



CLINICAL LABORATORY TESTING:

# **BLOOD CHEMISTRY**

## & CBC ANALYSIS

FROM A FUNCTIONAL MEDICINE PERSPECTIVE

**Part 8 of 8**

**Laboratory Test Interpretation  
with Case Presentations**

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## Case #1: Brief history

(Treatment for weight loss and detoxification)

- Female: Late thirties
- Stressful occupation
- No history of direct exposure to environmental toxins
- **Wt. 144.8 lbs.; Ht. 62 ¾ inches**
- Normal BP in both arms; normal temperature
- Exercise: 1 to 2 times per week > aerobics



## BMI: weight and height = 25.9

|                   |                    |
|-------------------|--------------------|
| Normal            | 18.5 – 24.9        |
| <b>Overweight</b> | <b>25.0 – 29.9</b> |
| Obese             | 30 – 39.9          |
| Morbidly Obese    | > 40               |

## Waist to Height Ratio

**Ht. = 62.75 in Waist = 36.5 in  $36.6/62.75 = 0.58$  (58)**

ratio < 35: abnormally slim

ratio 35 – 41: extremely slender

ratio 42 – 45: slender/healthy

ratio 46 – 48: healthy/normal weight

ratio 49 – 53: overweight

**ratio 54 – 58: extremely overweight/obese**


ratio > 58: highly obese

**SYMPTOMS & TOXICITY**

| EAR                      |          | NOSE                      |          |
|--------------------------|----------|---------------------------|----------|
| Itchy Ears               | 1        | Stuffy Nose               | 0        |
| Earaches, Ear Infections | 3        | Sinus Problems            | 0        |
| Drainage from Ear        | 0        | Hay Fever                 | 0        |
| Ringing in Ears          | 3        | Sneezing Attacks          | 1        |
| Hearing Loss             | 2        | Excessive Mucus Formation | 0        |
| Red or Burning Ears      | 0        |                           |          |
| <b>Total:</b>            | <b>9</b> | <b>Total:</b>             | <b>1</b> |

| MOUTH/THROAT                           |          | EYES                                |          |
|--|----------|-------------------------------------|----------|
| Chronic Coughing                       | 1        | Watery or Itchy Eyes                | 1        |
| Gagging, Frequent Need to Clear Throat | 1        | Swollen, Reddened or Sticky Eyelids | 0        |
| Sore Throat, Hoarseness, Loss of Voice | 0        | Bags or Dark Circles Under Eyes     | 1        |
| Swollen/Discolored Tongue, Gum, Lips   | 1        | Blurred or Tunnel Vision            | 2        |
| Canker Sores                           | 1        | Floater                             | 0        |
| Cracking at Corner of Lips             | 0        |                                     |          |
| <b>Total:</b>                          | <b>4</b> | <b>Total:</b>                       | <b>4</b> |

| HEAD          |          | SKIN                      |           |
|---------------|----------|---------------------------|-----------|
| Headaches     | 1        | Acne                      | 3         |
| Fatigue       | 3        | Hives, Rashes or Dry Skin | 3         |
| Dizziness     | 2        | Hair Loss                 | 4         |
| Insomnia      | 0        | Flushing or Hot Flashes   | 0         |
|               |          | Excessive Sweating        | 4         |
| <b>Total:</b> | <b>6</b> | <b>Total:</b>             | <b>14</b> |


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# SYMPTOM & TOXICITY QUESTIONNAIRE SURVEY

(pre-treatment survey score)

**Total Score = 106**  
(100 or Greater = significant toxicity)



# SYMPTOMS & TOXICITY

## EAR

|                          |          |
|--------------------------|----------|
| Itchy Ears               | <u>1</u> |
| Earaches, Ear Infections | <u>3</u> |
| Drainage from Ear        | <u>0</u> |
| Ringling in Ears         | <u>3</u> |
| Hearing Loss             | <u>2</u> |
| Red or Burning Ears      | <u>0</u> |

Total: 9

## NOSE

|                           |          |
|---------------------------|----------|
| Stuffy Nose               | <u>0</u> |
| Sinus Problems            | <u>0</u> |
| Hay Fever                 | <u>0</u> |
| Sneezing Attacks          | <u>1</u> |
| Excessive Mucus Formation | <u>0</u> |

Total: 1

## MOUTH/THROAT

|  |          |
|--|----------|
| Chronic Coughing                       | <u>1</u> |
| Gagging, Frequent Need to Clear throat | <u>1</u> |
| Sore Throat, Hoarseness, Loss of Voice | <u>0</u> |
| Swollen/Discolored Tongue, Gum, Lips   | <u>1</u> |
| Canker Sores                           | <u>1</u> |
| Cracking at Corner of Lips             | <u>0</u> |

Total: 4

## EYES

|                                     |          |
|-------------------------------------|----------|
| <del>Watery</del> or Itchy Eyes     | <u>1</u> |
| Swollen, Reddened or Sticky Eyelids | <u>0</u> |
| Bags or Dark Circles Under Eyes     | <u>1</u> |
| Blurred or Tunnel Vision            | <u>2</u> |
| Floaters                            | <u>0</u> |

Total: 4



Canker Sores  
Cracking at Corner of Lips

1  
0

Total: 4

Floater

0

Total: 4

## HEAD

Headaches

1

Faintness

3

Dizziness

2

Insomnia

0

Total: 6

## SKIN

Acne

3

Hives, Rashes or Dry Skin

3

Hair Loss

4

Flushing or Hot Flashes

0

Excessive Sweating

4

Total: 14



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# SYMPTOMS & TOXICITY

## JOINTS/MUSCLES

|                                     |           |
|-------------------------------------|-----------|
| Pain or Aches in Joints             | <u>1</u>  |
| Arthritis                           | <u>0</u>  |
| Stiffness or Limitation of Movement | <u>1</u>  |
| Pain or Aches in Muscles            | <u>4</u>  |
| ↳ <i>Shoulders and Feet</i>         | <u>4</u>  |
| Feeling of Weakness or Tiredness    | <u>0</u>  |
| Pain that Moves from Joint to Joint | <u>0</u>  |
| <b>Total:</b>                       | <u>10</u> |

## DIGESTIVE TRACT

|                         |          |
|-------------------------|----------|
| Nausea or Vomiting      | <u>0</u> |
| Diarrhea                | <u>0</u> |
| Constipation            | <u>0</u> |
| Bloated Feeling         | <u>1</u> |
| Belching or Passing Gas | <u>2</u> |
| Heartburn               | <u>0</u> |
| Intestinal/Stomach Pain | <u>1</u> |
| Mucous                  | <u>1</u> |
| Malodorous gas          | <u>1</u> |
| <b>Total:</b>           | <u>6</u> |

## HEART

|                                |          |
|--------------------------------|----------|
| Irregular or Skipped Heartbeat | <u>0</u> |
| Rapid or Pounding Heartbeat    | <u>0</u> |
| Chest Pain                     | <u>2</u> |
| <b>Total:</b>                  | <u>2</u> |

## LUNGS

|  |          |
|--|----------|
| Chest Congestion                         | <u>0</u> |
| Asthma, Bronchitis                       | <u>0</u> |
| Shortness of Breath                      | <u>4</u> |
| Difficult Breathing                      | <u>1</u> |
| ↳ <i>only when O<sub>2</sub> starved</i> |          |
| <b>Total:</b>                            | <u>5</u> |



|               |              |
|---------------|--------------|
|               | <u>    </u>  |
| <b>Total:</b> | <u>  2  </u> |

|   |              |
|---|--------------|
| Shortness of Breath   | <u>  1  </u> |
| ↳ Difficult Breathing<br>↳ only when O <sub>2</sub> Starved | <u>  1  </u> |
| <b>GRAND Total:</b>   | <u>  5  </u> |

| WEIGHT                |              |
|-----------------------|--------------|
| Binge Eating/Drinking | <u>  2  </u> |
| Craving Certain Foods | <u>  2  </u> |
| Excessive Weight      | <u>  4  </u> |
| Compulsive Eating     | <u>  4  </u> |
| Water Retention       | <u>  0  </u> |
| Underweight           | <u>  0  </u> |
| <b>Total:</b>         | <u> 12  </u> |

| ENERGY/ACTIVITY  |              |
|--|--------------|
| Fatigue, Sluggishness  | <u>  4  </u> |
| Apathy, Lethargy   | <u>  4  </u> |
| Hyperactivity  | <u>  0  </u> |
| Worst with Exercise  | <u>  4  </u> |
| Better with Naps   | <u>  4  </u> |
| * Chronic EBV and<br>other genetic + environmental<br>factors. |              |
| <b>Total:</b>  | <u> 16  </u> |



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# SYMPTOMS & TOXICITY

## MIND

|                                |           |
|--------------------------------|-----------|
| Poor Memory                    | <u>4</u>  |
| Confusion, Poor Comprehension  | <u>1</u>  |
| Poor Concentration             | <u>1</u>  |
| Poor Physical Coordination     | <u>1</u>  |
| Difficulty in Making Decisions | <u>2</u>  |
| Stuttering or Stammering       | <u>1</u>  |
| Slurred Speech                 | <u>1</u>  |
| Learning Disabilities          | <u>0</u>  |
| <b>Total:</b>                  | <u>11</u> |

## EMOTIONS

|  |          |
|--|----------|
| Mood Swings                                      | <u>1</u> |
| Anxiety, Fear or Nervousness                     | <u>4</u> |
| Depression <i>Blind rage + easily stressed.</i>  | <u>1</u> |
| <i>~ Not enough sleep with 4 young children.</i> |          |
| <b>Total:</b>                                    | <u>6</u> |

## OTHER

|                              |          |
|------------------------------|----------|
| Frequent Illness             | <u>0</u> |
| Frequent or Urgent Urination | <u>0</u> |
| Genital Itch or Discharge    | <u>0</u> |
| <b>Total:</b>                | <u>0</u> |



Add together the total from each health/body related area and put the number below in the **GRAND TOTAL** field.



**GRAND TOTAL:** 106



OTHER

Frequent Illness

0

Frequent or Urgent Urination

0

Genital Itch or Discharge

0

Total: 0



Add together the total from each health/body related area and put the number below in the **GRAND TOTAL** field.



GRAND TOTAL: 106

COMPARE YOUR GRAND TOTAL TO THE VALUES BELOW - TOXICITY SCALE

<10

OPTIMAL

10-50

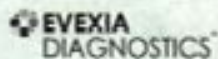
MILD TOXICITY

50-100

MODERATE TOXICITY

100>

SEVERE TOXICITY



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# Pre-Treatment 7-Day Diet History

SAMPLE 1 WEEK PRIOR  
TO DETOX

## 7 DAY DIET HISTORY FORM

DETOX  
FOR WEIGHT MANAGEMENT

Each day, record all the food you eat and drink. Be sure to include the approximate portions/amounts. When you have completed the entire form, return it to your clinician for evaluation.

Health Care Practitioner \_\_\_\_\_  
Patient Self

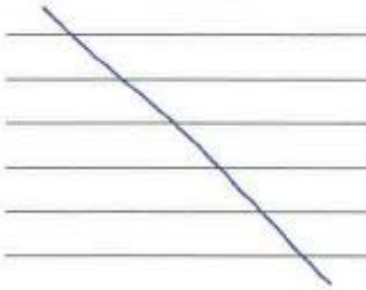
*\* I do not remember exactly. I just know Not enough sleep or water! \**


**Day 1:** 8/20/18    HOURS OF SLEEP: 5    QUALITY OF SLEEP: 1 2 3 4 5    BOWEL MOVEMENTS: Once daily @ 9am. Solid/formed!  
Date    (good)    (poor)

Approx. 30oz H2O daily

| BREAKFAST time _____                | LUNCH time <u>1:00pm</u>  | DINNER time <u>7:30</u>  |
|-------------------------------------|---|--|
| <del>Always skipped breakfast</del> | Quinoa Noodles<br>Tomato Sauce<br>Grass-fed ground beef<br>Sheep Cheese<br>w/ Avocado | Broccoli, Roast,<br>Pesto<br><br><i>* Typically always eat late dinner/snack</i> |

# Pre-Treatment 7-Day Diet History

|   |  |  |
|---|--|--|
| MID MORNING SNACK time <u>11:30am</u><br><u>Cashew Cookie</u><br><u>Larabar</u>   | MID DAY SNACK time <u>2:00</u><br><u>Good Stuff</u><br><u>Peppermint Cacao</u>   | NIGHT TIME SNACK time <u>9:30</u><br><u>Chocolate covered</u><br><u>frozen pineapple</u>                             |
| <b>Day 2:</b> <u>8/21/18</u> Date   |  |  |
| HOURS OF SLEEP: _____      QUALITY OF SLEEP: 1 2 3 4 5      BOWEL MOVEMENTS: _____<br><small>(good)      (good)</small> |  |  |
| BREAKFAST time _____<br>               | LUNCH time _____<br><u>Spring Mix Salad</u><br><u>Sheep Feta</u><br><u>Turkey</u><br><u>Sunflower/Lemon</u><br><u>Dressing (Tessima's)</u> | DINNER time _____<br><u>Fast food meat patty</u><br><u>w/ cheese, baked</u><br><u>potato, chili,</u><br><u>fries</u> |
| MID MORNING SNACK time _____<br><u>RX Bar</u>   | MID DAY SNACK time _____<br><u>Blueberry</u><br><u>Larabar</u>   | NIGHT TIME SNACK time _____<br><u>Organic Rice Cake w/</u><br><u>fruit spread + almond</u><br><u>butter</u>          |

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# 7 DAY DIET HISTORY FORM

DETOX  
FOR WEIGHT MANAGEMENT

**Day 3:** 8/22/18  
Date

HOURS OF SLEEP: \_\_\_\_\_

QUALITY OF SLEEP: 1 2 3 4 5  
(poor) (good)

BOWEL MOVEMENTS: \_\_\_\_\_

BREAKFAST time \_\_\_\_\_

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

LUNCH time \_\_\_\_\_

Baked  
Chicken Wings  
w/ Spring Mix  
Greens

DINNER time \_\_\_\_\_

6 Fried eggs  
over greens and  
Red Onion  
(cooked in coconut oil)

MID MORNING SNACK time \_\_\_\_\_

Tecino w/  
Collagen

MID DAY SNACK time \_\_\_\_\_

Coconut Bites w/  
Cocoa Nibs

NIGHT TIME SNACK time \_\_\_\_\_

Banana + Macadamia  
Nuts



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Day4: 8/23/18  
Date

HOURS OF SLEEP: \_\_\_\_\_

QUALITY OF SLEEP: 1 2 3 4 5  
good poor

BOWEL MOVEMENTS: \_\_\_\_\_

BREAKFAST time \_\_\_\_\_

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

LUNCH time \_\_\_\_\_

Organic "Oats"  
Cereal w/ pumpkin  
seeds, goji  
berries and  
unsweetened flax  
milk

DINNER time \_\_\_\_\_

"Real Food" Keto  
Pizza (GF)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MID MORNING SNACK time \_\_\_\_\_

Rise Cashew  
Lemon Bar

MID DAY SNACK time \_\_\_\_\_

Mango with  
Sunflower Butter

NIGHT TIME SNACK time \_\_\_\_\_

Organic Potato  
Chips

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# 7 DAY DIET HISTORY FORM

DETOX  
FOR WEIGHT MANAGEMENT

**Day 5:** 8/24/18  
Date

HOURS OF SLEEP: \_\_\_\_\_ QUALITY OF SLEEP: 1 2 3 4 5  
(good) (poor)

BOWEL MOVEMENTS: \_\_\_\_\_

BREAKFAST time \_\_\_\_\_

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

LUNCH time \_\_\_\_\_

Organic Blue  
Corn Chips, Salsa,  
Guacamole

DINNER time \_\_\_\_\_

Bean and Mixed  
Veggie Soup  
Mary's Gone  
Crackers

MID MORNING SNACK time \_\_\_\_\_

Left over  
Keto Pizza

MID DAY SNACK time \_\_\_\_\_

Cashew Cookie  
Lara bar

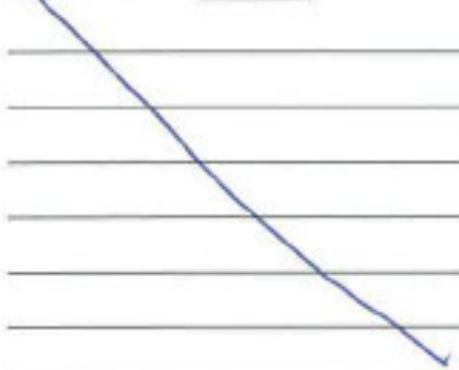
NIGHT TIME SNACK time \_\_\_\_\_

Banana +  
Almond Butter

**Day 6:** 8/25/18  
Date

HOURS OF SLEEP: \_\_\_\_\_ QUALITY OF SLEEP: 1 2 3 4 5 BOWEL MOVEMENTS: \_\_\_\_\_  
(poor) (poor)

BREAKFAST time \_\_\_\_\_



LUNCH time \_\_\_\_\_

Organic Beef  
Hotdog w/  
Avocado Mayo  
Carrot Sticks

DINNER time \_\_\_\_\_

Fried Eggs (coconut oil)  
GF Toast w/ Ghee  
and Organic  
Turkey Sausage

MID MORNING SNACK time \_\_\_\_\_

Organic Apples  
Sunflower Butter  
(unsweetened)

MID DAY SNACK time \_\_\_\_\_

Dark Chocolate

NIGHT TIME SNACK time \_\_\_\_\_

Dark Chocolate



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# 7 DAY DIET HISTORY FORM

DETOX  
FOR WEIGHT MANAGEMENT

**Day 7:** 8/26/18  
Date

HOURS OF SLEEP: \_\_\_\_\_ QUALITY OF SLEEP: 1 2 3 4 5 BOWEL MOVEMENTS: \_\_\_\_\_  
(good) (poor)

BREAKFAST time \_\_\_\_\_

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

LUNCH time \_\_\_\_\_

Organic  
Chicken w/ Avocado  
Mayo, Cherry  
Tomatoes and  
Avocado

DINNER time \_\_\_\_\_

Grass Fed Steak  
w/ BBQ sauce,  
Org Peas, Mashed  
Potatoes

MID MORNING SNACK time \_\_\_\_\_

Teeccino with  
Collagen  
and Good Stuff  
Cocoa

MID DAY SNACK time \_\_\_\_\_

"Hippes" - Organic  
Chickpea Puffs  
and Larabar

NIGHT TIME SNACK time \_\_\_\_\_

Raspberry Fruit  
Spread, Almond  
Butter





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# Pre-Treatment Initial Lab Test Results



Report Status: Final

| Patient Information |            | Specimen Information              |  | Client Information |  |
|---------------------|------------|-----------------------------------|--|--------------------|--|
| DOB:                | AGE:       | Specimen:                         |  | Client:            |  |
| Gender: F           | Fasting: Y | Requisition:                      |  |                    |  |
| Phone:              |            | Lab Ref #:                        |  |                    |  |
| Patient ID:         |            | Collected: 08/08/2018 / 08:35 EDT |  |                    |  |
| Health ID:          |            | Received: 08/09/2018 / 18:45 EDT  |  |                    |  |
|                     |            | Reported: 08/14/2018 / 18:14 EDT  |  |                    |  |
|                     |            | (* A Copy Sent To)                |  |                    |  |

COMMENTS: FASTING: YES

| Test Name              | In Range | Out Of Range | Reference Range  | Lab |
|------------------------|----------|--------------|--|-----|
| THYROID PANEL WITH TSH |          |              |  |     |
| THYROID PANEL          |          |              |  | CB  |
| T3 UPTAKE              | 27       |              | 22-35 %  |     |
| T4 (THYROXINE), TOTAL  | 8.1      |              | 5.1-11.9 mcg/dL  |     |
| FREE T4 INDEX (T7)     | 2.2      |              | 1.4-3.8  |     |
| TSH                    | 1.81     |              | mIU/L  | CB  |
|                        |          |              | Reference Range  |     |
|                        |          |              | > or = 20 Years 0.40-4.50  |     |
|                        |          |              | Pregnancy Ranges   |     |
|                        |          |              | First trimester 0.26-2.66  |     |
|                        |          |              | Second trimester 0.55-2.73   |     |
|                        |          |              | Third trimester 0.43-2.91  |     |
| LIPID PANEL, STANDARD  |          |              |  |     |
| CHOLESTROL, TOTAL      |          | 208 H        | <200 mg/dL   | CB  |
| HDL CHOLESTEROL        | 57       |              | >50 mg/dL  | CB  |
| TRIGLYCERIDES          | 57       |              | <150 mg/dL   | CB  |
| LDL-CHOLESTEROL        |          | 137 H        | mg/dL (calc)   | CB  |
|                        |          |              | Reference range: <100  |     |
|                        |          |              | Desirable range <100 mg/dL for primary prevention;<br><70 mg/dL for patients with CHD or diabetic patients<br>with > or = 2 CHD risk factors.  |     |
|                        |          |              | LDL-C is now calculated using the Martin-Hopkins<br>calculation, which is a validated novel method providing<br>better accuracy than the Friedewald equation in the<br>estimation of LDL-C.<br>Martin SS et al. JAMA. 2013;310(19): 2061-2068<br>(http://education.QUESTdiagnostics.com/faq/FAQ164)  |     |
| CHOL/HDLRATIO          | 3.6      |              | <5.0 (calc)  | CB  |
| NON HDL CHOLESTROL     |          | 151 H        | <130 mg/dL (calc)  | CB  |
|                        |          |              | For patients with diabetes plus 1 major ASCVD risk<br>factor, treating to a non-HDL-C goal of <100 mg/dL<br>(LDL-C of <70 mg/dL) is considered a therapeutic<br>option.  |     |
| HS CRP                 | 0.5      |              | mg/L   | CB  |
|                        |          |              | Lower relative cardiovascular risk according to<br>AHA/CDC guidelines.   |     |
|                        |          |              | For ages >17 Years:<br>hs-CRP mg/L Risk According to AHA/CDC Guidelines<br><1.0 Lower relative cardiovascular risk.<br>1.0-3.0 Average relative cardiovascular risk.<br>3.1-10.0 Higher relative cardiovascular risk.<br>Consider retesting in 1 to 2 weeks to<br>exclude a benign transient elevation<br>in the baseline CRP value secondary<br>to infection or inflammation. |     |

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Thyroid Labs:  
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High TC:  
**High 208 mg/dL**

High LDL-C:  
**137 mg/dL**

High Non-HDL-C:  
**151 mg/dL**

hs-CRP:  
**wnl**

# Pre-Treatment Initial Lab Test Results

| Patient Information  |                | Specimen Information   |                         | Client Information |  |
|--|----------------|--|-------------------------|--------------------|--|
| <b>DOB:</b> <b>AGE:</b><br><b>Gender:</b> F <b>Fasting:</b> Y<br><b>Patient ID:</b><br><b>Health ID:</b>   |                | <b>Specimen:</b><br><b>Collected:</b> 08/08/2018 / 08:35 EDT<br><b>Received:</b> 08/09/2018 / 18:45 EDT<br><b>Reported:</b> 08/14/2018 / 18:14 EDT<br>(* A Copy Sent To) |                         | <b>Client #:</b>   |  |
| Test Name  | In Range       | Out Of Range   | Reference Range         | Lab                |  |
| >10.0  |                |  |                         |                    |  |
| Persistent elevation, upon retesting, may be associated with infection and inflammation.   |                |  |                         |                    |  |
| <b>HOMOCYSTEINE</b>  | 6.0            |  | <10.4 umol/L            | CB                 |  |
| Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide. |                |  |                         |                    |  |
| <b>COMPREHENSIVE METABOLIC PANEL</b>   |                |  |                         | CB                 |  |
| <b>GLUCOSE</b>   | 92             |  | 65-99 mg/dL             |                    |  |
| Fasting reference interval   |                |  |                         |                    |  |
| <b>UREA NITROGEN (BUN)</b>   | 16             |  | 7-25 mg/dL              |                    |  |
| <b>CREATININE</b>  | 0.81           |  | 0.50-1.10 mg/dL         |                    |  |
| <b>eGFR NON-AFR. AMERICAN</b>  | 93             |  | > OR = 60 mL/min/1.73m2 |                    |  |
| <b>eGFR AFRICAN AMERICAN</b>   | 108            |  | > OR = 60 mL/min/1.73m2 |                    |  |
| <b>BUN/CREATININE RATIO</b>  | NOT APPLICABLE |  | 6-22 (calc)             |                    |  |
| <b>SODIUM</b>  | 138            |  | 135-146 mmol/L          |                    |  |
| <b>POTASSIUM</b>   | 4.0            |  | 3.5-5.3 mmol/L          |                    |  |
| <b>CHLORIDE</b>  | 103            |  | 98-110 mmol/L           |                    |  |
| <b>CARBON DIOXIDE</b>  | 31             |  | 20-32 mmol/L            |                    |  |
| <b>CALCIUM</b>   | 9.0            |  | 8.6-10.2 mg/dL          |                    |  |
| <b>PROTEIN, TOTAL</b>  | 7.1            |  | 6.1-8.1 g/dL            |                    |  |
| <b>ALBUMIN</b>   | 4.4            |  | 3.6-5.1 g/dL            |                    |  |
| <b>GLOBULIN</b>  | 2.7            |  | 1.9-3.7 g/dL (calc)     |                    |  |
| <b>ALBUMIN/GLOBULIN RATIO</b>  | 1.6            |  | 1.0-2.5 (calc)          |                    |  |
| <b>BILIRUBIN, TOTAL</b>  | 0.4            |  | 0.2-1.2 mg/dL           |                    |  |
| <b>ALKALINE PHOSPHATASE</b>  | 45             |  | 33-115 U/L              |                    |  |
| <b>AST</b>   | 13             |  | 10-30 U/L               |                    |  |
| <b>ALT</b>   | 11             |  | 6-29 U/L                |                    |  |
| <b>HEMOGLOBIN A1c</b>  | 4.9            |  | <5.7 % of total Hgb     | CB                 |  |
| For the purpose of screening for the presence of diabetes:   |                |  |                         |                    |  |
| <5.7%                      Consistent with the absence of diabetes<br>5.7-6.4%                Consistent with increased risk for diabetes (prediabetes)<br>> or -6.5%              Consistent with diabetes  |                |  |                         |                    |  |
| This assay result is consistent with a decreased risk of diabetes.   |                |  |                         |                    |  |
| Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.  |                |  |                         |                    |  |
| According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).   |                |  |                         |                    |  |
| <b>CLIENT SERVICES:</b> 866.697.8378   |                | <b>SPECIMEN:</b>   |                         | <b>PAGE 2 OF 6</b> |  |
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Homocysteine: **wnl**

Fasting glucose: **92 mg/dL**



Kidney function: **wnl**

Liver enzymes: **wnl**

Alk Phos low:  
**possible zinc/magnesium deficiency**

HgA1c: 4.9%: **wnl**

## Pre-Treatment Initial Lab Test Results



Report Status: Final

| Patient Information   |          | Specimen Information  |                      | Client Information |  |
|---|----------|---|----------------------|--------------------|--|
| <b>DOB:</b> <b>AGE:</b><br><b>Gender:</b> F <b>Fasting:</b> Y<br><b>Patient ID:</b><br><b>Health ID:</b>  |          | <b>Specimen:</b><br><b>Collected:</b> 08/08/2018 / 08:35 EDT<br><b>Received:</b> 08/09/2018 / 18:45 EDT<br><b>Reported:</b> 08/14/2018 / 18:14 EDT<br><small>(* A Copy Sent To)</small> |                      | <b>Client #:</b>   |  |
| Test Name   | In Range | Out Of Range  | Reference Range      | Lab                |  |
| MAGNESIUM, RBC  | 4.0      |   | 4.0-6.4 mg/dL        | AMD                |  |
| <p>This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.</p>  |          |   |                      |                    |  |
| GGT   | 8        |   | 3-50 U/L             | CB                 |  |
| T4, FREE  | 1.1      |   | 0.8-1.8 ng/dL        | CB                 |  |
| T3, FREE  | 2.9      |   | 2.3-4.2 pg/mL        | CB                 |  |
| LEPTIN  | 5.6      |   | ng/mL                | EZ                 |  |
| <p><b>Reference Ranges for Leptin:</b></p> <p>Adult Lean Subjects (18-71 years) with BMI range of 18-25:</p> <p>Males: 0.3-13.4 ng/mL<br/> Females: 4.7-23.7 ng/mL</p> <p>Adult Subjects (19-60 years) with BMI range of 25-30:</p> <p>Males: 1.8-19.9 ng/mL<br/> Females: 8.0-38.9 ng/mL</p> <p>Pediatric Reference Ranges for Leptin:</p> <p>5-9.9 years: 0.6-16.8 ng/mL<br/> 10-13.9 years: 1.4-16.5 ng/mL<br/> 14-17.9 years: 0.6-24.9 ng/mL</p> <p>This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.</p> |          |   |                      |                    |  |
| CBC (INCLUDES DIFF/PLT)   |          |   |                      | CB                 |  |
| WHITE BLOOD CELL COUNT  | 4.6      |   | 3.8-10.8 Thousand/uL |                    |  |
| RED BLOOD CELL COUNT  | 4.39     |   | 3.80-5.10 Million/uL |                    |  |
| HEMOGLOBIN  | 12.7     |   | 11.7-15.5 g/dL       |                    |  |
| HEMATOCRIT  | 39.0     |   | 35.0-45.0 %          |                    |  |
| MCV   | 88.8     |   | 80.0-100.0 fL        |                    |  |
| MCH   | 28.9     |   | 27.0-33.0 pg         |                    |  |
| MCHC  | 32.6     |   | 32.0-36.0 g/dL       |                    |  |
| RDW   | 12.2     |   | 11.0-15.0 %          |                    |  |
| PLATELET COUNT  | 279      |   | 140-400 Thousand/uL  |                    |  |
| MPV   | 11.2     |   | 7.5-12.5 fL          |                    |  |
| ABSOLUTE NEUTROPHILS  | 2245     |   | 1500-7800 cells/uL   |                    |  |
| ABSOLUTE LYMPHOCYTES  | 1900     |   | 850-3900 cells/uL    |                    |  |
| ABSOLUTE MONOCYTES  | 350      |   | 200-950 cells/uL     |                    |  |
| ABSOLUTE EOSINOPHILS  | 78       |   | 15-500 cells/uL      |                    |  |
| CLIENT SERVICES: 866.697.8378   |          | SPECIMEN:   |                      | PAGE 3 OF 6        |  |
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RBC – Mg: **wnl (but low normal)**

GGT: **wnl**

Leptin: **wnl**

CBC: **wnl - (no signs of anemia)**

**Leptin is synthesized by WAT**

- Major regulator of body weight by suppressing appetite
- Elevated plasma levels correlate with the amount of body fat; obese individuals have high circulating leptin levels, indicating a resistance to its action
- Pro-inflammatory cytokine; increased during acute infection and inflammation; Increased by inflammatory mediators such as TNF- $\alpha$ , IL-6, and IL-1

## Pre-Treatment Initial Lab Test Results

| Patient Information  |            | Specimen Information              |                       | Client Information |    |
|--|------------|-----------------------------------|-----------------------|--------------------|----|
| DOB:   | AGE:       | Specimen:                         |                       | Client #:          |    |
| Gender: F  | Fasting: Y | Collected: 08/08/2018 / 08:35 EDT |                       |                    |    |
| Patient ID:  |            | Received: 08/09/2018 / 18:45 EDT  |                       |                    |    |
| Health ID:   |            | Reported: 08/14/2018 / 18:14 EDT  |                       |                    |    |
|  |            | (* A Copy Sent To)                |                       |                    |    |
| Test Name  | In Range   | Out Of Range                      | Reference Range       | Lab                |    |
| ABSOLUTE BASOPHILS   | 28         |                                   | 0-200 cells/uL        |                    |    |
| NEUTROPHILS  | 48.8       |                                   | %                     |                    |    |
| LYMPHOCYTES  | 41.3       |                                   | %                     |                    |    |
| MONOCYTES  | 7.6        |                                   | %                     |                    |    |
| EOSINOPHILS  | 1.7        |                                   | %                     |                    |    |
| BASOPHILS  | 0.6        |                                   | %                     |                    |    |
| URINALYSIS, COMPLETE   |            |                                   |                       |                    | CB |
| COLOR  | YELLOW     |                                   | YELLOW                |                    |    |
| APPEARANCE   | CLEAR      |                                   | CLEAR                 |                    |    |
| SPECIFIC GRAVITY   | 1.008      |                                   | 1.001-1.035           |                    |    |
| PH   | 7.5        |                                   | 5.0-8.0               |                    |    |
| GLUCOSE  | NEGATIVE   |                                   | NEGATIVE              |                    |    |
| BILIRUBIN  | NEGATIVE   |                                   | NEGATIVE              |                    |    |
| KETONES  | NEGATIVE   |                                   | NEGATIVE              |                    |    |
| <b>OCCULT BLOOD</b>  |            | <b>1+</b>                         | NEGATIVE              |                    |    |
| PROTEIN  | NEGATIVE   |                                   | NEGATIVE              |                    |    |
| NITRITE  | NEGATIVE   |                                   | NEGATIVE              |                    |    |
| LEUKOCYTE ESTERASE   | NEGATIVE   |                                   | NEGATIVE              |                    |    |
| WBC  | NONE SEEN  |                                   | < OR = 5 /HPF         |                    |    |
| RBC  | 0-2        |                                   | < OR = 2 /HPF         |                    |    |
| SQUAMOUS EPITHELIAL CELLS  | NONE SEEN  |                                   | < OR = 5 /HPF         |                    |    |
| BACTERIA   | NONE SEEN  |                                   | NONE SEEN /HPF        |                    |    |
| HYALINE CAST   | NONE SEEN  |                                   | NONE SEEN /LPF        |                    |    |
| IRON AND TOTAL IRON  |            |                                   |                       |                    | CB |
| BINDING CAPACITY   |            |                                   |                       |                    |    |
| IRON, TOTAL  | 41         |                                   | 40-190 mcg/dL         |                    |    |
| IRON BINDING CAPACITY  | 336        |                                   | 250-450 mcg/dL (calc) |                    |    |
| % SATURATION   | 12         |                                   | 11-50 % (calc)        |                    |    |
| FERRITIN   | 10         |                                   | 10-154 ng/mL          |                    | CB |
| INSULIN  | 4.0        |                                   | 2.0-19.6 uIU/mL       |                    | CB |
| This insulin assay shows strong cross-reactivity for some insulin analogs (lispro, aspart, and glargine) and much lower cross-reactivity with others (detemir, glulisine). |            |                                   |                       |                    |    |
| CORTISOL, A.M.   | 17.9       |                                   | mcg/dL                |                    | CB |
| Reference Range<br>8 a.m. (7-9 a.m.) Specimen: 4.0-22.0  |            |                                   |                       |                    |    |

Iron panel:  
**low normal**

Fasting insulin:  
**wnl**

Morning cortisol:  
**wnl**

**Occult blood in the urine:  
requires investigation**

CLIENT SERVICES: 866.697.8378

SPECIMEN:

PAGE 4 OF 6

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# Pre-Treatment Initial Lab Test Results

Quest Diagnostics  Report Status: Final

| Patient Information |            | Specimen Information              |  | Client Information |  |
|---------------------|------------|-----------------------------------|--|--------------------|--|
| DOB:                | AGE:       | Specimen:                         |  | Client #:          |  |
| Gender: F           | Fasting: Y | Collected: 08/08/2018 / 08:35 EDT |  |                    |  |
| Patient ID:         |            | Received: 08/09/2018 / 18:45 EDT  |  |                    |  |
| Health ID:          |            | Reported: 08/14/2018 / 18:14 EDT  |  |                    |  |
| (* A Copy Sent To)  |            |                                   |  |                    |  |

**Endocrinology**

| Test Name                | Result | Reference Range | Lab |
|--------------------------|--------|-----------------|-----|
| VITAMIN D,25-OH,TOTAL,IA | 38     | 30-100 ng/mL    | CB  |

Vitamin D Status: 25-OH Vitamin D:  
Deficiency: <20 ng/mL  
Insufficiency: 20 - 29 ng/mL  
Optimal: > or = 30 ng/mL

For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended; order code 92888 (patients >2yrs).

For more information on this test, go to: <http://education.questdiagnostics.com/faq/FAQ163> (This link is being provided for informational/educational purposes only.)

Physician Comments:

**PERFORMING SITE:**  
AMD QUEST DIAGNOSTICS/NICHOLS CHANTILLY, 14225 NEWBROOK DRIVE, CHANTILLY, VA 20151-2228 Laboratory Director: PATRICK W. MASON,MD,PHD, CLIA: 490021801  
CB QUEST DIAGNOSTICS WOOD DALE, 1355 MITTEL BOULEVARD, WOOD DALE, IL 60191-1024 Laboratory Director: ANTHONY V. THOMAS, MD, CLIA: 14D0417022  
EZ QUEST DIAGNOSTICS/NICHOLS SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: IRINA MARAMECA,MD,PHD,MBA, CLIA: 02D0643352

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CLIENT SERVICES: 866.697.8378 SPECIMEN: PAGE 5 OF 6  
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Vitamin D 25-OH total:  
**low normal**

**Vitamin D: think of  
immune system function  
and calcium metabolism**

# Post-Treatment Outcomes

## Case # 1



## Post-treatment measurements with **pre-treatment** comparison (measurements 4-weeks **post treatment**)

|                               |                           |                                    |
|-------------------------------|---------------------------|------------------------------------|
| <b>Weight:</b>                | initial <b>144.8 lbs.</b> | final <b>138 lbs.</b> (- 6.8 lbs.) |
| <b>Waist to height ratio:</b> | initial <b>58</b>         | final <b>53</b> (- 5)              |
| <b>BMI:</b>                   | initial <b>25.9</b>       | final <b>24.6</b> (-1.3)           |

### BMI chart

|                |                             |
|----------------|-----------------------------|
| Normal         | 18.5 – 24.9 ( <b>24.6</b> ) |
| Overweight     | 25.0 – 29.9 ( <b>25.9</b> ) |
| Obese          | 30 – 39.9                   |
| Morbidly Obese | > 40                        |

### Waist to Height Ratio Chart

ratio < 35: abnormally slim  
ratio 35 – 41: extremely slender  
ratio 42 – 45: slender/healthy  
ratio 46 – 48: healthy/normal weight  
ratio **49 – 53: overweight**  
ratio **54 – 58: extremely overweight/ obese**  
ratio > 58: highly obese



# SYMPTOMS & TOXICITY QUESTIONNAIRE SURVEY

(pre-treatment & post-treatment survey comparison)

**SYMPTOMS & TOXICITY**

| EAR                      |          | NOSE                      |          |
|--------------------------|----------|---------------------------|----------|
| Itchy Ears               | 1        | Stuffy Nose               | 0        |
| Earaches, Ear Infections | 3        | Sinus Problems            | 0        |
| Drainage from Ear        | 0        | Hay Fever                 | 0        |
| Ringing in Ears          | 3        | Sneezing Attacks          | 1        |
| Hearing Loss             | 2        | Excessive Mucus Formation | 0        |
| Red or Burning Ears      | 0        |                           |          |
| <b>Total:</b>            | <b>9</b> | <b>Total:</b>             | <b>1</b> |

| MOUTH/THROAT                           |          | EYES                                |          |
|--|----------|-------------------------------------|----------|
| Chronic Coughing                       | 1        | Watery or Itchy Eyes                | 1        |
| Gagging, Frequent Need to Clear throat | 1        | Swollen, Reddened or Sticky Eyelids | 0        |
| Sore Throat, Hoarseness, Loss of Voice | 0        | Bags or Dark Circles Under Eyes     | 1        |
| Swollen/Discolored Tongue, Gum, Lips   | 1        | Blurred or Tunnel Vision            | 2        |
| Canker Sores                           | 1        | Floater                             | 0        |
| Cracking at Corner of Lips             | 0        |                                     |          |
| <b>Total:</b>                          | <b>4</b> | <b>Total:</b>                       | <b>4</b> |

| HEAD          |          | SKIN                      |           |
|---------------|----------|---------------------------|-----------|
| Headaches     | 1        | Acne                      | 3         |
| Faintness     | 3        | Hives, Rashes or Dry Skin | 3         |
| Dizziness     | 2        | Hair Loss                 | 4         |
| Insomnia      | 0        | Flushing or Hot Flashes   | 0         |
|               |          | Excessive Sweating        | 4         |
| <b>Total:</b> | <b>6</b> | <b>Total:</b>             | <b>14</b> |

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Pre-treatment

**SYMPTOMS & TOXICITY**

| EAR                      |          | NOSE                      |          |
|--------------------------|----------|---------------------------|----------|
| Itchy Ears               | 1        | Stuffy Nose               | 0        |
| Earaches, Ear Infections | 0        | Sinus Problems            | 0        |
| Drainage from Ear        | 0        | Hay Fever                 | 0        |
| Ringing in Ears          | 1        | Sneezing Attacks          | 0        |
| Hearing Loss             | 1        | Excessive Mucus Formation | 0        |
| Red or Burning Ears      | 0        |                           |          |
| <b>Total:</b>            | <b>3</b> | <b>Total:</b>             | <b>0</b> |

| MOUTH/THROAT                           |          | EYES                                |          |
|--|----------|-------------------------------------|----------|
| Chronic Coughing                       | 1        | Watery or Itchy Eyes                | 1        |
| Gagging, Frequent Need to Clear throat | 0        | Swollen, Reddened or Sticky Eyelids | 0        |
| Sore Throat, Hoarseness, Loss of Voice | 0        | Bags or Dark Circles Under Eyes     | 0        |
| Swollen/Discolored Tongue, Gum, Lips   | 1        | Blurred or Tunnel Vision            | 0        |
| Canker Sores                           | 0        | Floater                             | 0        |
| Cracking at Corner of Lips             | 0        |                                     |          |
| <b>Total:</b>                          | <b>2</b> | <b>Total:</b>                       | <b>1</b> |

| HEAD          |          | SKIN   |          |
|---------------|----------|--|----------|
| Headaches     | 0        | Acne   | 0        |
| Faintness     | 1        | Hives, Rashes or Dry Skin                      | 1        |
| Dizziness     | 0        | Hair Loss                                      | 4        |
| Insomnia      | 0        | Flushing or Hot Flashes                        | 1        |
|               |          | Excessive Sweating                             | 1        |
|               |          | * Extreme Scalp burning (crown) when stressed! |          |
| <b>Total:</b> | <b>1</b> | <b>NEW SYMPTOM Total:</b>                      | <b>7</b> |

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Post-treatment

# SYMPTOMS & TOXICITY QUESTIONNAIRE SURVEY

(pre-treatment & post-treatment survey comparison)

| JOINTS/MUSCLES                      |           | DIGESTIVE TRACT         |          |
|-------------------------------------|-----------|-------------------------|----------|
| Pain or Aches in Joints             | 1         | Nausea or Vomiting      | 0        |
| Arthritis                           | 0         | Diarrhea                | 0        |
| Stiffness or Limitation of Movement | 1         | Constipation            | 1        |
| Pain or Aches in Muscles            | 4         | Bloated Feeling         | 1        |
| <i>Shoulders and feet</i>           | 4         | Belching or Passing Gas | 2        |
| Feeling of Weakness or Tiredness    | 4         | Heartburn               | 0        |
| Pain that Moves from Joint to Joint | 0         | Intestinal/Stomach Pain | 1        |
|                                     |           | Mucous                  | 1        |
|                                     |           | Malodorous gas          | 1        |
| <b>Total:</b>                       | <b>10</b> | <b>Total:</b>           | <b>6</b> |

| HEART                          |          | LUNGS                                  |          |
|--------------------------------|----------|--|----------|
| Irregular or Skipped Heartbeat | 0        | Chest Congestion                       | 0        |
| Rapid or Pounding Heartbeat    | 0        | Asthma, Bronchitis                     | 0        |
| Chest Pain                     | 2        | Shortness of Breath                    | 4        |
|                                |          | Difficult Breathing                    | 1        |
|                                |          | <i>only when O<sub>2</sub> started</i> |          |
| <b>Total:</b>                  | <b>2</b> | <b>Total:</b>                          | <b>5</b> |

| WEIGHT                |           | ENERGY/ACTIVITY   |           |
|-----------------------|-----------|---|-----------|
| Binge Eating/Drinking | 2         | Fatigue, Sluggishness   | 4         |
| Craving Certain Foods | 2         | Apathy, Lethargy  | 4         |
| Excessive Weight      | 4         | Hyperactivity   | 0         |
| Compulsive Eating     | 4         | Worst with Exercise   | 4         |
| Water Retention       | 0         | Better with Naps  | 4         |
| Underweight           | 0         | <i>* Chronic EBV and other genetic &amp; environmental factors.</i> |           |
| <b>Total:</b>         | <b>12</b> | <b>Total:</b>   | <b>16</b> |

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Pre-treatment

| JOINTS/MUSCLES                      |          | DIGESTIVE TRACT         |          |
|-------------------------------------|----------|-------------------------|----------|
| Pain or Aches in Joints             | 1        | Nausea or Vomiting      | 0        |
| Arthritis                           | 0        | Diarrhea                | 0        |
| Stiffness or Limitation of Movement | 0        | Constipation            | 2        |
| Pain or Aches in Muscles            | 2        | Bloated Feeling         | 0        |
| Feeling of Weakness or Tiredness    | 2        | Belching or Passing Gas | 1        |
| Pain that Moves from Joint to Joint | 1        | Heartburn               | 0        |
|                                     |          | Intestinal/Stomach Pain | 0        |
|                                     |          | Mucous                  | 0        |
|                                     |          | Malodorous gas          | 0        |
| <b>Total:</b>                       | <b>6</b> | <b>Total:</b>           | <b>3</b> |

| HEART                          |          | LUNGS               |          |
|--------------------------------|----------|---------------------|----------|
| Irregular or Skipped Heartbeat | 0        | Chest Congestion    | 0        |
| Rapid or Pounding Heartbeat    | 0        | Asthma, Bronchitis  | 0        |
| Chest Pain                     | 0        | Shortness of Breath | 1        |
|                                |          | Difficult Breathing | 0        |
| <b>Total:</b>                  | <b>0</b> | <b>Total:</b>       | <b>1</b> |

| WEIGHT                |          | ENERGY/ACTIVITY   |          |
|-----------------------|----------|---|----------|
| Binge Eating/Drinking | 1        | Fatigue, Sluggishness                                   | 2        |
| Craving Certain Foods | 1        | Apathy, Lethargy  | 3        |
| Excessive Weight      | 2        | Hyperactivity   | 0        |
| Compulsive Eating     | 1        | Worst with Exercise                                     | 2        |
| Water Retention       | 0        | Better with Naps  | 2        |
| Underweight           | 0        | <i>* Have not had the time to exercise or nap, lol.</i> |          |
| <b>Total:</b>         | <b>5</b> | <b>Total:</b>   | <b>9</b> |

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Post-treatment

# SYMPTOMS & TOXICITY QUESTIONNAIRE SURVEY

(pre-treatment & post-treatment survey comparison)

**SYMPTOMS & TOXICITY**

| MIND                           |           | EMOTIONS   |          |
|--------------------------------|-----------|--|----------|
| Poor Memory                    | 4         | Mood Swings                                      | 1        |
| Confusion, Poor Comprehension  | 1         | Anxiety, Fear or Nervousness                     | 4        |
| Poor Concentration             | 1         | Depression                                       | 1        |
| Poor Physical Coordination     | 1         | <i>Blind rage + easily stressed.</i>             |          |
| Difficulty in Making Decisions | 2         | <i>~ Not enough sleep with 4 young children.</i> |          |
| Sluttering or Stammering       | 1         |  |          |
| Slurred Speech                 | 1         |  |          |
| Learning Disabilities          | 0         |  |          |
| <b>Total:</b>                  | <b>11</b> | <b>Total:</b>                                    | <b>6</b> |

| OTHER                        |          | + Add together the total from each health/body related area and put the number below in the GRAND TOTAL field. |
|------------------------------|----------|--|
| Frequent Illness             | 0        |  |
| Frequent or Urgent Urination | 0        |  |
| Genital Itch or Discharge    | 0        |  |
| <b>Total:</b>                | <b>0</b> | <b>GRAND TOTAL: 106</b>  |

COMPARE YOUR GRAND TOTAL TO THE VALUES BELOW - TOXICITY SCALE

|         |               |                   |                 |
|---------|---------------|-------------------|-----------------|
| <10     | 10-50         | 50-100            | 100>            |
| OPTIMAL | MILD TOXICITY | MODERATE TOXICITY | SEVERE TOXICITY |

*(The 100> category is circled in red in the original image.)*

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Pre-treatment

**SYMPTOMS & TOXICITY**

| MIND                           |           | EMOTIONS                     |          |
|--------------------------------|-----------|------------------------------|----------|
| Poor Memory                    | 3         | Mood Swings                  | 1        |
| Confusion, Poor Comprehension  | 1         | Anxiety, Fear or Nervousness | 4        |
| Poor Concentration             | 2         | Depression                   | 2        |
| Poor Physical Coordination     | 1         | <i>Hurt</i>                  |          |
| Difficulty in Making Decisions | 2         |                              |          |
| Sluttering or Stammering       | 1         |                              |          |
| Slurred Speech                 | 1         |                              |          |
| Learning Disabilities          | 0         |                              |          |
| <b>Total:</b>                  | <b>11</b> | <b>Total:</b>                | <b>7</b> |

| OTHER                        |          | + Add together the total from each health/body related area and put the number below in the GRAND TOTAL field. |
|------------------------------|----------|--|
| Frequent Illness             | 0        |  |
| Frequent or Urgent Urination | 0        |  |
| Genital Itch or Discharge    | 0        |  |
| <b>Total:</b>                | <b>0</b> | <b>GRAND TOTAL: 56</b>   |

COMPARE YOUR GRAND TOTAL TO THE VALUES BELOW - TOXICITY SCALE

|         |               |                   |                 |
|---------|---------------|-------------------|-----------------|
| <10     | 10-50         | 50-100            | 100>            |
| OPTIMAL | MILD TOXICITY | MODERATE TOXICITY | SEVERE TOXICITY |


*(The 56 is circled in green in the original image.)*

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Post-treatment

**50 point improvement**

# Post-treatment Lab Test Results

Quest Diagnostics  Report Status: Final

| Patient Information |            | Specimen Information              | Client Information |  |
|---------------------|------------|-----------------------------------|--------------------|--|
| DOB:                | AGE:       | Specimen:                         | Client #:          |  |
| Gender: F           | Fasting: Y | Requisition:                      |                    |  |
| Phone:              |            | Lab Ref #:                        |                    |  |
| Patient ID:         |            | Collected: 10/02/2018 / 07:41 EDT |                    |  |
| Health ID:          |            | Received: 10/03/2018 / 18:57 EDT  |                    |  |
|                     |            | Reported: 10/06/2018 / 17:42 EDT  |                    |  |
|                     |            | (* A Copy From)                   |                    |  |

COMMENTS: FASTING-YES

| Test Name  | In Range | Out Of Range | Reference Range   | Lab |
|--|----------|--------------|---|-----|
| LEPID PANEL, STANDARD  |          |              |   |     |
| CHOLESTEROL, TOTAL   |          | 208 H        | <200 mg/dL  | CB  |
| HDL CHOLESTEROL  | 55       |              | >50 mg/dL   | CB  |
| TRIGLYCERIDES  | 85       |              | <150 mg/dL  | CB  |
| LDL-CHOLESTEROL  |          | 135 H        | mg/dL (calc)  | CB  |
| Reference range: <100  |          |              |   |     |
| Desirable range <100 mg/dL for primary prevention;<br><70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.   |          |              |   |     |
| LDL-C is now calculated using the Martin-Bopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C.<br>Martin SS et al. JAMA. 2013;310(19): 2061-2068 (http://education.questdiagnostics.com/faq/FAQ164)                    |          |              |   |     |
| CHOL/HDL RATIO   | 3.8      |              | <5.0 (calc)   | CB  |
| NON HDL CHOLESTEROL  |          | 153 H        | <130 mg/dL (calc)   | CB  |
| For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.   |          |              |   |     |
| HS CRP   | 1.2      |              | mg/L  | CB  |
| Average relative cardiovascular risk according to AHA/CDC guidelines.  |          |              |   |     |
| For ages >17 Years:  |          |              |   |     |
| hs-CRP mg/L  | <1.0     |              | Risk According to AHA/CDC Guidelines  |     |
|  | 1.0-3.0  |              | Lower relative cardiovascular risk.   |     |
|  | 3.1-10.0 |              | Average relative cardiovascular risk.   |     |
|  | >10.0    |              | Higher relative cardiovascular risk. Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation. |     |
|  |          |              | Persistent elevation, upon retesting, may be associated with infection and inflammation.  |     |
| HOMOCYSTEINE   | 6.8      |              | <10.4 umol/L  | CB  |
| Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide. |          |              |   |     |
| COMPREHENSIVE METABOLIC PANEL  |          |              |   | CB  |
| GLUCOSE  | 93       |              | 65-99 mg/dL   |     |

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Lipid Panel:  
basically unchanged

# Post-treatment Lab Test Results

| Patient Information   |                | Specimen Information |   | Client Information |  |
|---|----------------|----------------------|---|--------------------|--|
| DOB   | AGE:           | Specimen:            | 10/02/2018 / 07:41 EDT                    | Client #           |  |
| Gender: F   | Fasting: Y     | Collected:           | 10/03/2018 / 18:57 EDT                    |                    |  |
| Patient ID:   |                | Received:            | 10/06/2018 / 17:42 EDT                    |                    |  |
| Health ID:  |                | Reported:            | 10/06/2018 / 17:42 EDT<br>(* A Copy From) |                    |  |
| Test Name   | In Range       | Out Of Range         | Reference Range                           | Lab                |  |
| Fasting reference interval  |                |                      |   |                    |  |
| UREA NITROGEN (BUN)   | 21             |                      | 7-25 mg/dL                                |                    |  |
| CREATININE  | 0.81           |                      | 0.50-1.10 mg/dL                           |                    |  |
| eGFR NON-AFR. AMERICAN  | 93             |                      | > OR - 60 mL/min/1.73m2                   |                    |  |
| eGFR AFRICAN AMERICAN   | 108            |                      | > OR - 60 mL/min/1.73m2                   |                    |  |
| BUN/CREATININE RATIO  | NOT APPLICABLE |                      | 6-22 (calc)                               |                    |  |
| SODIUM  | 136            |                      | 135-146 mmol/L                            |                    |  |
| POTASSIUM   | 4.1            |                      | 3.5-5.3 mmol/L                            |                    |  |
| CHLORIDE  | 102            |                      | 98-110 mmol/L                             |                    |  |
| CARBON DIOXIDE  | 29             |                      | 20-32 mmol/L                              |                    |  |
| CALCIUM   | 9.2            |                      | 8.6-10.2 mg/dL                            |                    |  |
| PROTEIN, TOTAL  | 7.0            |                      | 6.1-8.1 g/dL                              |                    |  |
| ALBUMIN   | 4.2            |                      | 3.6-5.1 g/dL                              |                    |  |
| GLOBULIN  | 2.8            |                      | 1.9-3.7 g/dL (calc)                       |                    |  |
| ALBUMIN/GLOBULIN RATIO  | 1.5            |                      | 1.0-2.5 (calc)                            |                    |  |
| BILIRUBIN, TOTAL  | 0.3            |                      | 0.2-1.2 mg/dL                             |                    |  |
| ALKALINE PHOSPHATASE  | 46             |                      | 33-115 U/L                                |                    |  |
| AST   | 14             |                      | 10-30 U/L                                 |                    |  |
| ALT   | 11             |                      | 6-29 U/L                                  |                    |  |
| HEMOGLOBIN A1c  | 4.8            |                      | <5.7 % of total Hgb                       | CB                 |  |
| For the purpose of screening for the presence of diabetes:  |                |                      |   |                    |  |
| <5.7% Consistent with the absence of diabetes   |                |                      |   |                    |  |
| 5.7-6.4% Consistent with increased risk for diabetes (prediabetes)  |                |                      |   |                    |  |
| > or =6.5% Consistent with diabetes   |                |                      |   |                    |  |
| This assay result is consistent with a decreased risk of diabetes.  |                |                      |   |                    |  |
| Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.   |                |                      |   |                    |  |
| According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).  |                |                      |   |                    |  |
| MAGNESIUM, RBC  | 4.5            |                      | 4.0-6.4 mg/dL                             | AMD                |  |
| This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes. |                |                      |   |                    |  |
| GGT   | 6              |                      | 3-50 U/L                                  | CB                 |  |
| TSH   | 1.32           |                      | mIU/L                                     | CB                 |  |
|   |                |                      | Reference Range                           |                    |  |
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Increase in RBC-magnesium  
**CMP: basically unchanged**

# Post-treatment Lab Test Results

**Quest** Diagnostics   **Report Status: Final**

| Patient Information |             | Specimen Information              |  | Client Information |  |
|---------------------|-------------|-----------------------------------|--|--------------------|--|
| <b>DOB:</b>         | <b>AGE:</b> | Specimen:                         |  | Client #:          |  |
| Gender: F           | Fasting: Y  | Collected: 10/02/2018 / 07:41 EDT |  |                    |  |
| Patient ID:         |             | Received: 10/03/2018 / 18:57 EDT  |  |                    |  |
| Health ID:          |             | Reported: 10/06/2018 / 17:42 EDT  |  |                    |  |
|                     |             | (* A Copy From)                   |  |                    |  |

| Test Name | In Range | Out Of Range | Reference Range            | Lab |
|-----------|----------|--------------|----------------------------|-----|
|           |          |              | > or = 20 Years 0.40-4.50  |     |
|           |          |              | <b>Pregnancy Ranges</b>    |     |
|           |          |              | First trimester 0.26-2.66  |     |
|           |          |              | Second trimester 0.55-2.73 |     |
|           |          |              | Third trimester 0.43-2.91  |     |
| T4, FREE  | 1.0      |              | 0.8-1.8 ng/dL              | CB  |
| T3, FREE  | 3.0      |              | 2.3-4.2 pg/mL              | CB  |
| LEPTIN    | 5.2      |              | ng/mL                      | EZ  |

**Reference Ranges for Leptin:**

**Adult Lean Subjects (18-71 years) with BMI range of 18-29:**

Males: 0.3-13.4 ng/mL  
Females: 4.7-23.7 ng/mL

**Adult Subjects (19-60 years) with BMI range of 25-30:**

Males: 1.8-19.9 ng/mL  
Females: 8.0-38.9 ng/mL

**Pediatric Reference Ranges for Leptin:**

5-9.9 years: 0.6-16.8 ng/mL  
10-13.9 years: 1.4-16.5 ng/mL  
14-17.9 years: 0.6-24.9 ng/mL

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

| Test Name                      | Value | Reference Range      | Lab |
|--------------------------------|-------|----------------------|-----|
| <b>CBC (INCLUDES DIFF/PLT)</b> |       |                      | CB  |
| WHITE BLOOD CELL COUNT         | 5.0   | 3.8-10.8 Thousand/uL |     |
| RED BLOOD CELL COUNT           | 4.45  | 3.80-5.10 Million/uL |     |
| HEMOGLOBIN                     | 12.7  | 11.7-15.5 g/dL       |     |
| HEMATOCRIT                     | 38.9  | 35.0-45.0 %          |     |
| MCV                            | 87.4  | 80.0-100.0 fL        |     |
| MCH                            | 28.5  | 27.0-33.0 pg         |     |
| MCHC                           | 32.6  | 32.0-36.0 g/dL       |     |
| RDW                            | 12.2  | 11.0-15.0 %          |     |
| PLATELET COUNT                 | 261   | 140-400 Thousand/uL  |     |
| MPV                            | 11.7  | 7.5-12.5 fL          |     |
| ABSOLUTE NEUTROPHILS           | 2460  | 1500-7800 cells/uL   |     |
| ABSOLUTE LYMPHOCYTES           | 1975  | 850-3900 cells/uL    |     |
| ABSOLUTE MONOCYTES             | 385   | 200-950 cells/uL     |     |
| ABSOLUTE EOSINOPHILS           | 130   | 15-500 cells/uL      |     |
| ABSOLUTE BASOPHILS             | 50    | 0-200 cells/uL       |     |
| NEUTROPHILS                    | 49.2  | %                    |     |
| LYMPHOCYTES                    | 39.5  | %                    |     |
| MONOCYTES                      | 7.7   | %                    |     |
| EOSINOPHILS                    | 2.6   | %                    |     |

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RBC and WBC count:  
**slight increase**

# Post-treatment Lab Test Results

| Patient Information  |            | Specimen Information              |                       | Client Information |    |
|--|------------|-----------------------------------|-----------------------|--------------------|----|
| DOB:   | AGE:       | Specimen:                         |                       | Client #:          |    |
| Gender: F  | Fasting: Y | Collected: 10/02/2018 / 07:41 EDT |                       |                    |    |
| Patient ID:  |            | Received: 10/03/2018 / 18:57 EDT  |                       |                    |    |
| Health ID:   |            | Reported: 10/06/2018 / 17:42 EDT  |                       |                    |    |
|  |            | (* A Copy From)                   |                       |                    |    |
| Test Name  | In Range   | Out Of Range                      | Reference Range       | Lab                |    |
| BASOPHILS  | 1.0        |                                   | %                     |                    | CB |
| URINALYSIS, COMPLETE   |            |                                   |                       |                    |    |
| COLOR  | YELLOW     |                                   | YELLOW                |                    |    |
| APPEARANCE   | CLEAR      |                                   | CLEAR                 |                    |    |
| SPECIFIC GRAVITY   | 1.013      |                                   | 1.001-1.035           |                    |    |
| PH   | 6.5        |                                   | 5.0-8.0               |                    |    |
| GLUCOSE  | NEGATIVE   |                                   | NEGATIVE              |                    |    |
| BILIRUBIN  | NEGATIVE   |                                   | NEGATIVE              |                    |    |
| KETONS   |            | TRAC                              | NEGATIVE              |                    |    |
| OCCULT BLOOD   | NEGATIVE   |                                   | NEGATIVE              |                    |    |
| PROTEIN  | NEGATIVE   |                                   | NEGATIVE              |                    |    |
| NYTITE   | NEGATIVE   |                                   | NEGATIVE              |                    |    |
| LEUKOCYTE ESTERASE   | NEGATIVE   |                                   | NEGATIVE              |                    |    |
| WBC  | NONE SEEN  |                                   | < OR = 5 /HPF         |                    |    |
| RBC  | NONE SEEN  |                                   | < OR = 2 /HPF         |                    |    |
| SQUAMOUS EPITHELIAL CELLS  | 0-5        |                                   | < OR = 5 /HPF         |                    |    |
| BACTERIA   | NONE SEEN  |                                   | NONE SEEN /HPF        |                    |    |
| HYALINE CAST   | NONE SEEN  |                                   | NONE SEEN /LPF        |                    |    |
| IRON AND TOTAL IRON BINDING CAPACITY   |            |                                   |                       |                    | CB |
| IRON, TOTAL  |            | 24 L                              | 40-190 mcg/dL         |                    |    |
| IRON BINDING CAPACITY  | 321        |                                   | 250-450 mcg/dL (calc) |                    |    |
| % SATURATION   |            | 7 L                               | 11-50 % (calc)        |                    |    |
| FERRITIN   |            | 9 L                               | 10-154 ng/mL          |                    | CB |
| INSULIN  | 3.8        |                                   | 2.0-19.6 uIU/mL       |                    | CB |
| This insulin assay shows strong cross-reactivity for some insulin analogs (lispro, aspart, and glargine) and much lower cross-reactivity with others (detemir, glulisine). |            |                                   |                       |                    |    |
| CORTISOL, A.M.   | 15.4       |                                   | mcg/dL                |                    | CB |
| Reference Range<br>8 a.m. (7-9 a.m.) Specimen: 4.0-22.0  |            |                                   |                       |                    |    |

## Iron Panel:

Low ferritin

Low Sat %

Low serum iron

Normal TIBC

Possible iron deficiency without anemia

Iron panel needs to be monitored –

If TIBC increases, it may be due to possible chronic blood loss



## Case #2: Brief history

(Treatment for weight loss and detoxification)

- Female: Late fifties
- Digestive issues, joint pain, foggy thinking
- **Wt. 125 lbs.; Ht. 61 inches;**
- normal BP arms; normal temperature





## BMI: weight and height = 23.6

|                |             |
|----------------|-------------|
| Normal         | 18.5 – 24.9 |
| Overweight     | 25.0 – 29.9 |
| Obese          | 30 – 39.9   |
| Morbidly Obese | > 40        |

## Waist to Height Ratio **(49)**

ratio < 35: abnormally slim

ratio 35 – 41: extremely slender

ratio 42 – 45: slender/healthy

ratio 46 – 48: healthy/normal weight

**ratio 49 – 53: overweight**

ratio 54 – 58: extremely overweight/obese


ratio > 58: highly obese

**SYMPTOMS & TOXICITY**

| EAR                      |          | NOSE                      |          |
|--------------------------|----------|---------------------------|----------|
| Itchy Ears               | 1        | Stuffy Nose               | 0        |
| Earaches, Ear Infections | 3        | Sinus Problems            | 0        |
| Drainage from Ear        | 0        | Hay Fever                 | 0        |
| Ringing in Ears          | 3        | Sneezing Attacks          | 1        |
| Hearing Loss             | 2        | Excessive Mucus Formation | 0        |
| Red or Burning Ears      | 0        |                           |          |
| <b>Total:</b>            | <b>9</b> | <b>Total:</b>             | <b>1</b> |

| MOUTH/THROAT                           |          | EYES                                |          |
|--|----------|-------------------------------------|----------|
| Chronic Coughing                       | 1        | Watery or Itchy Eyes                | 1        |
| Gagging, Frequent Need to Clear Throat | 1        | Swollen, Reddened or Sticky Eyelids | 0        |
| Sore Throat, Hoarseness, Loss of Voice | 0        | Bags or Dark Circles Under Eyes     | 1        |
| Swollen/Discolored Tongue, Gum, Lips   | 1        | Blurred or Tunnel Vision            | 2        |
| Canker Sores                           | 1        | Floaters                            | 0        |
| Cracking at Corner of Lips             | 0        |                                     |          |
| <b>Total:</b>                          | <b>4</b> | <b>Total:</b>                       | <b>4</b> |

| HEAD          |          | SKIN                      |           |
|---------------|----------|---------------------------|-----------|
| Headaches     | 1        | Acne                      | 3         |
| Fatigue       | 3        | Hives, Rashes or Dry Skin | 3         |
| Dizziness     | 2        | Hair Loss                 | 4         |
| Insomnia      | 0        | Flushing or Hot Flashes   | 0         |
|               |          | Excessive Sweating        | 4         |
| <b>Total:</b> | <b>6</b> | <b>Total:</b>             | <b>14</b> |


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# SYMPTOM & TOXICITY QUESTIONNAIRE SURVEY

(pre-treatment survey score)

**Total Score = 65**  
 (50 – 100 = moderate toxicity)



# SYMPTOMS & TOXICITY

## JOINTS/MUSCLES

|   |          |
|---|----------|
| Pain or Aches in Joints                               | <u>3</u> |
| Arthritis   | <u>0</u> |
| Stiffness or Limitation of Movement                   | <u>2</u> |
| Pain or Aches in Muscles ( <i>tendons ligaments</i> ) | <u>2</u> |
| Feeling of Weakness or Tiredness                      | <u>1</u> |
| Pain that Moves from Joint to Joint                   | <u>0</u> |
| Total:  | <u>8</u> |

## DIGESTIVE TRACT

|                         |          |
|-------------------------|----------|
| Nausea or Vomiting      | <u>0</u> |
| Diarrhea                | <u>0</u> |
| Constipation            | <u>3</u> |
| Bloated Feeling         | <u>0</u> |
| Belching or Passing Gas | <u>1</u> |
| Heartburn               | <u>0</u> |
| Intestinal/Stomach Pain | <u>0</u> |
| Mucous                  | <u>1</u> |
| Malodorous gas          | <u>1</u> |
| Total:                  | <u>6</u> |

## HEART

|                                |          |
|--------------------------------|----------|
| Irregular or Skipped Heartbeat | <u>0</u> |
| Rapid or Pounding Heartbeat    | <u>0</u> |
| Chest Pain                     | <u>0</u> |
| Total:                         | <u>0</u> |

## LUNGS

|                     |          |
|---------------------|----------|
| Chest Congestion    | <u>2</u> |
| Asthma, Bronchitis  | <u>0</u> |
| Shortness of Breath | <u>0</u> |
| Difficult Breathing | <u>0</u> |
| Total:              | <u>2</u> |



Total: 0

Total: 2

### WEIGHT

|                       |          |
|-----------------------|----------|
| Binge Eating/Drinking | <u>0</u> |
| Craving Certain Foods | <u>4</u> |
| Excessive Weight      | <u>1</u> |
| Compulsive Eating     | <u>0</u> |
| Water Retention       | <u>0</u> |
| Underweight           | <u>0</u> |
| Total:                | <u>5</u> |

### ENERGY/ACTIVITY

|  |          |
|--|----------|
| Fatigue, Sluggishness                        | <u>1</u> |
| Apathy, Lethargy                             | <u>0</u> |
| Hyperactivity                                | <u>0</u> |
| Worst with Exercise (yes HOT heavy exercise) | <u>2</u> |
| Better with Naps                             | <u>1</u> |
| Total:                                       | <u>4</u> |





# SYMPTOMS & TOXICITY

## EAR

|                          |          |
|--------------------------|----------|
| Itchy Ears               | <u>0</u> |
| Earaches, Ear Infections | <u>0</u> |
| Drainage from Ear        | <u>1</u> |
| Ringing in Ears          | <u>0</u> |
| Hearing Loss             | <u>0</u> |
| Red or Burning Ears      | <u>0</u> |
| <b>Total:</b>            | <u>1</u> |

## NOSE

|   |          |
|---|----------|
| Stuffy Nose                                       | <u>1</u> |
| Sinus Problems                                    | <u>2</u> |
| Hay Fever   | <u>1</u> |
| Sneezing Attacks                                  | <u>1</u> |
| Excessive Mucus Formation <i>(only if "sick")</i> | <u>0</u> |
| <b>Total:</b>                                     | <u>5</u> |

## MOUTH/THROAT

|  |          |
|--|----------|
| Chronic Coughing                       | <u>0</u> |
| Gagging, Frequent Need to Clear throat | <u>0</u> |
| Sore Throat, Hoarseness, Loss of Voice | <u>2</u> |
| Swollen/Discolored Tongue, Gum, Lips   | <u>0</u> |
| Canker Sores                           | <u>1</u> |
| Cracking at Corner of Lips             | <u>2</u> |
| <b>Total:</b>                          | <u>5</u> |

## EYES

|                                     |          |
|-------------------------------------|----------|
| Watery or Itchy Eyes                | <u>2</u> |
| Swollen, Reddened or Sticky Eyelids | <u>0</u> |
| Bags or Dark Circles Under Eyes     | <u>1</u> |
| Blurred or Tunnel Vision            | <u>0</u> |
| Floaters                            | <u>0</u> |
| <b>Total:</b>                       | <u>3</u> |



Sore Throat, Hoarseness, Loss of Voice  
Swollen/Discolored Tongue, Gum, Lips  
Canker Sores  
Cracking at Corner of Lips

2  
0  
1  
2  
Total: 5

Bags or Dark Circles Under Eyes  
Blurred or Tunnel Vision  
Floaters

1  
0  
0  
Total: 3

## HEAD

Headaches  
Faintness  
Dizziness  
Insomnia

1  
1  
1  
1  
Total: 4

## SKIN

Acne  
Hives, Rashes or Dry Skin  
Hair Loss  
Flushing or Hot Flushes  
Excessive Sweating

0  
1  
3  
1  
1  
Total: 6





# SYMPTOMS & TOXICITY

## MIND

|                                |           |
|--------------------------------|-----------|
| Poor Memory                    | <u>2</u>  |
| Confusion, Poor Comprehension  | <u>2</u>  |
| Poor Concentration             | <u>2</u>  |
| Poor Physical Coordination     | <u>0</u>  |
| Difficulty in Making Decisions | <u>2</u>  |
| Stuttering or Stammering       | <u>2</u>  |
| Slurred Speech                 | <u>0</u>  |
| Learning Disabilities          | <u>0</u>  |
| <b>Total:</b>                  | <u>10</u> |

## EMOTIONS

|                              |          |
|------------------------------|----------|
| Mood Swings                  | <u>0</u> |
| Anxiety, Fear or Nervousness | <u>4</u> |
| Depression                   | <u>2</u> |
| <b>Total:</b>                | <u>6</u> |

## OTHER

|                              |          |
|------------------------------|----------|
| Frequent Illness             | <u>0</u> |
| Frequent or Urgent Urination | <u>0</u> |
| Genital Itch or Discharge    | <u>0</u> |
| <b>Total:</b>                | <u>0</u> |



Add together the total from each health/body related area and put the number below in the **GRAND TOTAL** field.



**GRAND TOTAL:** 65



Total: 10

Total: 6

### OTHER

Frequent Illness 0  
Frequent or Urgent Urination 0  
Genital Itch or Discharge 0

Total: 0

**+** Add together the total from each health/body related area and put the number below in the **GRAND TOTAL** field.



**GRAND TOTAL:** 65

#### COMPARE YOUR GRAND TOTAL TO THE VALUES BELOW - TOXICITY SCALE



OPTIMAL

MILD TOXICITY

MODERATE TOXICITY

SEVERE TOXICITY



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# Pre-Treatment 7-Day Diet History

## 7 DAY DIET HISTORY FORM

DETOX  
FOR WEIGHT MANAGEMENT

Each day, record all the food you eat and drink. Be sure to include the approximate portions/amounts. When you have completed the entire form, return it to your clinician for evaluation.

Health Care Practitioner

Patient

Day 1: 11/26 Date      HOURS OF SLEEP: 8      QUALITY OF SLEEP: 1 2 3 4 5 (good) (poor)      BOWEL MOVEMENTS: good

BREAKFAST time 7:00  
Vegetis + eggs.  
(ate 1/2)  
(spinach, peppers,  
mushrooms, squash)  
+ pesto

LUNCH time 1:30  
quinoa vegetable  
soup.  
(cheese tortilla  
filled) of ultra  
free.

DINNER time 7:00  
chipotle bowl.  
rice, b. beans,  
chicken, cheese  
lettuce, sauce

MID MORNING SNACK time 10:00  
Vegetis + eggs.  
(ate 1/2)

MID DAY SNACK time \_\_\_\_\_  
plum.

NIGHT TIME SNACK time \_\_\_\_\_

# Pre-Treatment 7-Day Diet History

+ pesto 1 / \_\_\_\_\_ free.

MID MORNING SNACK time 10:00  
 Yogurt + eggs.  
 (ate 1/2)

MID DAY SNACK time \_\_\_\_\_  
 plum.

NIGHT TIME SNACK time \_\_\_\_\_

Day 2: ~~th~~ 9/27 Date  
 HOURS OF SLEEP: 8 QUALITY OF SLEEP: 1 2 3 4 5 (good) (best)  
 BOWEL MOVEMENTS: good (2)

BREAKFAST time 7:30  
 oats, berries,  
 FBR, walnuts.  
 milk - coc palm  
 Sugar.

LUNCH time 2:00  
 waldorf salad.  
 chicken, walnuts  
 raisins, blue cheese  
 vinegar dressing.  
 romaine  
 (ate 2/3)

DINNER time 6:30 (no bun)  
 grass fed burger  
 1/2 sweet potato w/ butter  
 remainder of lunch  
 salad.  
 water

MID MORNING SNACK time 11:30  
 Rx bar  
 210 cal.

MID DAY SNACK time \_\_\_\_\_  
 plum.

NIGHT TIME SNACK time \_\_\_\_\_  
 herbal tea

# Pre-Treatment 7-Day Diet History

## 7 DAY DIET HISTORY FORM

DETOX  
FOR WEIGHT MANAGEMENT

Day 3: 9/28  
Date

HOURS OF SLEEP: 8

QUALITY OF SLEEP: 1 2 3 4 5  
(best)

BOWEL MOVEMENTS: 2 good.

BREAKFAST time 8:30  
2 egg 2 bacon.  
1/2 c. grits  
(butter)

LUNCH time 1:00  
Spinach salad  
w/ turkey.  
seeds nuts  
veggies.

DINNER time 7:30  
(anniversary)  
Salmon, spinach  
mashed potatoes  
salad.  
w. choc mousse.

MID MORNING SNACK time \_\_\_\_\_  
N/A

MID DAY SNACK time 5:00.  
apple + cheese.

NIGHT TIME SNACK time \_\_\_\_\_  
N/A.

# Pre-Treatment 7-Day Diet History

**Day 4:** 9/29      HOURS OF SLEEP: 8      QUALITY OF SLEEP: 1 2 3 4 5      BOWEL MOVEMENTS: 1  
Date      (good)      (poor)      (hard)

**BREAKFAST** time 8:00  
1 egg 1 bacon  
1 piece toast  
butter, preserves

**LUNCH** time 1:00  
leftover salmon  
green beans  
peach.

**DINNER** time 6:30  
cauliflower  
tofu bowl.  
(280 cal)  
1 tamale

**MID MORNING SNACK** time 11:00  
peanut butter  
protein bar (1/2)

**MID DAY SNACK** time 4:00  
1/2 peanut  
butter bar.

**NIGHT TIME SNACK** time 9:00  
popcorn @ concert  
1/2

# Pre-Treatment 7-Day Diet History

**7 DAY DIET HISTORY FORM**

**DETOX**  
FOR WEIGHT MANAGEMENT

---

**Day 5:** 9/30/18      **DATE**      **HOURS OF SLEEP:** 9      **QUALITY OF SLEEP:** 2 (1 2 3 4 5)      **BOWEL MOVEMENTS:** 4 good

| <b>BREAKFAST</b> time <u>8:30</u>                         | <b>LUNCH</b> time <u>1:00</u>  | <b>DINNER</b> time <u>6:00</u>   |
|---|--|--|
| <u>3 gluten free</u><br><u>pancakes</u><br><u>2 bacon</u> | <u>green salad</u><br><u>w/ walnuts</u><br><u>chicken salad</u>                    | <u>gluten free pasta</u><br><u>&amp; gt meatballs</u><br><u>+ sauce</u>                                |
| <u>Coffee (1/2 + 1/2)</u><br><u>water 400g.</u>           | <u>20 oz water.</u>  | <u>8 oz water.</u>   |
| <b>MID MORNING SNACK</b> time _____<br><u>N/A</u>         | <b>MID DAY SNACK</b> time <u>3:00</u><br><u>choc-dark-mint.</u><br><u>Kombucha</u> | <b>NIGHT TIME SNACK</b> time <u>9:00</u> <u>handful</u><br><u>5 prunes + nuts</u><br><u>herbal tea</u> |



# Pre-Treatment 7-Day Diet History

Kombucha Herbal tea

Day 6: 10/1/18      HOURS OF SLEEP: 8      QUALITY OF SLEEP: 1 2 3 4 5      BOWEL MOVEMENTS: 1 good

Date

| BREAKFAST time  | LUNCH time  | DINNER time  |
|---|---|--|
| <u>7:00</u><br><u>Veggie omelet</u><br><u>(1/2)</u>                         | <u>1:00</u><br><u>4 cheese salad</u><br><u>lettuce wraps.</u>   | <u>7:00</u><br><u>gluten free (uncured)</u><br><u>pizza - turkey</u><br><u>pepperoni +</u><br><u>veggies.</u><br><u>(3 slices)</u> |
| <u>20 oz water</u>  | <u>1 choc Mint</u><br><u>square.</u><br><u>20 oz water.</u>     |  |
| MID MORNING SNACK time <u>11:30</u><br><u>Cantaloupe +</u><br><u>Rk bar</u> | MID DAY SNACK time<br><u>Second 1/2</u><br><u>veggie omelet</u> | NIGHT TIME SNACK time <u>9:00</u><br><u>Am bond granola</u><br><u>w/ milk</u>  |

# Pre-Treatment 7-Day Diet History

## 7 DAY DIET HISTORY FORM

DETOX  
R<sup>W</sup> WEIGHT MANAGEMENT

Day 7: 10/2/18  
Date

HOURS OF SLEEP: 9 QUALITY OF SLEEP: 1 2 3 4 5  
(good) (poor) BOWEL MOVEMENTS: 2 good.

BREAKFAST time 8:15  
oatmeal +  
berries  
coconut sugar  
org. milk.

LUNCH time 2:00  
salad with  
Tuna +  
veggis.

DINNER time 7:30  
rotisserie chicken  
steamed broccoli  
and butternut  
squash

MID MORNING SNACK time 11:00  
protein bar.

MID DAY SNACK time 5:00  
plum

NIGHT TIME SNACK time /



# Pre-Treatment Initial Lab Test Results

Report Status: Final

| Patient Information  | Specimen Information   | Client Information |
|--|--|--------------------|
| <b>DOB:</b> 10/15/1959 <b>AGE:</b> 58<br><b>Gender:</b> F <b>Fasting:</b> Y<br><b>Phone:</b><br><b>Patient ID:</b> | <b>Specimen:</b><br><b>Requisition:</b><br><b>Lab Ref #:</b><br><b>Collected:</b> 09/20/2018 / 09:19 EDT<br><b>Received:</b> 09/21/2018 / 03:52 EDT<br><b>Reported:</b> 09/25/2018 / 18:35 EDT | <b>Client #:</b>   |

**COMMENTS:** FASTING-YES  
PATIENT UNABLE TO VOID; ADVISED TO RETURN FOR COLLECTION.

| Test Name  | In Range | Out Of Range | Reference Range   | Lab |
|--|----------|--------------|---|-----|
| <b>LIPID PANEL, STANDARD</b>   |          |              |   |     |
| <b>CHOLESTEROL, TOTAL</b>  |          | <b>281 H</b> | <200 mg/dL  | TP  |
| <b>HDL CHOLESTEROL</b>   | 92       |              | >50 mg/dL   | TP  |
| <b>TRIGLYCERIDES</b>   | 39       |              | <150 mg/dL  | TP  |
| <b>LDL-CHOLESTEROL</b>   |          | <b>177 H</b> | mg/dL (calc)  | TP  |
| Reference range: <100  |          |              |   |     |
| Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.  |          |              |   |     |
| LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C.   |          |              |   |     |
| Martin SS et al. JAMA. 2013;310(19): 2061-2068 (http://education.questdiagnostics.com/faq/FAQ164)  |          |              |   |     |
| <b>CHOL/HDL RATIO</b>  | 3.1      |              | <5.0 (calc)   | TP  |
| <b>NON HDL CHOLESTEROL</b>   |          | <b>189 H</b> | <130 mg/dL (calc)   | TP  |
| For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.   |          |              |   |     |
| <b>HS CRP</b>  | 1.2      |              | mg/L  | TP  |
| Average relative cardiovascular risk according to AHA/CDC guidelines.  |          |              |   |     |
| For ages >17 Years:  |          |              |   |     |
| hs-CRP mg/L  | <1.0     |              | Risk According to AHA/CDC Guidelines Lower relative cardiovascular risk.  |     |
|  | 1.0-3.0  |              | Average relative cardiovascular risk.   |     |
|  | 3.1-10.0 |              | Higher relative cardiovascular risk. Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation. |     |
|  | >10.0    |              | Persistent elevation, upon retesting, may be associated with infection and inflammation.  |     |
| <b>HOMOCYSTEINE</b>  | 6.2      |              | <10.4 umol/L  | TP  |
| Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide. |          |              |   |     |
| <b>COMPREHENSIVE METABOLIC PANEL</b>   |          |              |   | TP  |

Thyroid Labs: **wnl**

High TC: **High 281 mg/dL**

High LDL-C: **177 mg/dL**

High Non-HDL-C:  
**189 mg/dL (normal < 130)**

hs-CRP: **wnl**

Homocysteine: **wnl**

**Sarcopenic obesity ????**  
**Consider BIA – test (BMI was normal; Wt:Ht – overweight)**



# Pre-Treatment Initial Lab Test Results

| Patient Information   |                 | Specimen Information   |                         | Client Information |  |
|---|-----------------|--|-------------------------|--------------------|--|
| <b>DOB:</b> 10/15/1959 <b>AGE:</b> 58<br><b>Gender:</b> F <b>Fasting:</b> Y<br><b>Patient ID:</b>   |                 | <b>Specimen:</b><br><b>Collected:</b> EDT<br><b>Received:</b> EDT<br><b>Reported:</b> 09/25/2018 / 18:35 EDT |                         | <b>Client #:</b>   |  |
| <b>Test Name</b>  | <b>In Range</b> | <b>Out Of Range</b>  | <b>Reference Range</b>  | <b>Lab</b>         |  |
| GLUCOSE   | 86              |  | 65-99 mg/dL             |                    |  |
| Fasting reference interval  |                 |  |                         |                    |  |
| UREA NITROGEN (BUN)   | 13              |  | 7-25 mg/dL              |                    |  |
| CREATININE  | 0.64            |  | 0.50-1.05 mg/dL         |                    |  |
| For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.  |                 |  |                         |                    |  |
| eGFR NON-AFR. AMERICAN  | 98              |  | > OR - 60 mL/min/1.73m2 |                    |  |
| eGFR AFRICAN AMERICAN   | 114             |  | > OR - 60 mL/min/1.73m2 |                    |  |
| BUN/CREATININE RATIO  | NOT APPLICABLE  |  | 6-22 (calc)             |                    |  |
| SODIUM  | 139             |  | 135-146 mmol/L          |                    |  |
| POTASSIUM   | 4.0             |  | 3.5-5.3 mmol/L          |                    |  |
| CHLORIDE  | 103             |  | 98-110 mmol/L           |                    |  |
| CARBON DIOXIDE  | 28              |  | 20-32 mmol/L            |                    |  |
| CALCIUM   | 9.6             |  | 8.6-10.4 mg/dL          |                    |  |
| PROTEIN, TOTAL  | 6.7             |  | 6.1-8.1 g/dL            |                    |  |
| ALBUMIN   | 4.4             |  | 3.6-5.1 g/dL            |                    |  |
| GLOBULIN  | 2.3             |  | 1.9-3.7 g/dL (calc)     |                    |  |
| ALBUMIN/GLOBULIN RATIO  | 1.9             |  | 1.0-2.5 (calc)          |                    |  |
| BILIRUBIN, TOTAL  | 0.4             |  | 0.2-1.2 mg/dL           |                    |  |
| ALKALINE PHOSPHATASE  | 55              |  | 33-130 U/L              |                    |  |
| AST   | 21              |  | 10-35 U/L               |                    |  |
| ALT   | 17              |  | 6-29 U/L                |                    |  |
| HEMOGLOBIN A1c  | 5.2             |  | <5.7 % of total Hgb     | TP                 |  |
| For the purpose of screening for the presence of diabetes:  |                 |  |                         |                    |  |
| <5.7% Consistent with the absence of diabetes   |                 |  |                         |                    |  |
| 5.7-6.4% Consistent with increased risk for diabetes (prediabetes)  |                 |  |                         |                    |  |
| > or =6.5% Consistent with diabetes   |                 |  |                         |                    |  |
| This assay result is consistent with a decreased risk of diabetes.  |                 |  |                         |                    |  |
| Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.   |                 |  |                         |                    |  |
| According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).  |                 |  |                         |                    |  |
| MAGNESIUM, RBC  | 5.5             |  | 4.0-6.4 mg/dL           | AMD                |  |
| This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes. |                 |  |                         |                    |  |

Fasting glucose: **86 mg/dl**

Kidney function: **wnl**

Liver enzymes: **wnl**


Alk Phos low:  
**possible zinc/mg deficiency**

HgA1c: 5.2%: **wnl**

RBC-Mg: **5.5 mg/dL optimal**

# Pre-Treatment Initial Lab Test Results

Report Status: Final



| Patient Information |            | Specimen Information |                        | Client Information |  |
|---------------------|------------|----------------------|------------------------|--------------------|--|
| DOB: 10/15/1959     | AGE: 58    | Specimen:            |                        | Client #:          |  |
| Gender: F           | Fasting: Y | Collected:           | EDI                    |                    |  |
| Patient ID:         |            | Received:            | EDI                    |                    |  |
|                     |            | Reported:            | 09/25/2018 / 18:35 EDT |                    |  |

| Test Name | In Range | Out Of Range | Reference Range | Lab |
|-----------|----------|--------------|-----------------|-----|
| GGT       | 36       |              | 3-70 U/L        | TP  |
| TSH       | 1.57     |              | 0.40-4.50 mIU/L | TP  |
| T4, FREE  | 0.9      |              | 0.8-1.8 ng/dL   | TP  |
| T3, FREE  | 2.7      |              | 2.3-4.2 pg/mL   | TP  |
| LEPTIN    | 5.0      |              | ng/mL           | EZ  |

Reference Ranges for Leptin:

Adult Lean Subjects (18-71 years) with BMI range of 18-25:

Males: 0.3-13.4 ng/mL  
Females: 4.7-23.7 ng/mL

Adult Subjects (19-60 years) with BMI range of 25-30:

Males: 1.8-19.9 ng/mL  
Females: 8.0-38.9 ng/mL

Pediatric Reference Ranges for Leptin:

5-9 years: 0.6-16.8 ng/mL  
10-13.9 years: 1.4-16.5 ng/mL  
14-17.9 years: 0.6-24.9 ng/mL

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

|                         |        |  |                      |    |
|-------------------------|--------|--|----------------------|----|
| CBC (INCLUDES DIFF/PLT) |        |  |                      | TP |
| WHITE BLOOD CELL COUNT  | 5.9    |  | 3.8-10.8 Thousand/uL |    |
| RED BLOOD CELL COUNT    | 4.09   |  | 3.80-5.10 Million/uL |    |
| HEMOGLOBIN              | 12.0   |  | 11.7-15.5 g/dL       |    |
| HEMATOCRIT              | 36.2   |  | 35.0-45.0 %          |    |
| MCV                     | 88.5   |  | 80.0-100.0 fL        |    |
| MCH                     | 29.3   |  | 27.0-33.0 pg         |    |
| MCHC                    | 33.1   |  | 32.0-36.0 g/dL       |    |
| RDW                     | 12.6   |  | 11.0-15.0 %          |    |
| PLATELET COUNT          | 311    |  | 140-400 Thousand/uL  |    |
| MPV                     | 10.3   |  | 7.5-12.5 fL          |    |
| ABSOLUTE NEUTROPHILS    | 2708   |  | 1500-7800 cells/uL   |    |
| ABSOLUTE LYMPHOCYTES    | 2519   |  | 850-3900 cells/uL    |    |
| ABSOLUTE MONOCYTES      | 448    |  | 200-950 cells/uL     |    |
| ABSOLUTE EOSINOPHILS    | 183    |  | 15-500 cells/uL      |    |
| ABSOLUTE BASOPHILS      | 41     |  | 0-200 cells/uL       |    |
| NEUTROPHILS             | 45.9   |  | %                    |    |
| LYMPHOCYTES             | 42.7   |  | %                    |    |
| MONOCYTES               | 7.6    |  | %                    |    |
| EOSINOPHILS             | 3.1    |  | %                    |    |
| BASOPHILS               | 0.7    |  | %                    |    |
| URINALYSIS, COMPLETE    |        |  |                      | TP |
| COLOR                   | YELLOW |  | YELLOW               |    |

GGT: **wnl**

Leptin: **wnl**

CBC: **wnl** - (no signs of anemia)

Thyroid Panel: **wnl**

## Pre-Treatment Initial Lab Test Results

| Patient Information  |           | Specimen Information  |                       | Client Information |    |
|--|-----------|---|-----------------------|--------------------|----|
| Quest<br>Diagnostics   |           | Report Status: Final  |                       |                    |    |
| DOB: 10/15/1959    AGE: 58<br>Gender: F          Fasting: Y<br>Patient ID:   |           | Specimen:<br>Collected:                    EDT<br>Received:                     EDT<br>Reported: 09/25/2018 / 18:35 EDT |                       | Client #:          |    |
| Test Name  | In Range  | Out Of Range  | Reference Range       | Lab                |    |
| APPEARANCE   | CLEAR     |   | CLEAR                 |                    |    |
| SPECIFIC GRAVITY   | 1.009     |   | 1.001-1.035           |                    |    |
| PH   | 6.5       |   | 5.0-8.0               |                    |    |
| GLUCOSE  | NEGATIVE  |   | NEGATIVE              |                    |    |
| BILIRUBIN  | NEGATIVE  |   | NEGATIVE              |                    |    |
| KETONES  | NEGATIVE  |   | NEGATIVE              |                    |    |
| OCCULT BLOOD   | NEGATIVE  |   | NEGATIVE              |                    |    |
| PROTEIN  | NEGATIVE  |   | NEGATIVE              |                    |    |
| NITRITE  | NEGATIVE  |   | NEGATIVE              |                    |    |
| LEUKOCYTE ESTERASE   | NEGATIVE  |   | NEGATIVE              |                    |    |
| WBC  | NONE SEEN |   | < OR = 5 /HPF         |                    |    |
| RBC  | NONE SEEN |   | < OR = 2 /HPF         |                    |    |
| SQUAMOUS EPITHELIAL CELLS  | NONE SEEN |   | < OR = 5 /HPF         |                    |    |
| BACTERIA   | NONE SEEN |   | NONE SEEN /HPF        |                    |    |
| HYALINE CAST   | NONE SEEN |   | NONE SEEN /LPF        |                    |    |
| IRON AND TOTAL IRON BINDING CAPACITY   |           |   |                       |                    | TP |
| IRON, TOTAL  | 85        |   | 45-160 mcg/dL         |                    |    |
| IRON BINDING CAPACITY  | 347       |   | 250-450 mcg/dL (calc) |                    |    |
| % SATURATION   | 24        |   | 11-50 % (calc)        |                    |    |
| FERRITIN   | 68        |   | 10-232 ng/mL          |                    | TP |
| INSULIN  | 3.6       |   | 2.0-19.6 uIU/mL       |                    | TP |
| This insulin assay shows strong cross-reactivity for some insulin analogs (lispro, aspart, and glargine) and much lower cross-reactivity with others (detemir, glulisine). |           |   |                       |                    |    |

Iron panel:  
**normal**

Fasting insulin:  
**wnl**

## Pre-Treatment Initial Lab Test Results

Quest  
Diagnostics

Report Status: Final

| Patient Information  | Specimen Information   | Client Information |
|--|--|--------------------|
| DOB: 10/15/1959 AGE: 58<br>Gender: F Fasting: Y<br>Patient ID: | Specimen:<br>Collected: EDT<br>Received: EDT<br>Reported: 09/25/2018 / 18:35 EDT | Client #:          |

| Endocrinology            |                  |                 |     |
|--------------------------|------------------|-----------------|-----|
| Test Name                | Result           | Reference Range | Lab |
| VITAMIN D,25-OH,TOTAL,IA | 28 L             | 30-100 ng/mL    | TP  |
| Vitamin D Status         | 25-OH Vitamin D: |                 |     |
| Deficiency:              | <20 ng/mL        |                 |     |
| Ineufficiency:           | 20 - 29 ng/mL    |                 |     |
| Optimal:                 | > or = 30 ng/mL  |                 |     |

For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients >2yrs).

For more information on this test, go to: <http://education.questdiagnostics.com/faq/FAQ163> (This link is being provided for informational/educational purposes only.)

Physician Comments:

**PERFORMING SITE:**  
AMD QUEST DIAGNOSTICS/NICHOLS CHANTILLY, 14225 NEWBROOK DRIVE, CHANTILLY, VA 20151-2228 Laboratory Director: PATRICK W. MASON,MD,PHD, CLIA: 490221801  
EZ QUEST DIAGNOSTICS/NICHOLS A/C, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: IRINA MARAMBA,MD,PHD,MBA, CLIA: 05D064332  
TP QUEST DIAGNOSTICS-TAMPA, 4225 E. FOWLER AVE, TAMPA, FL 33617-2026 Laboratory Director: GLEN L. WORTON,MD,PHD, CLIA: 100091120

Vitamin  
D 25-OH total:  
**Low: immune system  
function; calcium  
metabolism**

**(reported joint/tendon  
pain)**

# Post-Treatment Outcome

## Case # 2



## Post-treatment measurements with pre-treatment comparison measurements (sarcopenic obesity?)

|                               |                         |                                      |
|-------------------------------|-------------------------|--------------------------------------|
| <b>Weight:</b>                | initial <b>125 lbs.</b> | final <b>121.5 lbs. (- 3.5 lbs.)</b> |
| <b>Waist to height ratio:</b> | initial <b>49</b>       | final <b>48 (- 1)</b>                |
| <b>BMI:</b>                   | initial <b>23.6</b>     | final <b>22.6 (-1)</b>               |

### BMI chart

|                |             |
|----------------|-------------|
| Normal         | 18.5 – 24.9 |
| Overweight     | 25.0 – 29.9 |
| Obese          | 30 – 39.9   |
| Morbidly Obese | > 40        |

### Waist to Height Ratio Chart

|   |
|---|
| ratio < 35: abnormally slim                 |
| ratio 35 – 41: extremely slender            |
| ratio 42 – 45: slender/healthy              |
| ratio <b>46 – 48: healthy/normal weight</b> |
| ratio <b>49 – 53: overweight</b>            |
| ratio 54 – 58: extremely overweight/ obese  |
| ratio > 58: highly obese                    |

# SYMPTOMS & TOXICITY QUESTIONNAIRE SURVEY

(pre-treatment & post-treatment survey comparison)

**SYMPTOMS & TOXICITY**

| JOINTS/MUSCLES  |          | DIGESTIVE TRACT         |          |
|---|----------|-------------------------|----------|
| Pain or Aches in Joints                               | <u>3</u> | Nausea or Vomiting      | <u>0</u> |
| Arthritis   | <u>0</u> | Diarrhea                | <u>0</u> |
| Stiffness or Limitation of Movement                   | <u>2</u> | Constipation            | <u>3</u> |
| Pain or Aches in Muscles ( <i>tendons ligaments</i> ) | <u>2</u> | Bloated Feeling         | <u>0</u> |
| Feeling of Weakness or Tiredness                      | <u>1</u> | Belching or Passing Gas | <u>1</u> |
| Pain that Moves from Joint to Joint                   | <u>0</u> | Heartburn               | <u>0</u> |
|   |          | Intestinal/Stomach Pain | <u>0</u> |
|   |          | Mucous                  | <u>1</u> |
|   |          | Malodorous gas          | <u>1</u> |
| <b>Total:</b>   | <u>8</u> | <b>Total:</b>           | <u>6</u> |

| HEART                          |          | LUNGS               |          |
|--------------------------------|----------|---------------------|----------|
| Irregular or Skipped Heartbeat | <u>0</u> | Chest Congestion    | <u>2</u> |
| Rapid or Pounding Heartbeat    | <u>0</u> | Asthma, Bronchitis  | <u>0</u> |
| Chest Pain                     | <u>0</u> | Shortness of Breath | <u>0</u> |
|                                |          | Difficult Breathing | <u>0</u> |
| <b>Total:</b>                  | <u>0</u> | <b>Total:</b>       | <u>2</u> |

| WEIGHT                |          | ENERGY/ACTIVITY  |          |
|-----------------------|----------|--|----------|
| Binge Eating/Drinking | <u>0</u> | Fatigue, Sluggishness                                  | <u>1</u> |
| Craving Certain Foods | <u>4</u> | Apathy, Lethargy                                       | <u>0</u> |
| Excessive Weight      | <u>1</u> | Hyperactivity  | <u>0</u> |
| Compulsive Eating     | <u>0</u> | Worst with Exercise ( <i>yes HOT heavy exercise.</i> ) | <u>2</u> |
| Water Retention       | <u>0</u> | Better with Naps                                       | <u>1</u> |
| Underweight           | <u>0</u> |  |          |
| <b>Total:</b>         | <u>5</u> | <b>Total:</b>  | <u>4</u> |

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**Pre-treatment**

**SYMPTOMS & TOXICITY**

| JOINTS/MUSCLES                      |          | DIGESTIVE TRACT         |          |
|-------------------------------------|----------|-------------------------|----------|
| Pain or Aches in Joints             | <u>0</u> | Nausea or Vomiting      | <u>0</u> |
| Arthritis                           | <u>0</u> | Diarrhea                | <u>3</u> |
| Stiffness or Limitation of Movement | <u>0</u> | Constipation            | <u>0</u> |
| Pain or Aches in Muscles            | <u>0</u> | Bloated Feeling         | <u>2</u> |
| Feeling of Weakness or Tiredness    | <u>0</u> | Belching or Passing Gas | <u>0</u> |
| Pain that Moves from Joint to Joint | <u>0</u> | Heartburn               | <u>0</u> |
|                                     |          | Intestinal/Stomach Pain | <u>0</u> |
|                                     |          | Mucous                  | <u>2</u> |
|                                     |          | Malodorous gas          | <u>0</u> |
| <b>Total:</b>                       | <u>0</u> | <b>Total:</b>           | <u>7</u> |

| HEART                          |          | LUNGS               |          |
|--------------------------------|----------|---------------------|----------|
| Irregular or Skipped Heartbeat | <u>0</u> | Chest Congestion    | <u>0</u> |
| Rapid or Pounding Heartbeat    | <u>0</u> | Asthma, Bronchitis  | <u>0</u> |
| Chest Pain                     | <u>0</u> | Shortness of Breath | <u>0</u> |
|                                |          | Difficult Breathing | <u>0</u> |
| <b>Total:</b>                  | <u>0</u> | <b>Total:</b>       | <u>0</u> |

| WEIGHT                |          | ENERGY/ACTIVITY       |          |
|-----------------------|----------|-----------------------|----------|
| Binge Eating/Drinking | <u>0</u> | Fatigue, Sluggishness | <u>0</u> |
| Craving Certain Foods | <u>0</u> | Apathy, Lethargy      | <u>0</u> |
| Excessive Weight      | <u>0</u> | Hyperactivity         | <u>0</u> |
| Compulsive Eating     | <u>0</u> | Worst with Exercise   | <u>0</u> |
| Water Retention       | <u>0</u> | Better with Naps      | <u>0</u> |
| Underweight           | <u>0</u> |                       |          |
| <b>Total:</b>         | <u>0</u> | <b>Total:</b>         | <u>0</u> |


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**Post-treatment**

# SYMPTOMS & TOXICITY QUESTIONNAIRE SURVEY


(pre-treatment & post-treatment survey comparison)

| SYMPTOMS & TOXICITY  |   |
|--|---|
| <b>EAR</b><br>Itchy Ears <u>0</u><br>Earaches, Ear Infections <u>0</u><br>Drainage from Ear <u>1</u><br>Ringing in Ears <u>0</u><br>Hearing Loss <u>0</u><br>Red or Burning Ears <u>0</u><br>Total: <u>1</u>   | <b>NOSE</b><br>Stuffy Nose <u>1</u><br>Sinus Problems <u>2</u><br>Hay Fever <u>1</u><br>Sneezing Attacks <u>1</u><br>Excessive Mucus Formation (only if "sick") <u>0</u><br>Total: <u>5</u>                           |
| <b>MOUTH/THROAT</b><br>Chronic Coughing <u>0</u><br>Gagging, Frequent Need to Clear throat <u>0</u><br>Sore Throat, Hoarseness, Loss of Voice <u>2</u><br>Swollen/Discolored Tongue, Gum, Lips <u>0</u><br>Canker Sores <u>1</u><br>Cracking at Corner of Lips <u>2</u><br>Total: <u>5</u> | <b>EYES</b><br>Watery or Itchy Eyes <u>2</u><br>Swollen, Reddened or Sticky Eyelids <u>0</u><br>Bags or Dark Circles Under Eyes <u>1</u><br>Blurred or Tunnel Vision <u>0</u><br>Floaters <u>0</u><br>Total: <u>3</u> |
| <b>HEAD</b><br>Headaches <u>1</u><br>Faintness <u>1</u><br>Dizziness <u>1</u><br>Insomnia <u>1</u><br>Total: <u>4</u>  | <b>SKIN</b><br>Acne <u>0</u><br>Hives, Rashes or Dry Skin <u>1</u><br>Hair Loss <u>3</u><br>Flushing or Hot Flushes <u>1</u><br>Excessive Sweating <u>1</u><br>Total: <u>6</u>  |


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Pre-treatment

| SYMPTOMS & TOXICITY  |   |
|--|---|
| <b>EAR</b><br>Itchy Ears <u>0</u><br>Earaches, Ear Infections <u>0</u><br>Drainage from Ear <u>0</u><br>Ringing in Ears <u>0</u><br>Hearing Loss <u>0</u><br>Red or Burning Ears <u>0</u><br>Total: <u>0</u>   | <b>NOSE</b><br>Stuffy Nose <u>0</u><br>Sinus Problems <u>0</u><br>Hay Fever <u>0</u><br>Sneezing Attacks <u>1</u><br>Excessive Mucus Formation <u>0</u><br>Total: <u>1</u>  |
| <b>MOUTH/THROAT</b><br>Chronic Coughing <u>0</u><br>Gagging, Frequent Need to Clear throat <u>0</u><br>Sore Throat, Hoarseness, Loss of Voice <u>0</u><br>Swollen/Discolored Tongue, Gum, Lips <u>0</u><br>Canker Sores <u>0</u><br>Cracking at Corner of Lips <u>3</u><br>Total: <u>3</u> | <b>EYES</b><br>Watery or Itchy Eyes <u>0</u><br>Swollen, Reddened or Sticky Eyelids <u>0</u><br>Bags or Dark Circles Under Eyes <u>0</u><br>Blurred or Tunnel Vision <u>0</u><br>Floaters <u>0</u><br>Total: <u>0</u> |
| <b>HEAD</b><br>Headaches <u>0</u><br>Faintness <u>0</u><br>Dizziness <u>2</u><br>Insomnia <u>1</u><br>Total: <u>3</u>  | <b>SKIN</b><br>Acne <u>1</u><br>Hives, Rashes or Dry Skin <u>0</u><br>Hair Loss <u>0</u><br>Flushing or Hot Flushes <u>0</u><br>Excessive Sweating <u>0</u><br>Total: <u>1</u>  |


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Post-treatment



# SYMPTOMS & TOXICITY QUESTIONNAIRE SURVEY

(pre-treatment & post-treatment survey comparison)

**SYMPTOMS & TOXICITY**

| MIND                              | EMOTIONS                        |
|-----------------------------------|---------------------------------|
| Poor Memory: 2                    | Mood Swings: 0                  |
| Confusion, Poor Comprehension: 2  | Anxiety, Fear or Nervousness: 4 |
| Poor Concentration: 2             | Depression: 2                   |
| Poor Physical Coordination: 0     |                                 |
| Difficulty in Making Decisions: 2 |                                 |
| Stuttering or Stammering: 2       |                                 |
| Slurred Speech: 0                 |                                 |
| Learning Disabilities: 0          |                                 |
| <b>Total: 10</b>                  | <b>Total: 6</b>                 |

| OTHER                           | +   |
|---------------------------------|---|
| Frequent Illness: 0             | Add together the total from each health/body related area and put the number below in the <b>GRAND TOTAL</b> field. |
| Frequent or Urgent Urination: 0 |   |
| Genital Itch or Discharge: 0    |   |
| <b>Total: 0</b>                 | <b>↓</b>  |
| <b>GRAND TOTAL: 65</b>          |   |

COMPARE YOUR GRAND TOTAL TO THE VALUES BELOW - TOXICITY SCALE

|         |               |                   |                 |
|---------|---------------|-------------------|-----------------|
| <10     | 10-50         | 50-100            | 100>            |
| OPTIMAL | MILD TOXICITY | MODERATE TOXICITY | SEVERE TOXICITY |

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Pre-treatment

**SYMPTOMS & TOXICITY**

| MIND                              | EMOTIONS                        |
|-----------------------------------|---------------------------------|
| Poor Memory: 1                    | Mood Swings: 0                  |
| Confusion, Poor Comprehension: 1  | Anxiety, Fear or Nervousness: 0 |
| Poor Concentration: 0             | Depression: 0                   |
| Poor Physical Coordination: 0     |                                 |
| Difficulty in Making Decisions: 0 |                                 |
| Stuttering or Stammering: 0       |                                 |
| Slurred Speech: 0                 |                                 |
| Learning Disabilities: 0          |                                 |
| <b>Total: 4</b>                   | <b>Total: 0</b>                 |

| OTHER                           | +   |
|---------------------------------|---|
| Frequent Illness: 0             | Add together the total from each health/body related area and put the number below in the <b>GRAND TOTAL</b> field. |
| Frequent or Urgent Urination: 0 |   |
| Genital Itch or Discharge: 0    |   |
| <b>Total: 0</b>                 | <b>↓</b>  |
| <b>GRAND TOTAL: 19</b>          |   |

COMPARE YOUR GRAND TOTAL TO THE VALUES BELOW - TOXICITY SCALE

|         |               |                   |                 |
|---------|---------------|-------------------|-----------------|
| <10     | 10-50         | 50-100            | 100>            |
| OPTIMAL | MILD TOXICITY | MODERATE TOXICITY | SEVERE TOXICITY |

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Post-treatment

**46 point improvement**

# Post-treatment Lab Test Results

Quest Diagnostics Report Status: Final

| Patient Information       |  | Specimen Information                       |  | Client Information |  |
|---------------------------|--|--|--|--------------------|--|
| Gender: F      Fasting: Y |  | Specimen:      Requisition:      Client #: |  |                    |  |
| Phone:                    |  | Lab Ref #:                                 |  |                    |  |
| Patient ID:               |  | Collected: 10/22/2018 / 07:49 EDT          |  |                    |  |
| Health ID:                |  | Received: 10/23/2018 / 07:03 EDT           |  |                    |  |
|                           |  | Reported: 10/26/2018 / 05:03 EDT           |  |                    |  |

COMMENTS: FASTING-YES

| Test Name  | In Range | Out Of Range | Reference Range   | Lab |
|--|----------|--------------|---|-----|
| LIPID PANEL, STANDARD  |          |              |   |     |
| CHOLESTEROL, TOTAL   |          | 235 H        | <200 mg/dL  | TP  |
| HDL CHOLESTEROL  | 85       |              | >50 mg/dL   | TP  |
| TRIGLYCERIDES  | 58       |              | <150 mg/dL  | TP  |
| LDL--CHOLESTEROL   |          | 136 H        | mg/dL (calc)  | TP  |
| Reference range: <100  |          |              |   |     |
| Desirable range <100 mg/dL for primary prevention;<br><70 mg/dL for patients with CHD or diabetic patients<br>with > or = 2 CHD risk factors.  |          |              |   |     |
| LDL-C is now calculated using the Martin-Hopkins<br>calculation, which is a validated novel method providing<br>better accuracy than the Friedewald equation in the<br>estimation of LDL-C.<br>Martin SS et al. JAMA. 2013;310(19): 2061-2068<br>( <a href="http://education.questdiagnostics.com/faq/FAQ164">http://education.questdiagnostics.com/faq/FAQ164</a> ) |          |              |   |     |
| CHOL/HDL-C RATIO   | 2.8      |              | <5.0 (calc)   | TP  |
| NON HDL CHOLESTEROL  |          | 150 H        | <130 mg/dL (calc)   | TP  |
| For patients with diabetes plus 1 major ASCVD risk<br>factor, treating to a non-HDL-C goal of <100 mg/dL<br>(LDL-C of <70 mg/dL) is considered a therapeutic<br>option.  |          |              |   |     |
| HS CRP   | 1.9      |              | mg/L  | TP  |
| Average relative cardiovascular risk according to<br>AHA/CDC guidelines.   |          |              |   |     |
| For ages >17 Years:  |          |              |   |     |
| hs-CRP mg/L  | <1.0     |              | Risk According to AHA/CDC Guidelines  |     |
|  | 1.0-3.0  |              | Lower relative cardiovascular risk.   |     |
|  | 3.1-10.0 |              | Average relative cardiovascular risk.   |     |
|  | >10.0    |              | Higher relative cardiovascular risk.<br>Consider retesting in 1 to 2 weeks to<br>exclude a benign transient elevation<br>in the baseline CRP value secondary<br>to infection or inflammation.<br>Persistent elevation, upon retesting,<br>may be associated with infection and<br>inflammation. |     |
| HOMOCYSTEINE   | 6.7      |              | <10.4 umol/L  | TP  |
| Homocysteine is increased by functional deficiency of<br>folate or vitamin B12. Testing for methylmalonic acid<br>differentiates between these deficiencies. Other causes<br>of increased homocysteine include renal failure, folate<br>antagonists such as methotrexate and phenytoin, and<br>exposure to nitrous oxide.  |          |              |   |     |
| COMPREHENSIVE METABOLIC<br>PANEL   |          |              |   | TP  |
| GLUCOSE  | 84       |              | 65-99 mg/dL   |     |

Lipid Panel:

Patient reported taking  
red yeast rice.

Initial Chol: **281**


Follow Chol: **235**

Initial LDL: **177**

Follow up LDL: **136**

# Post-treatment Lab Test Results

Report Status: Final



| Patient Information       |  | Specimen Information                              |  | Client Information |  |
|---------------------------|--|---|--|--------------------|--|
| Gender: F      Fasting: Y |  | Specimen:<br>Collected:<br>Received:<br>Reported: |  | Client #:          |  |
| Patient ID:<br>Health ID: |  |   |  |                    |  |


  

| Test Name   | In Range       | Out Of Range | Reference Range         | Lab |
|---|----------------|--------------|-------------------------|-----|
| Fasting reference interval  |                |              |                         |     |
| UREA NITROGEN (BUN)   | 14             |              | 7-25 mg/dL              |     |
| CREATININE  | 0.66           |              | 0.50-1.05 mg/dL         |     |
| For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.  |                |              |                         |     |
| eGFR NON-AFR. AMERICAN  | 97             |              | > OR = 60 mL/min/1.73m2 |     |
| eGFR AFRICAN AMERICAN   | 112            |              | > OR = 60 mL/min/1.73m2 |     |
| BUN/CREATININE RATIO  | NOT APPLICABLE |              | 6-22 (calc)             |     |
| SODIUM  | 139            |              | 135-146 mmol/L          |     |
| POTASSIUM   | 4.2            |              | 3.5-5.3 mmol/L          |     |
| CHLORIDE  | 102            |              | 98-110 mmol/L           |     |
| CARBON DIOXIDE  | 28             |              | 20-32 mmol/L            |     |
| CALCIUM   | 9.7            |              | 8.6-10.4 mg/dL          |     |
| PROTEIN, TOTAL  | 6.9            |              | 6.1-8.1 g/dL            |     |
| ALBUMIN   | 4.4            |              | 3.6-5.1 g/dL            |     |
| GLOBULIN  | 2.5            |              | 1.9-3.7 g/dL (calc)     |     |
| ALBUMIN/GLOBULIN RATIO  | 1.8            |              | 1.0-2.5 (calc)          |     |
| BILIRUBIN, TOTAL  | 0.5            |              | 0.2-1.2 mg/dL           |     |
| ALKALINE PHOSPHATASE  | 51             |              | 33-130 U/L              |     |
| AST   | 24             |              | 10-35 U/L               |     |
| ALT   | 19             |              | 6-29 U/L                |     |
| HEMOGLOBIN A1c  | 5.1            |              | <5.7 % of total Hgb     | TP  |
| For the purpose of screening for the presence of diabetes:  |                |              |                         |     |
| <5.7%      Consistent with the absence of diabetes  |                |              |                         |     |
| 5.7-6.4%      Consistent with increased risk for diabetes (prediabetes)   |                |              |                         |     |
| > or =6.5%      Consistent with diabetes  |                |              |                         |     |
| This assay result is consistent with a decreased risk of diabetes.  |                |              |                         |     |
| Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.   |                |              |                         |     |
| According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).  |                |              |                         |     |
| MAGNESIUM, RBC  | 5.1            |              | 4.0-6.4 mg/dL           | AMD |
| This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes. |                |              |                         |     |

CMP:  
basically unchanged

# Post-treatment Lab Test Results

Report Status: Final



| Patient Information       |          | Specimen Information                              |                 | Client Information |  |
|---------------------------|----------|---|-----------------|--------------------|--|
| Gender: F      Fasting: Y |          | Specimen:<br>Collected:<br>Received:<br>Reported: |                 | Client #:          |  |
| Patient ID:<br>Health ID: |          |   |                 |                    |  |
| Test Name                 | In Range | Out Of Range                                      | Reference Range | Lab                |  |
| GGT                       | 29       |   | 3-70 U/L        | TP                 |  |
| TSH                       | 2.08     |   | 0.40-4.50 mIU/L | TP                 |  |
| T4, FREE                  | 1.0      |   | 0.8-1.8 ng/dL   | TP                 |  |
| T3, FREE                  | 2.6      |   | 2.3-4.2 pg/mL   | TP                 |  |
| LEPTIN                    | 3.1      |   | ng/mL           | EZ                 |  |

Reference Ranges for Leptin:

Adult Lean Subjects (18-71 years) with BMI range of 18-25:

Males: 0.3-13.4 ng/mL  
Females: 4.7-23.7 ng/mL

Adult Subjects (19-60 years) with BMI range of 25-30:

Males: 1.8-19.9 ng/mL  
Females: 8.0-38.9 ng/mL

Pediatric Reference Ranges for Leptin:

5-9.9 years: 0.6-16.8 ng/mL  
10-13.9 years: 1.4-16.5 ng/mL  
14-17.9 years: 0.6-24.9 ng/mL

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CEIA regulations and is used for clinical purposes.

|                         |        |  |                      |    |
|-------------------------|--------|--|----------------------|----|
| CBC (INCLUDES DIFF/PLT) |        |  |                      | TP |
| WHITE BLOOD CELL COUNT  | 5.8    |  | 3.8-10.8 Thousand/uL |    |
| RED BLOOD CELL COUNT    | 4.15   |  | 3.80-5.10 Million/uL |    |
| HEMOGLOBIN              | 12.6   |  | 11.7-15.5 g/dL       |    |
| HEMATOCRIT              | 36.8   |  | 35.0-45.0 %          |    |
| MCV                     | 88.7   |  | 80.0-100.0 fL        |    |
| MCH                     | 30.4   |  | 27.0-33.0 pg         |    |
| MCHC                    | 34.2   |  | 32.0-36.0 g/dL       |    |
| RDW                     | 12.9   |  | 11.0-15.0 %          |    |
| PLATELET COUNT          | 296    |  | 140-400 Thousand/uL  |    |
| MPV                     | 10.8   |  | 7.5-12.5 fL          |    |
| ABSOLUTE NEUTROPHILS    | 2685   |  | 1500-7800 cells/uL   |    |
| ABSOLUTE LYMPHOCYTES    | 2430   |  | 850-3900 cells/uL    |    |
| ABSOLUTE MONOCYTES      | 452    |  | 200-950 cells/uL     |    |
| ABSOLUTE EOSINOPHILS    | 203    |  | 15-500 cells/uL      |    |
| ABSOLUTE BASOPHILS      | 29     |  | 0-200 cells/uL       |    |
| NEUTROPHILS             | 46.3   |  | %                    |    |
| LYMPHOCYTES             | 41.9   |  | %                    |    |
| MONOCYTES               | 7.6    |  | %                    |    |
| EOSINOPHILS             | 3.5    |  | %                    |    |
| BASOPHILS               | 0.5    |  | %                    |    |
| URINALYSIS, COMPLETE    |        |  |                      | TP |
| COLOR                   | YELLOW |  | YELLOW               |    |
| APPEARANCE              | CLEAR  |  | CLEAR                |    |

Thyroid Panel and CBC:  
**basically unchanged**

# Post-treatment Lab Test Results

Quest Diagnostics Report Status: Final

| Patient Information |            | Specimen Information |  | Client Information |
|---------------------|------------|----------------------|--|--------------------|
| Gender: F           | Fasting: Y | Specimen:            |  | Client #:          |
| Patient ID:         |            | Collected:           |  |                    |
| Health ID:          |            | Received:            |  |                    |
|                     |            | Reported:            |  |                    |

| Test Name  | In Range  | Out Of Range | Reference Range       | Lab |
|--|-----------|--------------|-----------------------|-----|
| SPECIFIC GRAVITY   | 1.011     |              | 1.001-1.035           |     |
| PH   | 8.0       |              | 5.0-8.0               |     |
| GLUCOSE  | NEGATIVE  |              | NEGATIVE              |     |
| BILIRUBIN  | NEGATIVE  |              | NEGATIVE              |     |
| KETONES  | NEGATIVE  |              | NEGATIVE              |     |
| OCCULT BLOOD   | NEGATIVE  |              | NEGATIVE              |     |
| PROTEIN  | NEGATIVE  |              | NEGATIVE              |     |
| NIYTRITE   | NEGATIVE  |              | NEGATIVE              |     |
| LEUKOCYTE ESTERASE   | NEGATIVE  |              | NEGATIVE              |     |
| WBC  | NONE SEEN |              | < OR = 5 /HPF         |     |
| RBC  | NONE SEEN |              | < OR = 2 /HPF         |     |
| SQUAMOUS EPITHELIAL CELLS  | NONE SEEN |              | < OR = 5 /HPF         |     |
| BACTERIA   | NONE SEEN |              | NONE SEEN /BPF        |     |
| HYALINE CAST   | NONE SEEN |              | NONE SEEN /LPF        |     |
| IRON AND TOTAL IRON  |           |              |                       | TP  |
| BINDING CAPACITY   |           |              |                       |     |
| IRON, TOTAL  | 93        |              | 45-160 mcg/dL         |     |
| IRON BINDING CAPACITY  | 352       |              | 250-450 mcg/dL (calc) |     |
| % SATURATION   | 26        |              | 11-50 % (calc)        |     |
| FERRITIN   | 72        |              | 10-232 ng/mL          | TP  |
| INSULIN  | 2.8       |              | 2.0-19.6 uIU/mL       | TP  |
| This insulin assay shows strong cross-reactivity for some insulin analogs (lispro, aspart, and glargine) and much lower cross-reactivity with others (detemir, glulisine). |           |              |                       |     |
| CORTISOL, A.M.   | 21.7      |              | mcg/dL                | TP  |
| Reference Range<br>8 a.m. (7-9 a.m.) Specimen: 4.0-22.0  |           |              |                       |     |

Iron Panel:  
**wnl**

Vitamin D:  
**optimal at 42 ng/ml  
(initially low)**



**‘Lightning round read’**  
on lab tests from an integrative and  
functional medicine perspective



| Patient Information  | Specimen Information   | Client Information   |
|--|--|----------------------|
| <b>DOB: 04/06/1995</b> <b>AGE: 22</b><br>Gender: M      Fasting: Y<br>Patient ID: NG | Specimen: [REDACTED]<br>Collected: 10/11/2017 / 09:20 CDT<br>Received: 10/13/2017 / 08:07 CDT<br>Reported: 10/13/2017 / 16:46 CDT<br>(* A Copy From) | Client #: [REDACTED] |

| Test Name  | In Range  | Out Of Range     | Reference Range       | Lab |
|--|---|------------------|-----------------------|-----|
| SED RATE BY MODIFIED WESTERGRN   |   |                  |                       | KS  |
| <i>See Endnote 1</i>   |   |                  |                       |     |
| CBC (INCLUDES DIFF/PLT)  |   |                  |                       | KS  |
| WHITE BLOOD CELL COUNT   | 5.4   |                  | 3.8-10.8 Thousand/uL  |     |
| RED BLOOD CELL COUNT   | 5.60  |                  | 4.20-5.80 Million/uL  |     |
| HEMOGLOBIN   | 16.3  |                  | 13.2-17.1 g/dL        |     |
| HEMATOCRIT   | 49.5  |                  | 38.5-50.0 %           |     |
| MCV  | 88.4  |                  | 80.0-100.0 fL         |     |
| MCH  | 29.1  |                  | 27.0-33.0 pg          |     |
| MCHC   | 32.9  |                  | 32.0-36.0 g/dL        |     |
| RDW  | 13.0  |                  | 11.0-15.0 %           |     |
| PLATELET COUNT   | 315   |                  | 140-400 Thousand/uL   |     |
| MPV  | 10.9  |                  | 7.5-12.5 fL           |     |
| ABSOLUTE NEUTROPHILS   | 2603  |                  | 1500-7800 cells/uL    |     |
| ABSOLUTE LYMPHOCYTES   | 2290  |                  | 850-3900 cells/uL     |     |
| ABSOLUTE MONOCYTES   | 319   |                  | 200-950 cells/uL      |     |
| ABSOLUTE EOSINOPHILS   | 130   |                  | 15-500 cells/uL       |     |
| ABSOLUTE BASOPHILS   | 59  |                  | 0-200 cells/uL        |     |
| NEUTROPHILS  | 48.2  |                  | %                     |     |
| LYMPHOCYTES  | 42.4  |                  | %                     |     |
| MONOCYTES  | 5.9   |                  | %                     |     |
| EOSINOPHILS  | 2.4   |                  | %                     |     |
| BASOPHILS  | 1.1   |                  | %                     |     |
| URINALYSIS REFLEX  |   |                  |                       | KS  |
| <i>See Endnote 2</i>   |   |                  |                       |     |
| IRON AND TOTAL IRON  |   |                  |                       | KS  |
| BINDING CAPACITY   |   |                  |                       |     |
| IRON, TOTAL  | 106   |                  | 50-195 mcg/dL         |     |
| IRON BINDING CAPACITY  | 342   |                  | 250-425 mcg/dL (calc) |     |
| % SATURATION   | 31  |                  | 15-60 % (calc)        |     |
| FERRITIN   | 291   |                  | 20-345 ng/mL          | KS  |
| <b>INSULIN</b>   |   | <b>&lt;1.0 L</b> | 2.0-19.6 uIU/mL       | KS  |
| This insulin assay shows strong cross-reactivity for some insulin analogs (lispro, aspart, and glargine) and much lower cross-reactivity with others (detemir, glulisine). |   |                  |                       |     |
| ABO GROUP AND RH TYPE  |   |                  |                       | KS  |
| ABO GROUP  | A   |                  |                       |     |
| RH TYPE  | RH (D) NEGATIVE   |                  |                       |     |
| Endnote 1  | *****<br>* Test not performed. *<br>* Unsuitable for analysis due *<br>* to the age of the specimen. *<br>***** |                  |                       |     |
| Endnote 2  | *****<br>* Test not performed. *<br>* No suitable specimen received. *<br>*****                                 |                  |                       |     |

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SPECIMEN: [REDACTED]

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| Patient Information  | Specimen Information  | Client Information  |
|--|---|---|
| <b>DOB:</b> [REDACTED] <b>AGE:</b> 32<br><b>Gender:</b> M <b>Fasting:</b> Y<br><b>Phone:</b> NG<br><b>Patient ID:</b> 34 | <b>Specimen:</b> [REDACTED]<br><b>Requisition:</b> 0000270<br><br><b>Collected:</b> 10/03/2018 / 08:10 CDT<br><b>Received:</b> 10/04/2018 / 07:04 CDT<br><b>Reported:</b> 10/07/2018 / 21:18 CDT<br>(* A Copy From) | <b>Client #:</b> 97506314 0000000<br><b>EDI-MASTER</b><br><b>Attn:</b> REPORTING/BILLING ONLY<br><b>ACCOUNT</b><br>1 TITUS RD<br>WASHINGTON DEPOT, CT<br>06794-1516 |

COMMENTS: FASTING: YES

| Test Name  | In Range | Out Of Range     | Reference Range   | Lab |
|--|----------|------------------|-------------------|-----|
| LIPID PANEL, STANDARD  |          |                  |                   |     |
| <b>CHOLESTEROL, TOTAL</b>  |          | <b>484 H</b>     | <200 mg/dL        | CB  |
| HDL CHOLESTEROL  | 102      |                  | >40 mg/dL         | CB  |
| TRIGLYCERIDES  | 43       |                  | <150 mg/dL        | CB  |
| <b>LDL-C CHOLESTEROL</b>   |          | <b>&gt;350 H</b> | mg/dL (calc)      | CB  |
| LDL-C levels > or = 190 mg/dL may indicate familial hypercholesterolemia (FH). Clinical assessment and measurement of blood lipid levels should be considered for all first degree relatives of patients with an FH diagnosis.<br>For questions about testing for familial hypercholesterolemia, please call Quest Genomics Client Services at 1.866.GENE.INFO.<br>Jacobson T, et al. J National Lipid Association Recommendations for Patient-Centered Management of Dyslipidemia: Part 1 Journal of Clinical Lipidology 2015;9(2), 129-169.<br>Reference range: <100<br><br>Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.<br><br>LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C.<br>Martin SS et al. JAMA. 2013;310(19): 2061-2068 (http://education.QuestDiagnostics.com/faq/FAQ164) |          |                  |                   |     |
| CHOL/HDL-C RATIO   | 4.7      |                  | <5.0 (calc)       | CB  |
| <b>NON HDL CHOLESTEROL</b>   |          | <b>382 H</b>     | <130 mg/dL (calc) | CB  |
| Non-HDL level > or = 220 is very high and may indicate genetic familial hypercholesterolemia (FH). Clinical assessment and measurement of blood lipid levels should be considered for all first-degree relatives of patients with an FH diagnosis.<br><br>For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.   |          |                  |                   |     |
| HS CRP   | 0.2      |                  | mg/L              | CB  |
| Lower relative cardiovascular risk according to AHA/CDC guidelines.<br><br>For ages >17 Years:<br>hs-CRP mg/L Risk According to AHA/CDC Guidelines<br><1.0 Lower relative cardiovascular risk.<br>1.0-3.0 Average relative cardiovascular risk.<br>3.1-10.0 Higher relative cardiovascular risk.   |          |                  |                   |     |

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SPECIMEN: [REDACTED]

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## Familial Hyperlipidemias: Genetic

| Hyperlipo-proteinemia |   | Synonyms  | Defect                       | Increased lipoprotein | Main symptoms  | other          |
|-----------------------|---|---|------------------------------|-----------------------|--|----------------|
| Type I                | A | Buerger-Gruetz syndrome, or familial hyperchylomicronemia | ↓lipoprotein lipase (LPL)    | Chylomicrons (VLDL)   | Abdominal pain (from pancreatitis), lipemia retinalis, eruptive skin xanthomas, hepatosplenomegaly | ↑TC ↑↑ TG      |
|                       | B |   | Altered ApoC2                |                       |  |                |
|                       | C |   | LPL inhibitor in blood       |                       |  |                |
| Type II               | A | Familial hypercholesterolemia                             | LDL receptor deficiency      | LDL                   | Xanthelasma, arcus senilis, tendon xanthomas   | ↑↑TC TGN       |
|                       | B |   | ↓LDL receptor and ↑ ApoB     | LDL and VLDL          |  |                |
| Type III              |   | Familial dysbetalipoproteinemia                           | Defect in ApoE 2 synthesis   | IDL (VLDL, Chylo)     | Tubo-eruptive Xanthomas & Palmar Xanthomas   | ↑TG ↑TG        |
| Type IV               |   | Familial hypertriglyceridemia                             | ↑VLDL production and ↓ elim. | VLDL (chylo)          |  | ↑TG ↑Uric Acid |
| Type V                |   | Endogenous hypertriglyceridemia                           | ↑ VLDL production and ↓ LPL  | VLDL and chylomicrons |  | ↑TG            |

↑ Raised    ↑↑ High    N Normal

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| Patient Information                                      | Specimen Information   | Client Information |
|--|--|--------------------|
| <b>DOB:</b><br><b>Gender:</b> F<br><b>Patient ID:</b> NG | <b>Specimen:</b><br><b>Collected:</b> 11/06/2017 / 09:45 CST<br><b>Received:</b> 11/07/2017 / 15:46 CST<br><b>Reported:</b> 11/10/2017 / 02:13 CST<br>(* A Copy Sent To) | <b>Client #:</b>   |

| Test Name                                       | In Range | Out Of Range | Reference Range       | Lab |
|---|----------|--------------|-----------------------|-----|
| THYROID PEROXIDASE AND THYROGLOBULIN ANTIBODIES | <1       |              | < or = 1 IU/mL        | KS  |
| THYROID PEROXIDASE ANTIBODIES                   | 1        |              | <9 IU/mL              | KS  |
| CBC (INCLUDES DIFF/PLT)                         | 7.2      |              | 3.8-10.8 Thousand/uL  | KS  |
| WHITE BLOOD CELL COUNT                          | 4.58     |              | 3.80-5.10 Million/uL  |     |
| HEMOGLOBIN                                      | 13.6     |              | 11.7-15.5 g/dL        |     |
| HEMATOCRIT                                      | 41.0     |              | 35.0-45.0 %           |     |
| MCV   | 89.5     |              | 80.0-100.0 fL         |     |
| MCH   | 29.7     |              | 27.0-32.0 Pg          |     |
| MCHC  | 33.2     |              | 32.0-36.0 g/dL        |     |
| RDW   | 12.3     |              | 11.0-15.0 %           |     |
| PLATELET COUNT                                  | 309      |              | 140-400 Thousand/uL   |     |
| MPV   | 9.8      |              | 7.5-12.5 fL           |     |
| ABSOLUTE NEUTROPHILS                            | 4752     |              | 1500-7800 cells/uL    |     |
| ABSOLUTE LYMPHOCYTES                            | 1850     |              | 850-3900 cells/uL     |     |
| ABSOLUTE MONOCYTES                              | 51       |              | 200-950 cells/uL      |     |
| ABSOLUTE EOSINOPHILS                            | 58       |              | 15-500 cells/uL       |     |
| ABSOLUTE BASOPHILS                              | 29       |              | 0-200 cells/uL        |     |
| NEUTROPHILS                                     | 66       |              | %                     |     |
| LYMPHOCYTES                                     | 25.7     |              | %                     |     |
| MONOCYTES                                       | 7.1      |              | %                     |     |
| EOSINOPHILS                                     | 0.8      |              | %                     |     |
| BASOPHILS                                       | 0.4      |              | %                     |     |
| URINALYSIS REFLEX                               |          |              |                       | KS  |
| COLOR   | YELLOW   |              | YELLOW                |     |
| APPEARANCE                                      | CLEAR    |              | CLEAR                 |     |
| SPECIFIC GRAVITY                                | 1.007    |              | 1.001-1.035           |     |
| PH  | 7.5      |              | 5.0-8.0               |     |
| GLUCOSE   | NEGATIVE |              | NEGATIVE              |     |
| BILIRUBIN                                       | NEGATIVE |              | NEGATIVE              |     |
| KETONES   | NEGATIVE |              | NEGATIVE              |     |
| OCCULT BLOOD                                    | NEGATIVE |              | NEGATIVE              |     |
| PROTEIN   | NEGATIVE |              | NEGATIVE              |     |
| NITRITE   | NEGATIVE |              | NEGATIVE              |     |
| LEUKOCYTE ESTERASE                              | NEGATIVE |              | NEGATIVE              |     |
| IRON AND TOTAL IRON                             |          |              |                       | KS  |
| BINDING CAPACITY                                |          |              |                       |     |
| IRON, TOTAL                                     |          | 532 H        | 40-190 mcg/dL         |     |
| IRON BINDING CAPACITY                           |          | 734 H        | 250-450 mcg/dL (calc) |     |
| % SATURATION                                    |          | 72 H         | 11-50 % (calc)        |     |
| FERRITIN  | 17       |              | 10-232 ng/mL          | KS  |
| INSULIN   | 2.5      |              | 2.0-19.6 uIU/mL       | KS  |

THE PREFERRED SAMPLE TYPE FOR INSULIN TESTING IS FROZEN SERUM. THIS SAMPLE WAS RECEIVED AMBIENT.

This insulin assay shows strong cross-reactivity for some insulin analogs (lispro, aspart, and glargine) and much lower cross-reactivity with others (detemir, glulisine).

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SPECIMEN: XXXXXXXXXX

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| Conditions                     | Ferritin | Serum Iron | TIBC | % Saturation |
|--------------------------------|----------|------------|------|--------------|
| Chronic blood loss             | L        | L          | H    | L            |
| Acute blood loss               | N        | L          | N    | L            |
| Iron deficiency                | L        | L          | H    | L            |
| Hemolytic anemia               | H        | H          | L    | H            |
| Chronic disease                | H        | L          | L    | L            |
| Hemochromatosis                | H        | H          | L    | H            |
| Pregnancy                      | L        | L          | H    | L            |
| Estrogen therapy               | N        | H          | H    | L            |
| Acute inflammation             | H        | N          | L    | H            |
| Iron toxicity                  | H        | H          | N    | H            |
| Iron excess                    | N        | N          | N    | H (>45%)     |
| Iron depletion                 | L        | N          | N    | N            |
| Iron deficiency without anemia | N/L      | N/L        | N/H  | N/L          |

Exceedingly high:  
**iron**

Exceedingly high:  
**TIBC**

Exceedingly high:  
**percent saturation**

Ferritin:  
**normal**

## Ask the Doctor



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DC, DABCI, DACBN, CFMP, CIHP, BCTN

**End of the Program**  
**Thank You for Participating**