



Lipoprint

Driving CVD Risk Assessment Forward

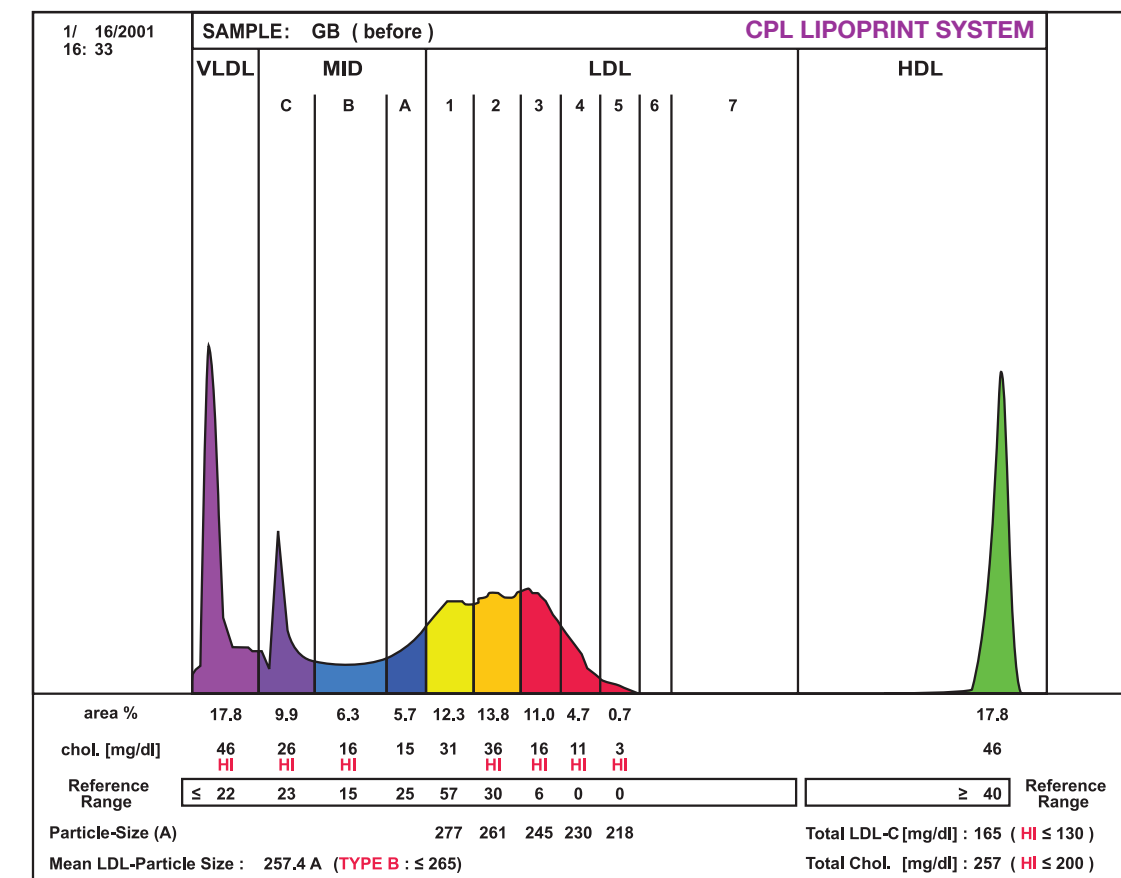
A recent
national
study
found.....

77%

....of patients hospitalized
for a heart attack had
LDL levels within normal
range indicating they
were not at risk for a
cardiovascular event.



Physicians can now take a more active
role in the management of this disease by
utilizing the Lipoprint Profile to **identify**,
investigate and **monitor** CAD.



Lipoprotein Subfractions TESTING SYSTEM

is the only FDA-cleared diagnostic test that analyzes all lipoprotein fractions and subfractions in fasting serum or plasma. It is also the only method that identifies and measures cholesterol of all atherogenic and non-atherogenic LDL and HDL subfractions. The Lipoprint Subfractions Test assists clinicians in developing individualized strategies for the management of dyslipidemia in patients at risk for CVD.

BENEFITS OF



- Only FDA-cleared diagnostic test for the separation and measurement of lipoprotein fractions and subfractions
- Measures the amount of cholesterol in mg/dL in each lipoprotein fraction and subfraction from VLDL to HDL (14 parameters in total)
- Normal reference ranges based on the National Cholesterol Education Program Adult Treatment Panel (NCEP ATP III) guidelines.
- Values outside the reference range flagged in red
- Easy to interpret color coded profile differentiates normal, Type A lipid profile from abnormal, none Type A profile
- Identifies the highly atherogenic small dense LDL and IDL from the large, less atherogenic LDL and VLDL and the protective HDL
- Clinical utility for screening, treatment decision and monitoring of lipid disorders associated with coronary artery disease (CAD) risk

CLINICAL UTILITY OF LIPOPRINT

Screening

- Conventional lipid tests do not convey the CAD risk associated with the small dense LDL or IDL subfractions
- These risks could be present even when other lipid risk factor (total cholesterol, LDL and HDL cholesterol and triglycerides) are normal

Treatment Decisions

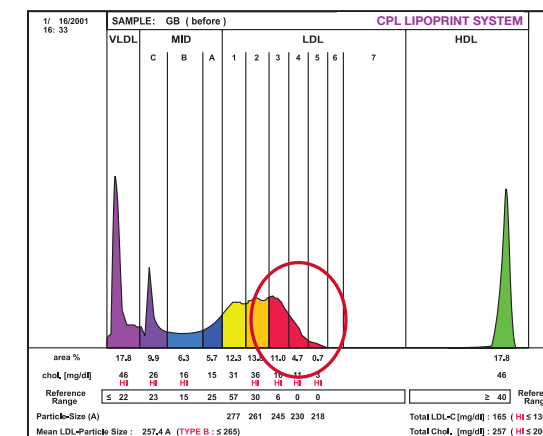
- Different lipoprotein subfractions respond differently to diet and drug therapy, therefore, Lipoprint can assist the physician to decide on the appropriate therapy
- Statin drugs reduce cholesterol levels in all lipoprotein subfractions
- Niacin and fibrates shift the LDL particles from the small dense atherogenic to the large less atherogenic particles
- Combination drugs may contain a statin and niacin or other drug that reduces cholesterol and causes a shift in particle size

Monitoring

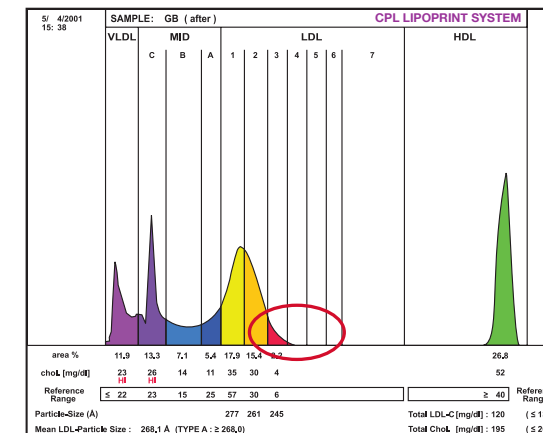
- Follow-up testing assists doctor and patient to determine the efficacy of the therapy over time

CASE STUDIES

BEFORE TREATMENT



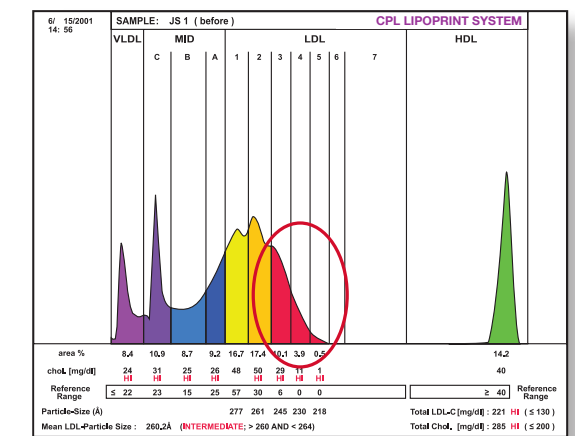
AFTER TREATMENT



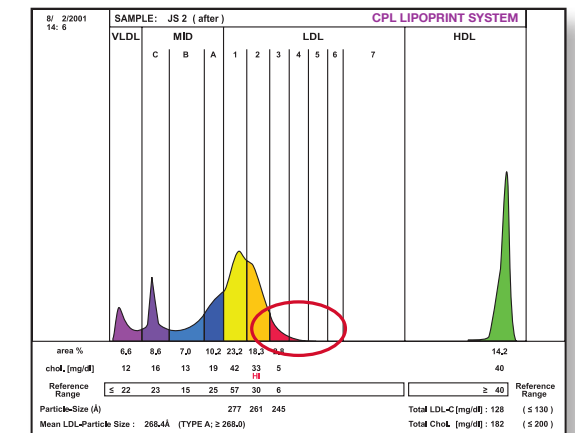
Case Study 1:

George, a 65-year-old Caucasian male, had a Lipoprint LDL Profile showing a predominance of small dense LDL 3,4, and 5, which has been associated with increased risk of cardiovascular disease. After 3 months of niacin and dietary therapy, his profile became normal.

BEFORE TREATMENT



AFTER TREATMENT



Case Study 2:

James, a 42-year-old male on a diet rich in carbohydrates and fats, had a Lipoprint LDL Profile with high cholesterol levels in most subfractions. After 2 months on a vegetarian diet with emphasis on soy protein, low carbohydrates and exercise, his profile became essentially normal.

For more
information, call
844.531.2100
or visit
SonicReferenceLab.com

References:
Sachdeva A, Cannon CP, Deedwania PC, et al; for the Get With The Guidelines Steering Committee and Hospitals. Lipid levels in patients hospitalized with coronary artery disease: an analysis of 136,905 hospitalizations in Get With The Guidelines. Am Heart J. 2009;157(1):111-117.e2.

COLOR-CODED PROFILE

The Lipoprint Profile is color-coded, making it easy for doctors and patients to understand the results of the test at a glance. Good HDL is shown in green; large low risk LDL 1 and 2 in yellow, for caution; and the atherogenic, small dense LDL 3 through 7 in red, for high risk.