol/l	> 1.03
LDL	5.22	+	mmol/l	< 3.36
LDL/HDL	4.1	+		< 3
VLDL	0.88	+	mmol/l	< 0.59
IDL	1.53		mmol/l	< 1.66
- non pathogen LDL subfractions (SI units)				
LDL1	1.40		mmol/l	< 1.5
LDL2	1.53	+	mmol/l	< 0.8
- pathogen LDL subfractions (SI units)				
LDL3	0.75	+	mmol/l	< 0.18
LDL4	0.03	+	mmol/l	n.d.
LDL5	n.d.		mmol/l	n.d.
LDL6	n.d.		mmol/l	n.d.
LDL7	n.d.		mmol/l	n.d.

Findings:

The total cholesterol and the total LDL are increased.

A relative increase of small atherogenic LDL particles has been detected. The small LDL particles represent a significant atherogenic potential. Due to their high percentage of poly unsaturated fatty acids they are easily oxidisable, which increases their aggressivity.

HDL with its protective effect is sufficiently present regarding the absolute value.

The LDL/HDL ratio does not indicate a protective effect, as it lies above the reference value of 3. The ratio represents a risk factor for atherogenic processes.

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A control 6 month after change of diet and if possible increase of physical activity are recommended. A consequent change of nutrition should be preferred to a medication of statins.

Further recommendations:

The LDLgen panel enables to reveal possible reasons of the results as well as individual recommendations of nutrition and therapies because generally an inadequate nutrition may be the reason for such results. For this the different characteristics (polymorphisms) of the genes interfering the fat metabolism may be responsible. These genes are involved in a close gene-environment/nutrition-interaction whose expressions thus show up differently.

Oxidised LDL (oxLDL)

LDLox	164	ng/ml	90 - 133.2
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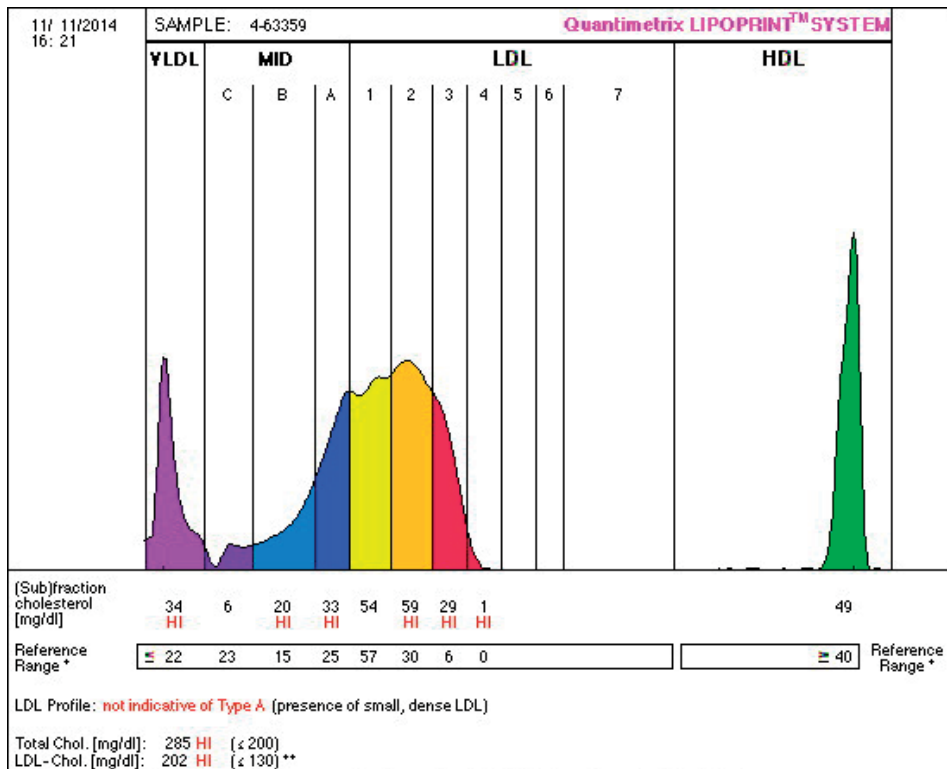
The value of the LDLox (oxidised LDL) is within the reference range.

LDLox can be detected in serum and arteriosclerotic, so called vascular plaques.

Oxidised LDL provides a cytotoxic influence on macrophages and leads to the formation of foam cells. The cells play among other factors a keyrole in the development of arteriosclerosis .

Values of LDLox correlate with the degree of severity of vascular calcification and vascular damage.

In general this process can be counteracted by diets and antioxidative therapies.



*Reference ranges derived from 125 serum samples that met the NCEP ATP III guidelines for desirable lipid status
**LDL-C is comprised of the sum of cholesterol in Mid bands C through A as well as all the subfractions