

Overview

Useful For

Diagnosing dyslipoproteinemia

Quantifying cholesterol and triglycerides in very-low-density lipoprotein, low-density lipoprotein (LDL), high-density lipoproteins (HDL), and chylomicrons

Identifying lipoprotein-X

Classifying hyperlipoproteinemias (lipoprotein phenotyping)

Evaluating patients with abnormal lipid values (cholesterol, triglyceride, HDL, LDL) for specific phenotypes

Profile Information

| Test Id | Reporting Name | Available Separately | Always Performed |
|---------|----------------------------------|----------------------|------------------|
| TCS | Cholesterol, Total, CDC, S | No | Yes |
| TRIGC | Triglycerides, CDC, S | No | Yes |
| APLBS | Apolipoprotein B, S | Yes, (order APOLB) | Yes |
| HDLS | HDL Cholesterol, CDC, S | No | Yes |
| LMPP1 | Lipoprotein Metabolism Profile 1 | No | Yes |

Method Name

TCS, TRIGD: Enzymatic Colorimetric

APLBS: Automated Turbidimetric Immunoassay

HDLS: Selective Precipitation, Enzymatic Colorimetric

LMPP1: Ultracentrifugation/Electrophoresis/Automated Enzymatic/Colorimetric Analysis

NY State Available

Yes

Specimen

Specimen Type

Serum

Necessary Information

Patient's age and sex are required.

Specimen Required**Patient Preparation:**

1. **Fasting: 12 hours, required**
2. Patient **must not** consume any alcohol for 24 hours before the specimen is collected.

Supplies: Sarstedt Aliquot Tube 5 mL (T914)**Collection Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Submission Container/Tube:** Plastic vial**Specimen Volume:** 5 mL**Collection Instructions:** Centrifuge and aliquot serum into a plastic vial.**Forms**If not ordering electronically, complete, print, and send a [Cardiovascular Test Request Form](#) (T724) with the specimen.**Specimen Minimum Volume**

2 mL

Reject Due To

| | |
|-----------------|--------|
| Gross hemolysis | Reject |
| Gross lipemia | OK |
| Gross icterus | Reject |

Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|---------|-------------------|
| Serum | Refrigerated (preferred) | 7 days | |
| | Frozen | 60 days | |

Clinical & Interpretive**Clinical Information**

Lipoprotein metabolism profile analysis provides information about the causes of elevated serum cholesterol or triglycerides. In some patients, increased serum lipids reflect elevated levels of intermediate-density lipoprotein (IDL), very-low-density lipoprotein (VLDL), lipoprotein a [Lp(a)], or even the abnormal lipoprotein complex, lipoprotein X (LpX). These elevations can signal genetic abnormalities in lipid metabolism or transport, nephrotic syndrome, endocrine dysfunction, or even cholestasis. Identifying the lipoproteins associated with lipid elevation is done using the gold-standard methods, including ultracentrifugation, selective precipitation, and electrophoresis. Proper characterization of a patient's dyslipidemic phenotype aids clinical decisions and treatment.

Classifying the hyperlipoproteinemias into phenotypes places disorders that affect plasma lipid and lipoprotein concentrations into convenient groups for evaluation and treatment. A clear distinction must be made between primary

(inherited) and secondary (liver disease, alcoholism, metabolic diseases) causes of dyslipoproteinemia.

Lipoprotein profiling will identify the presence of Lp(a) and LpX and distinguish between the following dyslipidemias:

- Exogenous hyperlipemia (Type I)
- Familial hypercholesterolemia (Type IIa)
- Familial combined hyperlipidemia (Type IIb)
- Familial dysbetalipoproteinemia (Type III)
- Endogenous hyperlipemia (Type IV)
- Mixed hyperlipemia (Type V)

Reference Values

| | 2-9 years | 10-17 years | > or =18 years |
|---|------------------|---|---|
| Total cholesterol | * | Acceptable: <170 mg/dL Borderline high: 170-199 mg/dL High: > or =200 mg/dL | ** Desirable: <200 mg/dL Borderline high: 200-239 mg/dL High: > or = 240 mg/dL |
| Triglycerides | * | Acceptable: <75 mg/dL Borderline high: 75-99 mg/dL High: > or =100 mg/dL | * |
| | | * | Acceptable: <90 mg/dL Borderline high: 90-129 mg/dL High: > or =130 mg/dL |
| Low-density lipoprotein (LDL) cholesterol | * | Acceptable: <110 mg/dL Borderline high: 110-129 mg/dL High: > or =130 mg/dL | *** Desirable: <100 mg/dL Above Desirable: 100-129 mg/dL Borderline high: 130-159 mg/dL High: 160-189 mg/dL Very high: > or =190 mg/dL |
| LDL triglycerides | < or =50 mg/dL | | < or =50 mg/dL |
| Apolipoprotein B | * | Acceptable: <90 mg/dL Borderline high: 90-109 mg/dL High: > or =110 mg/dL | *** Desirable: <90 mg/dL Above Desirable: 90-99 mg/dL Borderline high: 100-119 mg/dL High: 120-139 mg/dL Very high: > or =140 mg/dL |
| High-density lipoprotein (HDL) cholesterol | * | Low: <40 mg/dL Borderline low: 40-45 mg/dL Acceptable: >45 mg/dL | *** Males: > or =40 mg/dL Females: > or =50 mg/dL |
| Very low-density | <30 mg/dL | | <30 mg/dL |

| | | |
|---|--------------|--------------|
| lipoprotein (VLDL) cholesterol | | |
| VLDL triglycerides | <90 mg/dL | <120 mg/dL |
| Beta VLDL cholesterol | <15 mg/dL | <15 mg/dL |
| Beta VLDL triglycerides | <15 mg/dL | <15 mg/dL |
| Chylomicron cholesterol | Undetectable | Undetectable |
| Chylomicron triglycerides | Undetectable | Undetectable |
| Lp(a) cholesterol | <5 mg/dL | <5 mg/dL |
| LpX | Undetectable | Undetectable |

Reference values have not been established for patients less than 2 years.

*Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents

**National Cholesterol Education Program (NCEP)

***National Lipid Association

Interpretation

Patients with increased lipoprotein a [Lp(a)] cholesterol values have been associated with increased risk for the development of atherothrombotic disease. If not previously tested, it is recommended to order the immunoassay for Lp(a) (Test ID LIPA1 / Lipoprotein [a], Serum) to fully assess cardiovascular risk associated with Lp(a). Aggressive low-density lipoprotein reduction is the recommended treatment approach in most patients with increased Lp(a).

Lipoprotein-X (LpX) is an abnormal lipoprotein that appears in the sera of patients with obstructive jaundice and is an indicator of cholestasis. The presence of LpX will be reported if noted during Lp(a) cholesterol analysis.

Cautions

Cholesterol and triglyceride results can be falsely decreased in patients with elevated levels of N-acetyl-p-benzoquinone imine (a metabolite of acetaminophen), N-acetylcysteine, and metamizole.

Clinical Reference

1. Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: A report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2019;139(25):e1082-e1143
2. Expert panel on integrated guidelines for cardiovascular health and risk reduction in children and adolescents; National Heart, Lung, and Blood Institute: Expert panel on integrated guidelines for cardiovascular health and risk reduction in children and adolescents: summary report. *Pediatrics*. 2011;128 Suppl 5:S213-S256
3. Rosenson RS, Najera SD, Hegele RA. Heterozygous familial hypercholesterolemia presenting as chylomicronemia syndrome. *J Clin Lipidol*. 2017;11(1):294-296. doi:10.1016/j.jacl.2016.12.005
4. Hopkins PN, Brinton EA, Nanjee MN. Hyperlipoproteinemia type 3: the forgotten phenotype. *Curr Atheroscler Rep*. 2014;16(9):440. doi:10.1007/s11883-014-0440-2
5. Gotoda T, Shirai K, Ohta T, et al. Diagnosis and management of type I and type V hyperlipoproteinemia. *J Atheroscler Thromb*. 2012;19(1):1-12
6. Gonzales KM, Donato LJ, Shah P, Simha V. Measurement of apolipoprotein B levels helps in the identification of

patients at risk for hypertriglyceridemic pancreatitis. *J Clin Lipidol.* 2021;15(1):97-103. doi:10.1016/j.jacl.2020.11.010

7. Fatica EM, Meeusen JW, Vasile VC, Jaffe AS, Donato LJ. Measuring the contribution of Lp(a) cholesterol towards LDL-C interpretation. *Clin Biochem.* 2020;86:45-51. doi:10.1016/j.clinbiochem.2020.09.007

8. Arnett DK, Blumenthal RS, Albert MA, et al. 2019 ACC/AHA guideline on the primary prevention of cardiovascular disease: A report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation.* 2019;140(11):e596-e646

Performance

Method Description

Electrophoretic separation of lipoproteins followed by lipid staining and densitometry measurement.(Package insert: SPIFE Vis Cholesterol Reagent. Helena Laboratories; 09/2015)

Cholesterol:

Cholesterol esters are cleaved by the action of cholesterol esterase to yield free cholesterol and fatty acids. Cholesterol oxidase then catalyzes the oxidation of cholesterol to cholest-4-en-3-one and hydrogen peroxide. In the presence of peroxidase, the hydrogen peroxide formed effects the oxidative coupling of phenol and 4-aminophenazone to form a red quinone-imine dye. The color intensity of the dye formed is directly proportional to the cholesterol concentration. It is determined by measuring the increase in absorbance (Package insert: Cholesterol Gen2 Reagent. Roche Diagnostics; V 16.0, 10/2023)

Triglyceride:

Samples analyzed for triglycerides are measured by an automated enzymatic method. The chemistry includes hydrolysis of the triglycerides and phosphorylation of the resulting glycerol.(Package insert: Triglycerides Reagent, Roche Diagnostics; V 13.0, 03/2022)

Apolipoprotein B:

Anti-apolipoprotein B antibodies react with the antigen in the sample to form antigen:antibody complexes, which, following agglutination, can be measured turbidimetrically.(Package insert: Tina-quant Apolipoprotein B. Roche Diagnostics; V 13.0 03/2022)

High-Density Lipoprotein:

Sample is combined with dextran sulfate and magnesium, ions precipitate the low-density lipoprotein and very-low-density lipoprotein fractions, leaving the high-density lipoprotein (HDL) fraction in solution. The HDL cholesterol is then determined using an enzymatic cholesterol assay.(Package insert: HDL Cholesterol Precipitating Reagent Set (Dextran Sulfate). Pointe Scientific, INC; 12/2009)

PDF Report

No

Day(s) Performed

Monday through Thursday, Sunday

Report Available

2 to 4 days

Specimen Retention Time

14 days

Performing Laboratory Location

Mayo Clinic Laboratories - Rochester Main Campus

Fees & Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

This test has been modified from the manufacturer's instructions. Its performance characteristics were determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

80061-Lipid panel (includes: HDL [CPT Code 83718], total cholesterol [CPT Code 82465], and triglycerides [CPT Code 84478] if all performed)

82172-Apolipoprotein B

83700-Lp(a) cholesterol electrophoresis

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|--------------------------------|--------------------|
| LMPP | Lipoprotein Metabolism Profile | In Process |

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|----------------------------|---------------------|
| TCS | Cholesterol, Total, CDC, S | 2093-3 |
| HDLS | HDL Cholesterol, CDC, S | 2085-9 |
| TRIGC | Triglycerides, CDC, S | 2571-8 |
| APLBS | Apolipoprotein B, S | 1884-6 |
| 2839 | LDL Cholesterol | 18261-8 |
| 2840 | LDL Triglycerides | 3046-0 |
| 2844 | VLDL cholesterol | 2091-7 |
| 2847 | VLDL triglycerides | 3047-8 |
| 2842 | Beta VLDL Cholesterol | 66499-5 |
| 2843 | Beta VLDL triglycerides | 3045-2 |
| 2855 | Chylomicron cholesterol | 34467-1 |
| 2856 | Chylomicron triglycerides | 35363-1 |

| | | |
|-------|-------------------|---------|
| 2849 | Lp(a) Cholesterol | 35388-8 |
| 23924 | LpX | 42178-4 |
| 23937 | Interpretation | 59462-2 |