

SmartVascular Dx™ identifies potential arterial injury due to inflammation

Cholesterol testing alone does not detect heart disease.

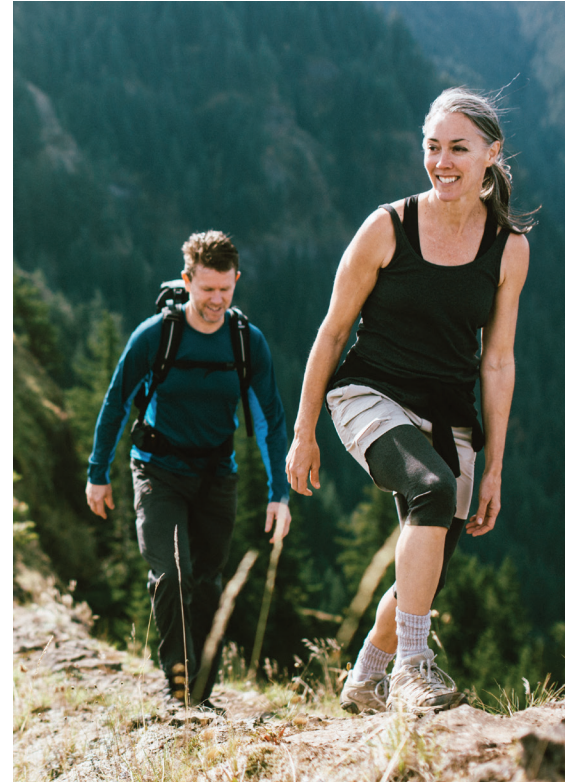
Did you know that fifty percent of heart attack victims have normal cholesterol levels?¹ Cholesterol testing often misses patients because it does not measure arterial damage or inflammation that is caused by additional risk factors such as poor diet, lack of exercise, smoking or substance abuse, and stress.

SmartVascular Dx (SVDx) identifies people who are seemingly healthy, but who have a high-risk of heart disease. This test detects early stages of heart disease by detecting the initial arterial or endothelial damage leading to unstable cardiac lesion rupture – the #1 cause of heart attacks.²

- Continuous arterial damage/ inflammation over time leads to the formation and progression of cardiac lesions that can become unstable.
- An estimated 80% of cardiovascular disease, including heart disease and stroke, is preventable.³ SVDx results empower your physician with data that can help prevent or reverse disease.
- Newest data reveals the most common cause of 75% of heart attacks is the rupturing of unstable cardiac lesions.⁴
- Most lesion ruptures occur in arteries with insignificant narrowing.⁵
- Identify potential residual arterial inflammation due to COVID variants.

SmartVascular Dx Collection Network

We utilize My One Medical Source® (MOMS) to access a network of MAPs: Medical Access Point/ Providers™. MOMS helps to connect you with conveniently located medical MAPs.



SmartVascular Dx Benefits

Measures

- Seven protein biomarkers to diagnose vascular injury (CTACK, Eotaxin, Fas Ligand, HGF, IL-16, MCP-3 and sFas)

Diagnoses

- Endothelial Injury
- Identifies soft lesion risk undetected today by other blood tests

Sample Collection

- Simple blood draw

Contact Us



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1. Sachdeva A, Cannon CP, Deedwania PC, et al. (2009) Lipid levels in patients hospitalized with coronary artery disease: an analysis of 136,905 hospitalizations in Get With The Guidelines. Am Heart J. 157(1):111-117. 2. Cross DS, McCarty, CA, Hytopoulos E, et al. (2012) Coronary risk assessment among intermediate risk patients using a clinical and biomarker based algorithm developed and validated in two population cohorts. Curr Med Res Opin. 28(11):1819-1830. 3. World Heart Federation <https://world-heart-federation.org>. 4. Hill S, Spink J, Cadilhac D, et al. (2010) Absolute risk representation in cardiovascular disease prevention: comprehension and preferences of health care consumers and general practitioners involved in a focus group study. BMC Public Health. Mar 4:10:108. 5. Fishbein MC and Siegel RJ. (1996) How big are coronary atherosclerotic plaques that rupture? Circulation. 94(10):2662-2666.