
Blood Chemistry Analysis Functional Health Report



Practitioner Report

Prepared for Jane Doe
36 year old male born Dec 14, 1982

Requested by Tristin Roney
Provo Health

Test date Nov 05, 2018



Functional Body Systems

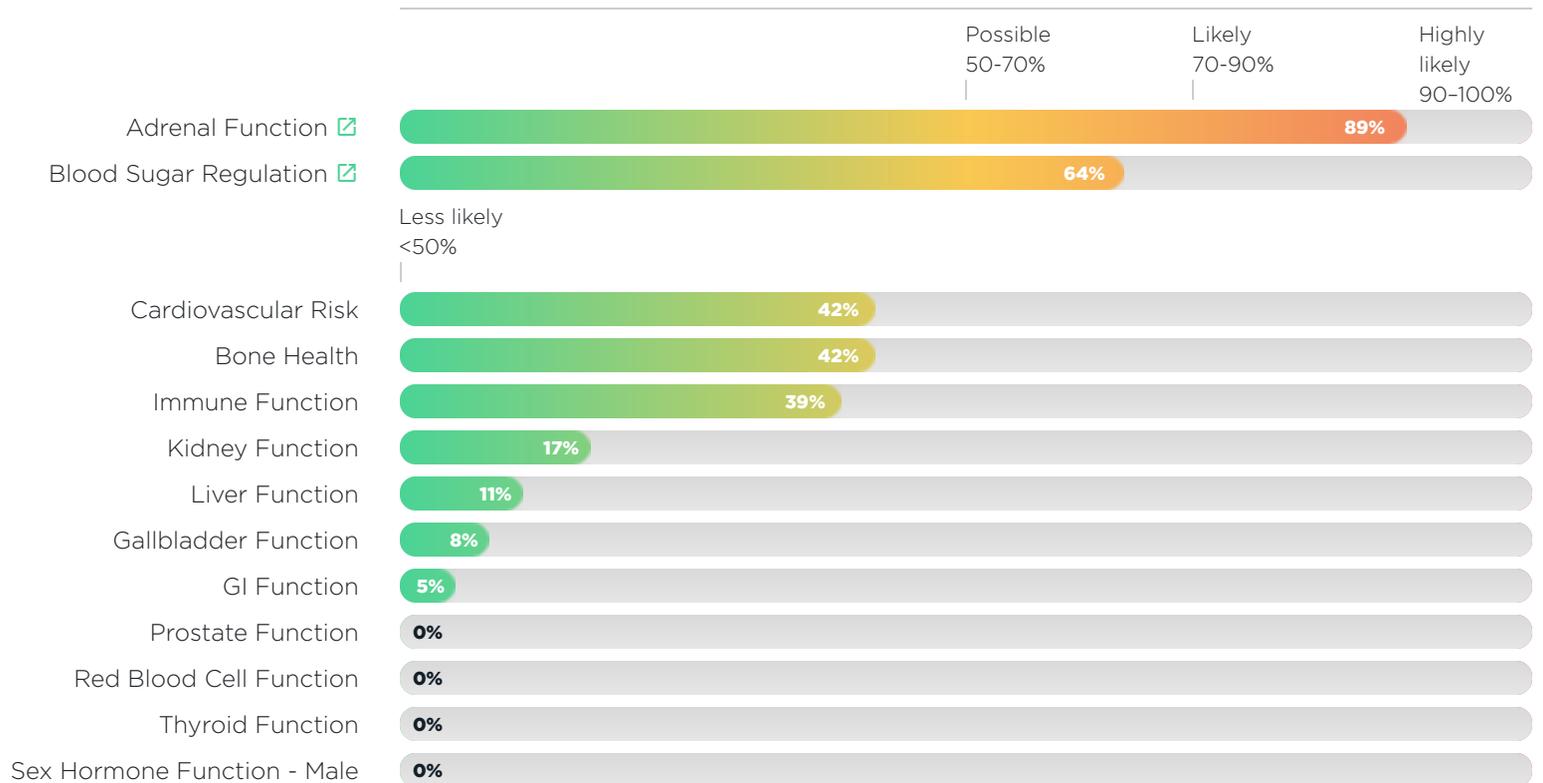
The Functional Body System results represent an algorithmic analysis of this blood test. These results have been converted into your client's individual Functional Body Systems Report based on our latest research.

This report gives you an indication of the level of dysfunction that exists in the various physiological systems in the body.

Please use this report in conjunction with the "Practitioner's Only Clinical Dysfunctions Report" to identify which dysfunctions and conditions are causing changes in the Functional Body Systems.

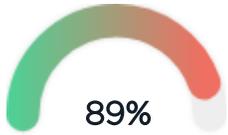
Each Body System that has a probability of dysfunction above 50% is included in the section that follows so you can read a highly detailed description and individual explanation of the results shown in this report.

PROBABILITY OF DYSFUNCTION



Functional Body Systems Details

This section contains detailed descriptions and explanations of the results presented in the Functional Body Systems report including all the biomarkers considered in the algorithmic analysis and the rationale behind the interpretation.



89%

Dysfunction Likely.
Improvement required

ADRENAL FUNCTION [🔗](#)

The Adrenal Function score allows us to assess the functional health of your patient's adrenal glands. A high Adrenal Function score indicates that there is dysfunction within your patient's adrenal system and further assessment is needed to find out what the dysfunction is. Please refer to the "Clinical Dysfunctions" report to get a sense of the probability of dysfunction in these "conditions": **Adrenal Stress** and **Adrenal Insufficiency**.

Rationale

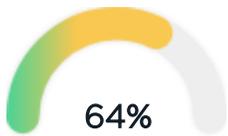
Sodium ↑, Potassium ↓, Sodium/Potassium Ratio ↑, Cholesterol - Total ↑, Triglycerides ↑

Biomarkers considered

Sodium, Potassium, Sodium/Potassium Ratio, Glucose, BUN, Chloride, CO₂, Cholesterol - Total, Triglycerides

Patient result not available - consider running in future tests:

DHEA-S - Male, Cortisol - AM, Cortisol - PM



64%

Dysfunction Possible.
There may be improvement needed in certain areas.

BLOOD SUGAR REGULATION [🔗](#)

The Blood Sugar Regulation score allows us to assess the functional health of your patient's blood sugar regulation. A high Blood Sugar Regulation score indicates that there is dysfunction in this patient's blood sugar regulation. Blood sugar dysregulation is affected by genetics, diet, lifestyle, nutrition, and environment. Please refer to the "Clinical Dysfunctions" report to get a sense of the probability of dysfunction in these "conditions": **Hypoglycemia**, **Metabolic Syndrome** and **Insulin Resistance**. Long-standing Blood Sugar Dysregulation, if left unassessed or treated, may lead to hyperinsulinemia, and type 2 Diabetes.

Rationale

Glucose ↑, Triglycerides ↑

Biomarkers considered

Glucose, LDH, Cholesterol - Total, Triglycerides, LDL Cholesterol, HDL Cholesterol

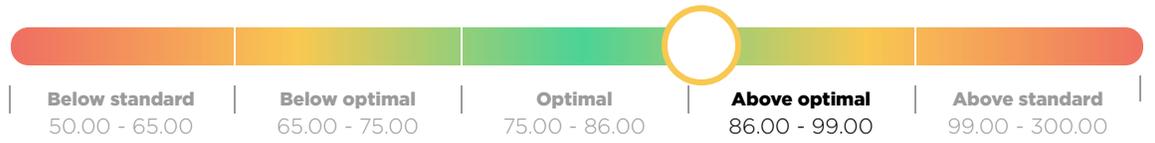
Patient result not available - consider running in future tests:

Hemoglobin A1C, Insulin - Fasting, DHEA-S - Male, C-Peptide, Fructosamine, Leptin - Male

BLOOD GLUCOSE

Glucose

87.00 mg/dL



RENAL

BUN

13.00 mg/dL



Creatinine

0.99 mg/dL



BUN/Creatinine Ratio

13.00 Ratio



eGFR Non-Afr. American

98.00 mL/min/1.73m²



Above Optimal

127.00
mg/dL

TRIGLYCERIDES [↗](#)

Serum triglycerides are composed of fatty acid molecules that enter the blood stream either from the liver or from the diet. Levels will be elevated in metabolic syndrome, fatty liver, in people with an increased risk of cardiovascular disease, hypothyroidism and adrenal dysfunction

25.00
mg/dl

VLDL CHOLESTEROL [↗](#)

VLDL is a lipoprotein formed in the liver to transport endogenous triglycerides, phospholipids, protein and cholesterol. It serves, from a functional perspective, as an internal lipid transport molecule, moving triglyceride and other lipids from one area of the body to another.

17.80
mEq/L

ANION GAP [↗](#)

The anion gap is the measurement of the difference between the sum of the sodium and potassium levels and the sum of the serum CO₂/bicarbonate and chloride levels. Increased levels are associated with thiamine deficiency and metabolic acidosis.

37.89
ratio

SODIUM/POTASSIUM RATIO [↗](#)

The Sodium:Potassium ratio is determined from the serum sodium and serum potassium levels. Both of these elements are under the influence of the adrenal glands. An increased Sodium:Potassium ratio is associated with acute stress.

7.60
g/dL

PROTEIN - TOTAL [↗](#)

Total serum protein is composed of albumin and total globulin. Conditions that affect albumin and total globulin readings will impact the total protein value. An increased total protein is most often due to dehydration.

4.40
mg/dL

PHOSPHORUS [↗](#)

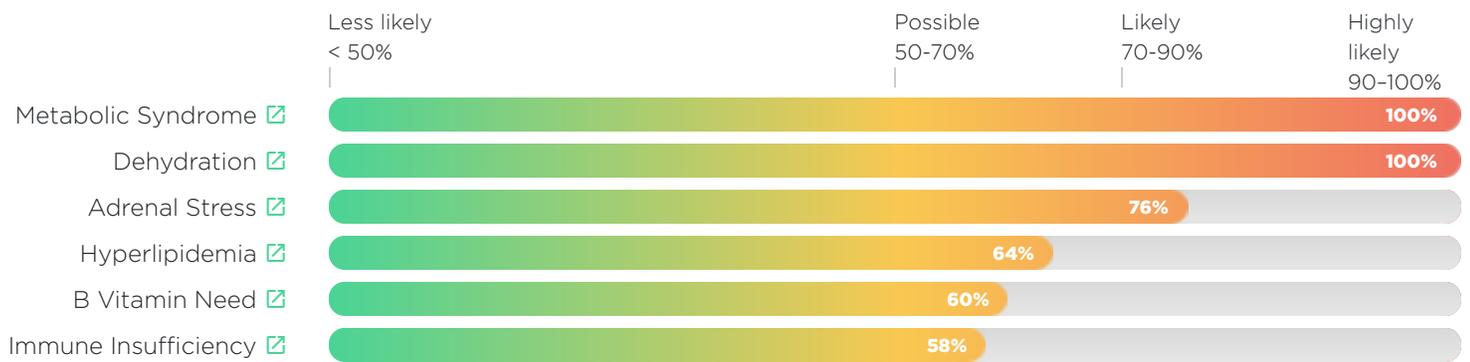
Phosphorous levels, like calcium, are regulated by parathyroid hormone (PTH). Phosphate levels are closely tied with calcium, but they are not as strictly controlled as calcium. Serum phosphorous is a general marker for digestion. Serum levels of phosphorous may be increased with a high phosphate consumption in the diet, and with parathyroid hypofunction and renal insufficiency.

Health Improvement

The Health Improvement Plan takes all the information on this report and focuses on the top areas that need the most attention.

Each area of Health Improvement is included in the section that follows so you can read a detailed description and individual explanation of the results shown in this report.

NEEDS ATTENTION





Product Summary

The Product summary report takes all the information on this report and provides a summary of the nutritional supplements recommended to help bring the systems of the body back into balance. This plan focuses on the top areas of need as presented in this report.

The Product summary report has been prepared for your patient based upon current algorithms. Additional personalized recommendations for nutritional support may be applicable based on this laboratory evaluation, your patient's history and your clinical practice experience.

PROTOCOLS	PRIMARY PRODUCTS		DOSAGE
Metabolic Syndrome	Diaplex		3 capsules per meal, or as directed.
Dehydration	Water		Drink at least eight 8-ounce glasses of pure or filtered water a day
Adrenal Stress	Drenamin		3 tablets per meal, or as directed
Hyperlipidemia	Cholaplex		3 capsules per meal, or as directed.
B Vitamin Need	Cataplex B-GF		Two tablets per meal, or as directed.
Immune Insufficiency	Immuplex		Two capsules per meal, or as directed.