

Accession: 19-48660

Phone: 805-205-9050 Fax: 1-818-704-5689

HEALTHWISE CLINICAL NUTRITION MARK FLANNERY, DC 3695 ALAMO ST #102 SIMI VALLEY, CA 93063

Received: 11/14/2019

Completed: 11/20/2019 Reported: 11/20/2019

Sex: M

Results For: BANAT, MOHAMMED

Age: 41 DOB: 1/27/1978

Patient's Tel: 1-617-939-9924

Ref. ID:

Specimen Collected: 11/12/2019

NLASI - Custom Adrenal Stress Index - Saliva

Test	Description	Resu	ılt	Ref Values	
TAP	Cortisol rhythm (saliva)			Adults:	
	06:00 - 08:00 AM	22	Normal	13-24 nM	
	11:00 - 1:00 PM	10	Normal	5-10 nM	
	04:00 - 05:00 PM	5	Normal	3-8 nM	
	10:00 - Midnight	2	Normal	1-4 nM	
	Total Cortisol Output:	39		22-46 nM	
	The Total Cortisol Output is the sum of all cortisol values. Elevated values may indicate hypercortisolism or exogenous exposure, and low values suggest				

indicate hypercortisolism or exogenous exposure, and low values suggest adrenal hypofunction.

Figure 2:

The cortisol inducers fall into five broad categories shown in the adjacent flowchart. For optimization of the hypothalamic-pituitary-adrenal (HPA) axis, all cortisol inducers should be examined and addressed.

Figure 1: Circadian Cortisol Profile

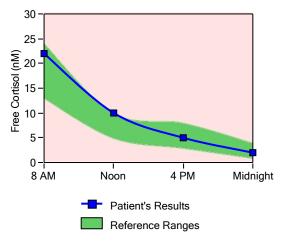
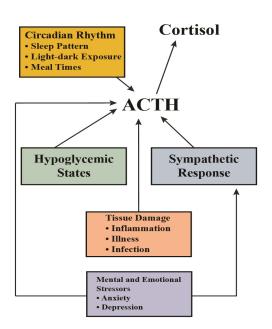


Figure 2:

Inducers of Cortisol Release

Inducers below must be individually examined for successful restoration of adrenals.



Test 5 Normal Adults: 3-10 ng/ml DHEA Dehydroepiandrosterone [DHEA + DHEA-S] (saliva)

> According to the general adaptation syndrome theory originally described by endocrinologist Hans Selye, there are three primary phases to the stress response: 1) alarm reaction, 2) resistance, and 3) exhaustion. Alternately, the stress response may be assessed as a series of stages (or "zones") according to the relative production of cortisol and DHEA. To assess this cortisol-DHEA correlation, the DHEA value is graphed against the average of the noon and afternoon cortisol values, allowing the patient to be characterized according to the zone into which he or she falls.

Figure 3 shows your Cortisol-DHEA correlation was in:

∠ Reference zone

Individuals with results in the reference zone display a relative balance in average cortisol (noon and afternoon) and DHEA values. Being in the reference zone does not preclude other manifestations of suboptimal adrenal function such as fluctuating cortisol values (elevated and depressed during one day), or impaired circadian rhythm (particularly involving morning or bedtime cortisol production).

24 Cortisol(nM) 2 16 12 8 Reference 7 5 6

CORTISOL-DHEA CORRELATION SPECTRUM

DHEA

10 12

14 16

18 20

1. Acute stress response: high cort, DHEA

6 8

2. Cortisol elevation

2

0

- 3. High cortisol, low DHEA
- 4. Depressed DHEA
- 5. Depressed cortisol
- 6. Low cortisol, high DHEA
- 7. DHEA elevation
- 8. Adrenal hypofunction: low cort, DHEA

Diagnosis Code(s): Not Provided To The Lab

Results and comments above are intended for informational purposes and should not be construed as medical advice. Use this report in context of the clinical picture and patient history before initiating any treatment.

For additional resources, including testing guidelines, result interpretation, and treatment protocols, please login to our website at www.diagnostechs.com and select Resources -> Provider Tools.

COURTESY INTERPRETATION of test and technical support are available upon request, to Physicians Only.



Accession: 19-48660

Phone: 805-205-9050 Fax: 1-818-704-5689 Received: **11/14/2019** Completed: **11/20/2019**

Reported: 11/20/2019

HEALTHWISE CLINICAL NUTRITION

MARK FLANNERY, DC 3695 ALAMO ST #102 SIMI VALLEY, CA 93063 **Results For: BANAT, MOHAMMED**

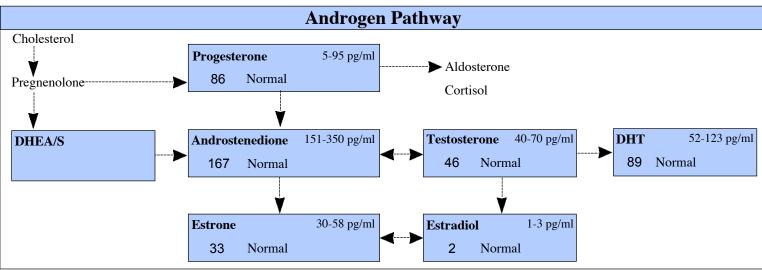
Age: 41 DOB: 1/27/1978 Sex: M

Patient's Tel: 1-617-939-9924

Ref. ID:

Specimen Collected: 11/12/2019

eMHP. Expanded Male Hormone Panel - Saliva



Hormone	Result	Notes	Reference Ranges
FSH - Follicle Stimulating Hormone	<12	Low	Adults: 12-125 uIU/mL
LH - Luteinizing Hormone	24	Normal	Adults: 8-55 uIU/mL

Reference Ranges - Male						
Hormone	Age	Range				
Testosterone	18 - 30 yrs 31 - 40 yrs 41 - 50 yrs 51 - 60 yrs 61 - 70 yrs > 70 yrs	60 - 135 pg/ml 50 - 80 40 - 70 35 - 65 20 - 55 15 - 45				
Dihydrotestosterone	30 - 39 yrs 40 - 49 yrs 50 - 59 yrs > 59 yrs	22 - 72 pg/ml 52 - 123 51 - 107 39 - 89				
Androstenedione	18+ yrs	100 - 150 pg/ml 151 - 350 351 - 450	Borderline Low Normal Borderline High			
Estradiol	20 - 49 yrs 50 - 85 yrs	1 - 3 pg/ml 1 - 5				

DiagnosTechs, Inc.

Accession: 19-48660

Diagnosis Code(s): Not Provided To The Lab

Results and comments above are intended for informational purposes and should not be construed as medical advice. Use this report in context of the clinical picture and patient history before initiating any treatment.

For additional resources, including testing guidelines, result interpretation, and treatment protocols, please login to our website at www.diagnostechs.com and select Resources -> Provider Tools.

COURTESY INTERPRETATION of test and technical support are available upon request, to Physicians Only.

Received: 11/14/2019



Accession: 19-48660

Phone: 805-205-9050 Fax: 1-818-704-5689 Completed: 11/20/2019 Reported: 11/20/2019

HEALTHWISE CLINICAL NUTRITION MARK FLANNERY, DC

3695 ALAMO ST #102 SIMI VALLEY, CA 93063 Results For: BANAT, MOHAMMED

Age: **41** DOB: **1/27/1978** Sex: **M**

Patient's Tel: 1-617-939-9924

Ref. ID:

Specimen Collected: 11/12/2019

Code	Test Name	Result/Notes	Reference Values/Key	
E3	Estriol (saliva)	5	Male (18-80 yrs): 5-40 pg/ml	
MB2S	Total salivary sIgA	14 Normal	Borderline Low: 5-9 mg/dL Normal: 10-20 mg/dL Borderline High: 21-25 mg/dL	
	General Information About sIgA: 1. Secretory IgA (sIgA) is the predominant antibody found on mucosal membranes throughout the body. 2. sIgA exists as a dimer of two individual IgA combined with a secretory component that helps protect sIgA from enzymatic degradation. 3. One main function of sIgA is immune exclusion, binding to antigens and preventing their adherence and admittance into the body. Typically, sIgA moderates the mucosal inflammatory response.			

Diagnosis Code(s): Not Provided To The Lab

Results and comments above are intended for informational purposes and should not be construed as medical advice. Use this report in context of the clinical picture and patient history before initiating any treatment.

For additional resources, including testing guidelines, result interpretation, and treatment protocols, please login to our website at www.diagnostechs.com and select Resources -> Provider Tools.

COURTESY INTERPRETATION of test and technical support are available upon request, to Physicians Only.