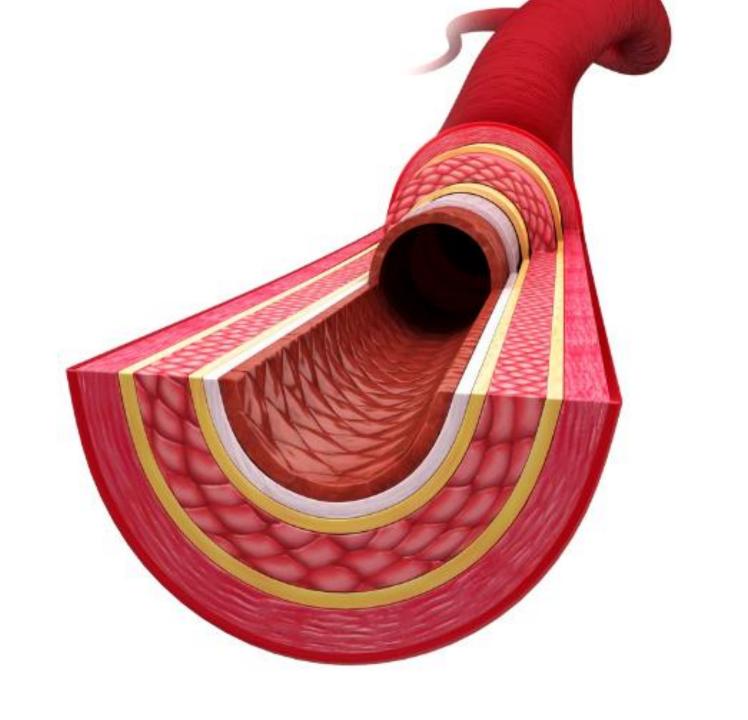




NMR \$50 Homocysteine \$18 Insulin \$10 **CRP\$ 12** A1c \$8 Magnesium \$12 draw fee \$10 **Total cost \$120** 

50 year old male with chronic pain all over and especially low back pain

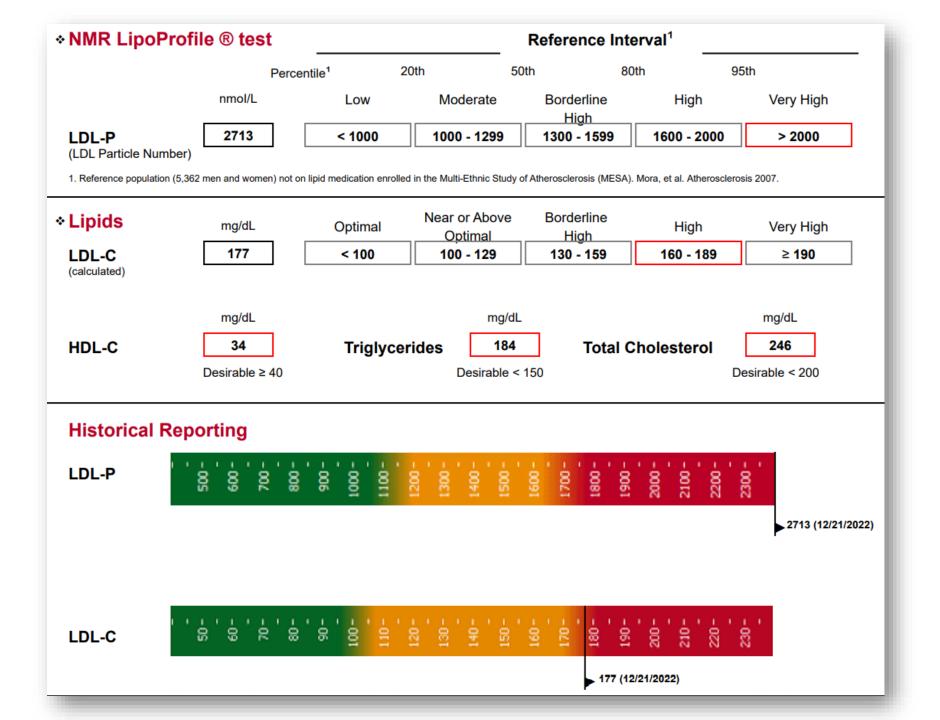


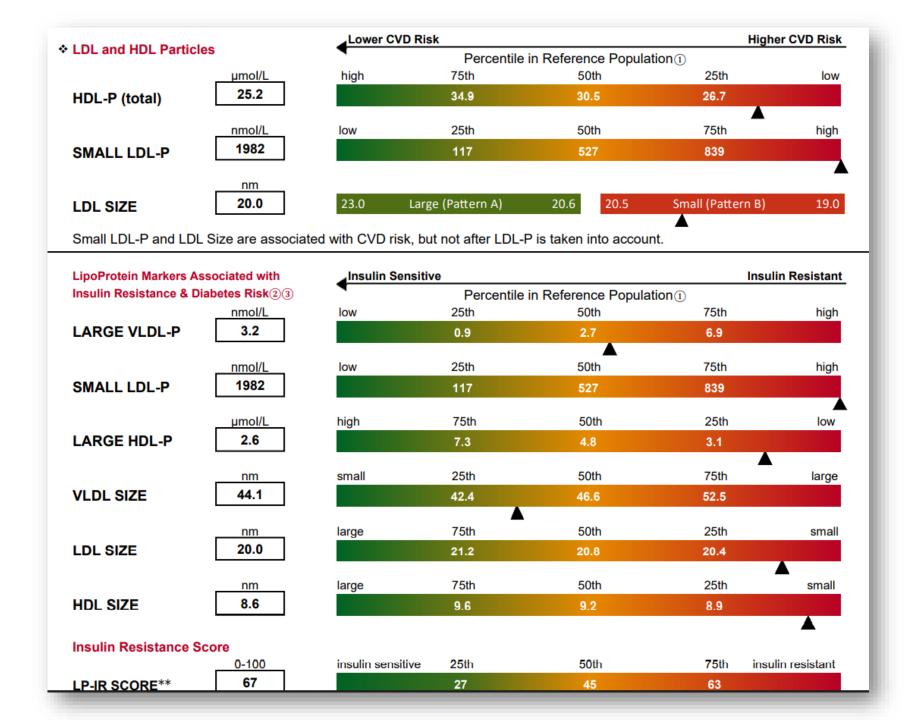


#### **Surface Area of Vascular Endothelium**

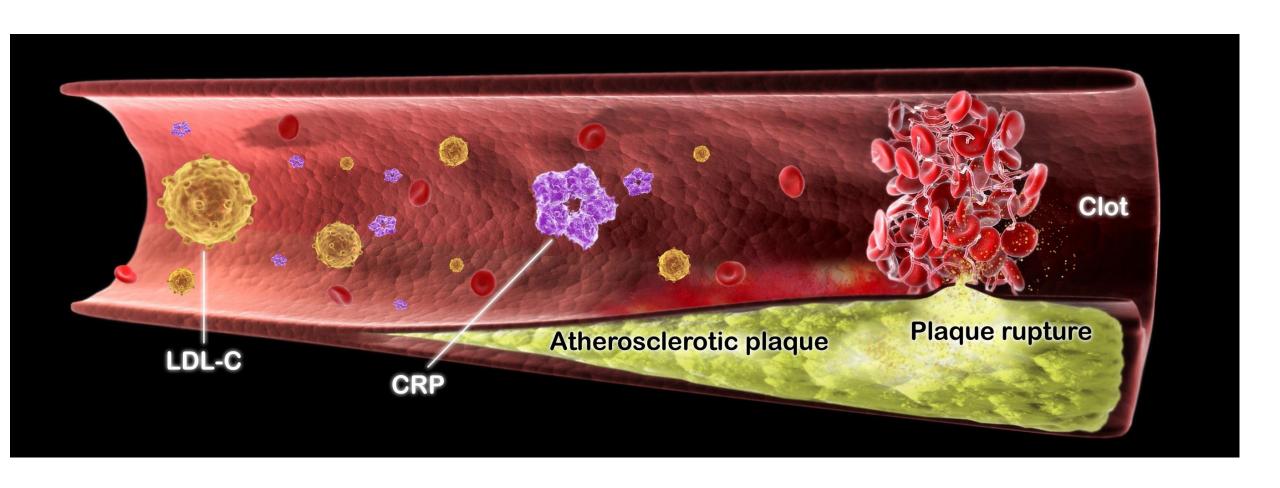
The vascular endothelium makes up 14,000 square feet of surface area (6 ½ tennis courts).







## High Sensitivity C-reactive protein



C-Reactive Protein, Cardiac					
Test	Current Resu	lt and Flag	Previous Result and Date	Units	Reference Interval
▲ C-Reactive Protein, Cardiac 02	8.54	High		mg/L	0.00-3.00
		Rela	tive Risk for Future Cardio	ovascular Event	
			Low	<1.00	
			Average	1.00 - 3.00	
			High	>3.00	

Meta-Analysis > J Int Med Res. 2022 Feb;50(2):3000605221079547.

doi: 10.1177/03000605221079547.

# Predictive role of C-reactive protein in sudden death: a meta-analysis of prospective studies

```
Ruhua Zhou <sup>1</sup>, Jingjing Xu <sup>2</sup>, Jiaochen Luan <sup>2</sup>, Weiyun Wang <sup>2</sup>, Xinzhi Tang <sup>1</sup>, Yanling Huang <sup>3</sup>, Ziwen Su <sup>1</sup>, Lei Yang <sup>3</sup>, Zejuan Gu <sup>2</sup>
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Affiliations + expand

PMID: 35225715 PMCID: PMC8894975 DOI: 10.1177/03000605221079547

Free PMC article

https://pubmed.ncbi.nlm.nih.gov/35225715/

**Objective:** C-reactive protein (CRP) is a powerful predictor of and risk factor for cardiovascular disease. However, the relationship between CRP and sudden death (SD) is controversial. Therefore, we performed a meta-analysis to evaluate the association between CRP and SD.

**Conclusions:** This meta-analysis confirmed that CRP is an independent predictor of SD. These results support the recommendation of recording the CRP concentration for risk assessment of SD in clinical practice.



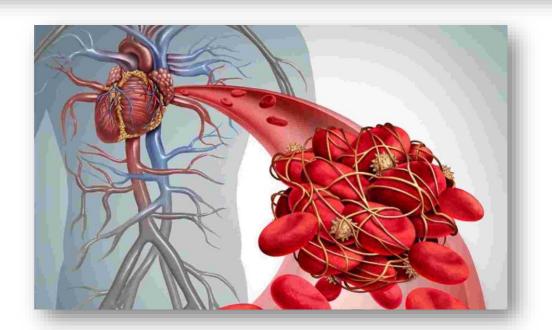
## **HOMOCYSTEINE**

Healthy rage in 5 to 6. This is a brain inflammatory marker. **This person is at 41!** 



Homocyst(e)ine (706994)

\$18.00



<b>Homocyst</b>	(e)ine
-----------------	--------

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Homocyst(e)ine 02	13.2		umol/L	0.0-14.5



Nutr J. 2015; 14: 6.

Published online 2015 Jan 10. doi: 10.1186/1475-2891-14-6

Role of homocysteine in the development of cardiovascular disease

Paul Ganguly<sup>™</sup> and Srevoshi Fatima Alam

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4326479/

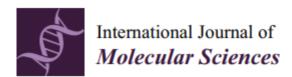
The published literature indicates that homocysteine is an independent cardiovascular disease risk factor modifiable by nutrition and exercise. However, it is now widely accepted that food sources alone cannot consistently supply the levels of nutrients necessary to sustain optimal homocysteine metabolism. In fact, emerging studies are uncovering novel nutritional strategies for lowering high homocysteine levels offering new possibilities for preventing cardiovascular disease.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4326479/

Hemoglobin A1c				
Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hemoglobin A1c 02	5.4		%	4.8-5.6
Please Note: 02				
	Prediabetes: 5.7 - Diabetes: >6.4 Glycemic control fo	6.4 r adults with diabetes: <7.0		

Insulin				
Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Insulin <sup>02</sup>	7.2		uIU/mL	2.6-24.9

WILL F. II





Review

## Hyperinsulinemia and Its Pivotal Role in Aging, Obesity, Type 2 Diabetes, Cardiovascular Disease and Cancer

Joseph A. M. J. L. Janssen 💿

186 references



https://www.drhughwegwerth.com/post/we-compare-different-magnesium-powders

gnesium, RBC				
Test	Current Result and Flag	<b>Previous Result and Date</b>	Units	Reference Interv
Magnesium, RBC B, 01	4.5		mg/dL	4.2-6.8

Magnesium, RBC				
Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Magnesium, RBC A, 02	6.1		mg/dL	4.2-6.8

**>** J Cardiovasc Pharmacol. 2019 Dec;74(6):516-527. doi: 10.1097/FJC.000000000000739.

### Quantitative Association Between Serum/Dietary Magnesium and Cardiovascular Disease/Coronary Heart Disease Risk: A Dose-Response Meta-analysis of Prospective Cohort Studies

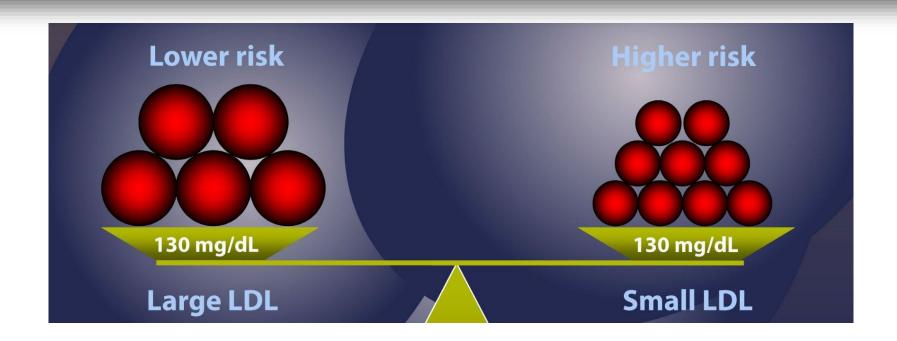
```
Lingyun Zhao <sup>1 2</sup>, Meng Hu <sup>1</sup>, Lei Yang <sup>3</sup>, Haoming Xu <sup>1</sup>, Wenyan Song <sup>1</sup>, Yazhi Qian <sup>1</sup>, Meimi Zhao <sup>1</sup>
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https://pubmed.ncbi.nlm.nih.gov/31815866/

# 3 LDL PARTICLE NUMBER "THE BAD"

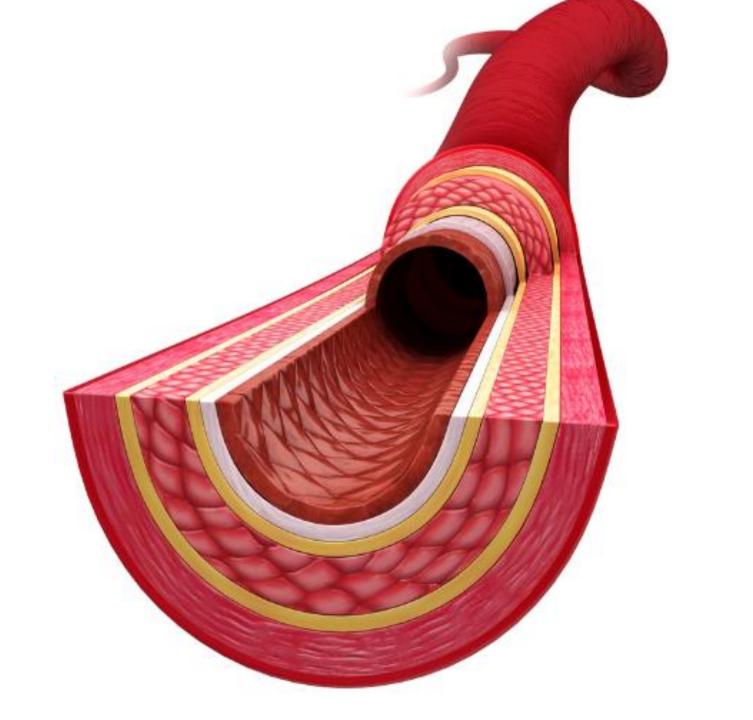
768 NMR LipoProfile® With Insulin Resistance Markers (With Graph) (123638)

\$50.00



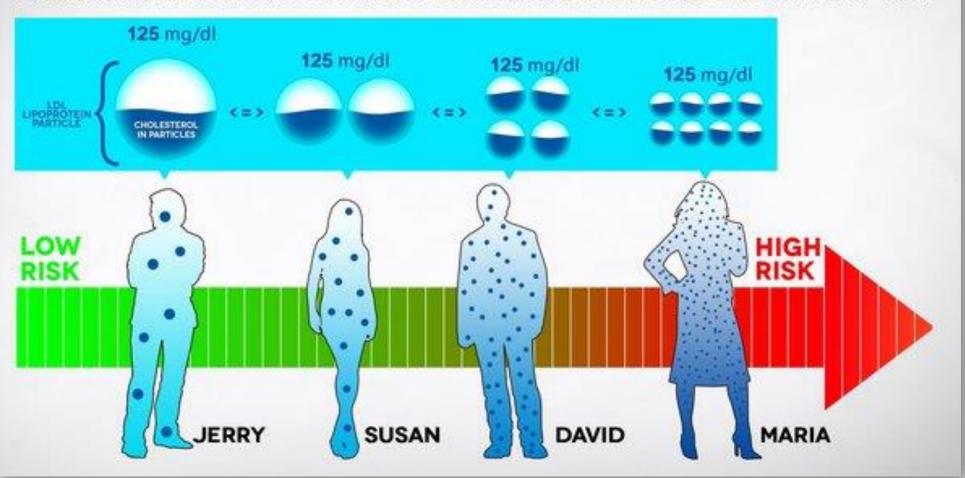


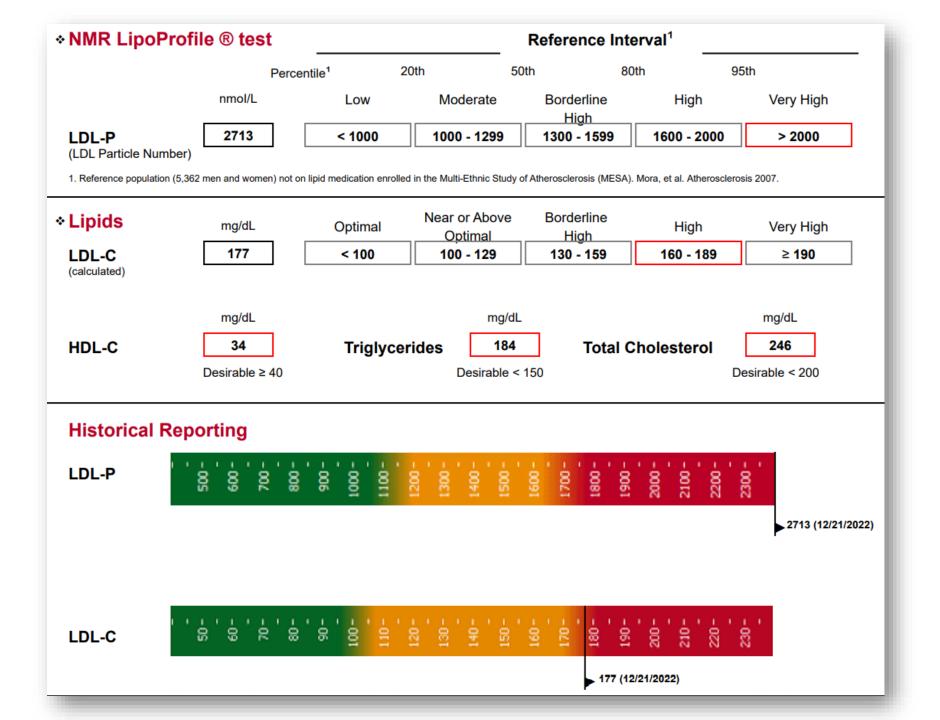


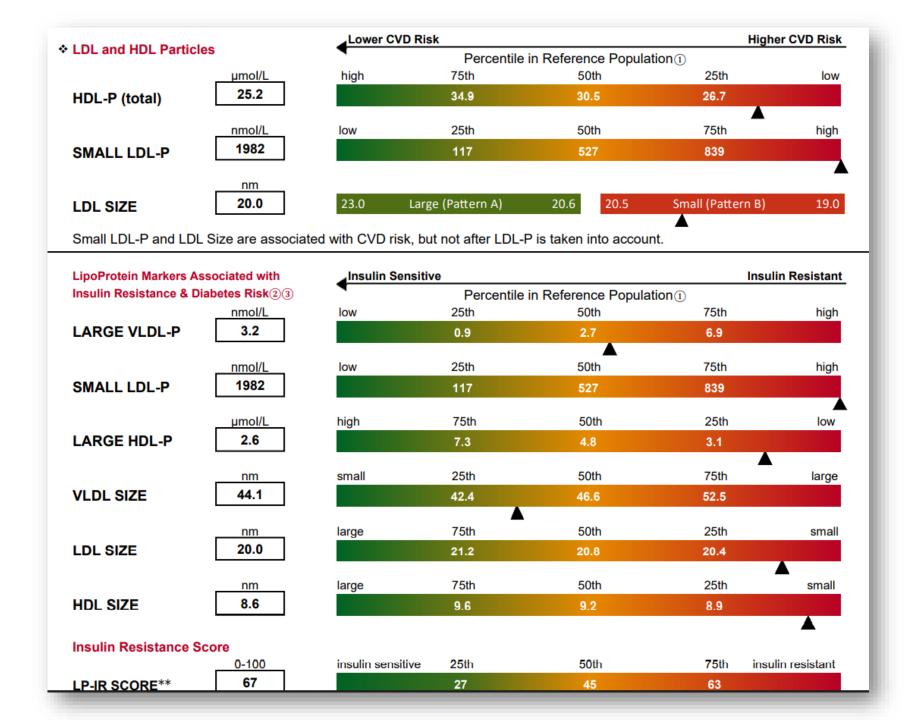


#### LIPOPROTEIN PARTICLES VS. CHOLESTEROL

EACH PATIENT SHOWN HAS THE SAME LDL CHOLESTEROL OF 125 mg/dL (3.25 mmol/L)
MARIA HAS THE HIGHEST RISK BECAUSE HER LDL PARTICLES ARE SMALLEST AND SHE HAS A LOT OF THEM











#### LDL-C ≠ LDL-P

For many people, LDL-C does not accurately estimate LDL-P. Two people with the same LDL-C can have different LDL-P.

