MAYO CLINIC
Mayo Medical Laboratories

Laboratory Service Report 1-800-533-1710

Patient Name	Patient ID	Age	Gender	Order #
SAMPLEREPORT,LMPP	SA00059930	47	F	SA00059930
Ordering Phys CLIENT,CLIENT				**DOB** 06/10/1966
Client Order # SA00059930	**Account Information**			**Report Notes**
Collected 07/14/2013 00:00	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901			
Printed 07/16/2013 12:48				

Test	Flag	Results	Unit	Reference Value	Perform Site*
Lipoprotein Metabolism Profile					
RECEIVED: 07/15/2013 15:58 **REPORTED:** 07/15/2013 16:24					
Cholesterol, Total, CDC, S	H	245	mg/dL		MCR
-- REFERENCE VALUE --					
NCEP guidelines					
(ages 18y and up)					
Desirable: <200					
Borderline high: 200-239					
High: > or =240					
Triglycerides, CDC, S		157	mg/dL		MCR
-- REFERENCE VALUE --					
NCEP guidelines					
(ages 18y and up)					
Normal: <150					
Borderline high: 150-199					
High: 200-499					
Very high: > or =500					
Apolipoprotein B, S	H	128	mg/dL	48 - 124	MCR
HDL Cholesterol, CDC, S		44	mg/dL		MCR
-- REFERENCE VALUE --					
NCEP guidelines					
(ages 18y and up)					
Low: <40					
Normal: 40-59					
High : > or =60					
Lipoprotein Metabolism Profile 1					
LDL Cholesterol		153	mg/dL		MCR
-- REFERENCE VALUE --					
NCEP guidelines					
(ages 18y and up)					
Optimal: <100					
Near Optimal: 100-129					
Borderline high: 130-159					
High: 160-189					
Very high: > or =190					
LDL Triglycerides		28	mg/dL	<=50	MCR
VLDL cholesterol	H	37	mg/dL	<30	MCR
VLDL triglycerides	H	125	mg/dL	<120	MCR
Beta VLD Cholesterol		Not Detected	mg/dL	<15	MCR
Beta VLDL triglycerides		Not Detected	mg/dL	<15	MCR
Chylomicron cholesterol		Not Detected	mg/dL	Undetectable	MCR
Chylomicron triglycerides		Not Detected	mg/dL	Undetectable	MCR
Lp(a) Cholesterol	H	11	mg/dL	<3	MCR
Increased Lipoprotein (a) cholesterol. Increased Lp(a)					

Performing Site Legend on Last Page of Report

* Report times for Mayo performed tests are CST/CDT

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cholesterol has been associated with increased risk for the development of atherothrombotic disease. Evidence suggests that aggressive LDL reduction is beneficial in patients with increased Lp(a). Niacin may lower Lp(a)by up to 25-30%, and niacin has been established as beneficial for CHD prevention, though not specifically because of Lp(a) lowering. Niacin tolerability as well as potential adverse effects on glucose and insulin sensitivity should be considered when selecting candidates for niacin therapy.					
LpX	AB	Present		Undetectable	MCR
Interpretation		See Below			MCR
Result:Mild Type IIb Hyperlipoproteinemia					

* Performing Site:

MCR	Mayo Clinic Laboratories - Rochester Main Campus 200 First St SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.