

Blood Test Results Report



The Blood Test Results Report lists the results of your Blood Chemistry Screen and CBC Test and shows you whether or not an individual element is outside of the optimal range and/or outside of the clinical lab range.

Above Optimal Range 7 Current 0 Previous ↑	Above Standard Range 8 Current 0 Previous ↑	Alarm High 1 Current 0 Previous
Below Optimal Range 17 Current 0 Previous ↓	Below Standard Range 3 Current 0 Previous ↓	Alarm Low 0 Current 0 Previous

Element	Current	Previous	Impr	Optimal Range	Standard Range	Units
	Feb 05 2024	Not Available				
Glucose	78.00			72.00 - 90.00	65.00 - 99.00	mg/dL
Hemoglobin A1C	5.20			5.00 - 5.50	0.00 - 5.60	%
BUN	13.00			10.00 - 16.00	7.00 - 25.00	mg/dL
Creatinine	0.57 ↓			0.80 - 1.10	0.40 - 1.35	mg/dL
BUN/Creatinine Ratio	22.80 ↑			10.00 - 16.00	6.00 - 22.00	Ratio
eGFR	120.00			90.00 - 120.00	60.00 - 90.00	mL/min/1.73m2
Sodium	140.00			135.00 - 142.00	135.00 - 146.00	mEq/L
Potassium	4.20			4.00 - 4.50	3.50 - 5.30	mEq/L
Sodium/Potassium Ratio	33.33			30.00 - 35.00	30.00 - 35.00	ratio
Chloride	101.00			100.00 - 106.00	98.00 - 110.00	mEq/L
CO2	26.00			25.00 - 30.00	19.00 - 30.00	mEq/L
Anion gap	17.20 ↑			7.00 - 12.00	6.00 - 16.00	mEq/L
Uric Acid, female	4.00			3.00 - 5.50	2.50 - 7.00	mg/dL
Protein, total	6.70 ↓			6.90 - 7.40	6.10 - 8.10	g/dL
Albumin	4.40			4.00 - 5.00	3.60 - 5.10	g/dL
Globulin, total	2.30 ↓			2.40 - 2.80	2.00 - 3.50	g/dL
Albumin/Globulin Ratio	1.91			1.40 - 2.10	1.00 - 2.50	ratio
Calcium	8.90 ↓			9.40 - 10.10	8.60 - 10.40	mg/dL
Calcium/Albumin Ratio	2.02			0.00 - 2.60	0.00 - 2.70	ratio
Phosphorus	2.90 ↓			3.50 - 4.00	2.50 - 4.50	mg/dL
Calcium/Phosphorous Ratio	3.06 ↑			2.30 - 2.80	1.90 - 4.20	ratio
Magnesium	2.20			2.20 - 2.50	1.50 - 2.50	mg/dl
Alk Phos	63.00 ↓			70.00 - 100.00	35.00 - 115.00	IU/L
AST (SGOT)	16.00			10.00 - 26.00	10.00 - 35.00	IU/L
ALT (SGPT)	11.00			10.00 - 26.00	6.00 - 29.00	IU/L
LDH	180.00			140.00 - 200.00	120.00 - 250.00	IU/L
Bilirubin - Total	0.40			0.10 - 0.90	0.20 - 1.20	mg/dL
GGT	7.00 ↓			10.00 - 30.00	3.00 - 70.00	IU/L
Iron - Serum	130.00			85.00 - 130.00	40.00 - 160.00	µg/dL

Ferritin	125.00			40.00 - 150.00	10.00 - 232.00	ng/mL
TIBC	279.00			250.00 - 350.00	250.00 - 425.00	µg/dL
% Transferrin saturation	47.00			24.00 - 50.00	20.00 - 48.00	%
Cholesterol - Total	156.00			155.00 - 190.00	125.00 - 200.00	mg/dL
Triglycerides	138.00 ↑			50.00 - 100.00	0.00 - 150.00	mg/dL
LDL Cholesterol	84.00			0.00 - 120.00	0.00 - 100.00	mg/dL
HDL Cholesterol	48.00 ↓			55.00 - 70.00	46.00 - 100.00	mg/dL
Cholesterol/HDL Ratio	3.30 ↑			0.00 - 3.00	0.00 - 5.00	Ratio
Triglyceride/HDL Ratio	2.87 ↑			0.00 - 2.00	0.00 - 3.30	ratio
TSH	11.70 ↑			1.00 - 3.00	0.40 - 4.50	µU/mL
Free T3	2.30 ↓			2.80 - 3.50	2.30 - 4.20	pg/ml
Free T4	1.09			1.00 - 1.50	0.80 - 1.80	ng/dL
Total T4	6.50			6.00 - 11.90	4.50 - 12.00	µg/dL
T3 Uptake	26.00 ↓			27.00 - 35.00	22.00 - 35.00	%
Free Thyroxine Index (T7)	1.69 ↓			1.70 - 4.60	1.40 - 3.80	Index
Reverse T3	8.20 ↓			10.00 - 25.00	8.00 - 25.00	ng/dl
Thyroid Peroxidase (TPO) Abs	104.00 ⚠			0.00 - 34.00	0.00 - 34.00	IU/ml
Thyroglobulin Abs	1.50 ↑			0.00 - 0.90	0.00 - 0.90	IU/ml
Hs CRP, Female	0.45			0.00 - 0.99	0.00 - 2.90	mg/L
ESR, Female	6.00			0.00 - 10.00	0.00 - 20.00	mm/hr
Homocysteine	10.70 ↑			0.00 - 6.00	0.00 - 10.30	µmol/L
Vitamin D (25-OH)	23.20 ↓			50.00 - 90.00	30.00 - 100.00	ng/ml
Vitamin B12	332.00 ↓			400.00 - 1100.00	200.00 - 1100.00	pg/ml
DHEA-S, Female	231.00 ↓			275.00 - 400.00	35.00 - 325.00	µg/dl
Estradiol, Female	17.20 ↓			19.00 - 357.00	19.00 - 357.00	pg/ml
Progesterone, Female	0.30 ↓			0.50 - 21.50	0.50 - 21.50	ng/ml
Testosterone, Total Female	18.30 ↓			30.00 - 48.00	8.00 - 48.00	ng/dl
Testosterone, Free Female	4.40 ↑			2.80 - 4.20	0.00 - 4.20	pg/ml
Testosterone - Bioavailable Female	10.54 ↑			0.50 - 9.50	0.00 - 9.50	ng/dl
Total WBCs	7.20			5.30 - 7.50	3.80 - 10.80	k/cumm
RBC, Female	4.09			3.90 - 4.50	3.80 - 5.10	m/cumm
Hemoglobin, Female	13.20 ↓			13.50 - 14.50	11.70 - 15.50	g/dl
Hematocrit, Female	40.10			37.00 - 44.00	35.00 - 45.00	%
MCV	98.00 ↑			85.00 - 92.00	80.00 - 100.00	fL
MCH	32.30 ↑			27.00 - 31.90	27.00 - 33.00	pg
MCHC	32.90			32.00 - 35.00	32.00 - 36.00	g/dL
Platelets	338.00			150.00 - 400.00	140.00 - 400.00	k/cumm
RDW	12.00			11.70 - 13.00	11.00 - 15.00	%
Neutrophils	66.00 ↑			40.00 - 60.00	38.00 - 74.00	%
Lymphocytes	24.00 ↓			25.00 - 40.00	14.00 - 46.00	%
Monocytes	8.00 ↑			0.00 - 7.00	0.00 - 7.00	%
Eosinophils	1.00			0.00 - 3.00	0.00 - 3.00	%
Basophils	1.00			0.00 - 1.00	0.00 - 1.00	%

Out of Optimal Range Report



The following results show all of the elements that are out of the optimal reference range. The elements that appear closest to the top of each section are those elements that are farthest from optimal.

Above Optimal Range

16 Total



Below Optimal Range

20 Total



Above Optimal

TSH ↑ 11.70 μU/mL (+ 485 %)

TSH is a hormone produced from the anterior pituitary to control thyroid function. TSH stimulates the thyroid cells to increase the production of thyroid hormone (T-4), to store thyroid hormone and to release thyroid hormone into the bloodstream. TSH synthesis and secretion is regulated by the release of TRH (Thyroid Releasing Hormone) from the hypothalamus. TSH levels describe the body's desire for more thyroid hormone (T4 or T3), which is done in relation to the body's ability to use energy. A high TSH is the body's way of saying "we need more thyroid hormone". A low TSH reflects the body's low need for thyroid hormone. Optimal TSH levels tell us that the thyroid hormone levels match the body's current need and/or ability to utilize the energy.

Thyroid Peroxidase (TPO) Abs ↑ 104.00 IU/ml (+ 256 %)

Thyroid peroxidase (TPO) is an enzyme inside the cells of the thyroid that attaches iodine molecules to a tyrosine molecule to form the thyroid hormone Thyroxine or T4. The Thyroid Peroxidase (TPO) antibody test measures the level of antibodies in the blood that attacks the TPO enzyme inside the thyroid cells. Elevated levels of Thyroid Peroxidase (TPO) Antibodies are found in Autoimmune Thyroiditis, such as Hashimoto's Thyroiditis.

BUN/Creatinine Ratio ↑ 22.80 Ratio (+ 163 %)

The BUN/Creatinine is a ratio between the BUN and Creatinine levels. An increased level is associated with renal dysfunction. A decreased level is associated with a diet low in protein.

Anion gap ↑ 17.20 mEq/L (+ 154 %)

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

MCV ↑ 98.00 fL (+ 136 %)

The MCV is a measurement of the volume in cubic microns of an average single red blood cell. MCV indicates whether the red blood cell size appears normal (normocytic), small (microcytic), or large (macrocytic). An increase or decrease in MCV can help determine the type of anemia present. An increased MCV is associated with B12, folate, or vitamin C deficiency. A decreased MCV is associated with iron and B6 deficiency.

Homocysteine ↑ 10.70 μmol/L (+ 128 %)

Homocysteine is a molecule formed from the incomplete metabolism of the amino acid methionine. Deficiencies in Vitamins B6, B12 and folate cause methionine to be converted into homocysteine. Homocysteine increases the risk of cardiovascular disease by causing damage to the endothelial lining of the arteries, especially in the heart. Increased levels of homocysteine are associated with an increased risk of cardiovascular disease and stroke, as well as cancer, depression and inflammatory bowel disease.

Triglycerides ↑ 138.00 mg/dL (+ 126 %)

Serum triglycerides are composed of fatty acid molecules that enter the blood stream either from the liver or from the diet. Patients that are optimally metabolizing their fats and carbohydrates tend to have a triglyceride level about one-half of the total cholesterol level. Levels will be elevated in metabolic syndrome, fatty liver, in patients with an increased risk of cardiovascular disease, hypothyroidism and adrenal dysfunction. Levels will be decreased in liver dysfunction, a diet deficient in fat, and inflammatory processes.

Thyroglobulin Abs ↑ 1.50 IU/ml (+ 117 %)

Thyroglobulin is a protein produced by the follicular cells of the thyroid gland to produce Thyroxine (T4) and Triiodothyronine (T3). Thyroglobulin Antibodies are immune cells that attack the thyroglobulin in the thyroid. Thyroglobulin antibodies are found in patients with Hashimoto's thyroiditis and Grave's disease.

Calcium/Phosphorous Ratio ↑ 3.06 ratio (+ 102 %)

The Calcium:Phosphorus ratio is determined from the serum calcium and serum phosphorus levels. This ratio is maintained by the parathyroid glands and is also affected by various foods. Foods high in phosphorus and low in calcium tend to disrupt the balance and shift the body toward metabolic acidity, depleting calcium and other minerals and increasing inflammation.

Triglyceride/HDL Ratio ↑ 2.87 ratio (+ 94 %)

The Triglyceride:HDL ratio is determined from serum triglyceride and HDL levels. Increased ratios are associated with an increased risk of developing insulin resistance and Type II Diabetes. A decreased ratio is associated with a decreased risk of developing insulin resistance and Type II Diabetes.

Neutrophils ↑ 66.00 % (+ 80 %)

Neutrophils are the white blood cells used by the body to combat bacterial infections. They are the most numerous and important white cell in the body's reaction to inflammation. Levels will be raised in bacterial infections. Decreased levels are often seen in chronic viral infections.

Testosterone, Free Female ↑ 4.40 pg/ml (+ 64 %)

In women, free testosterone can help in the evaluation of polycystic ovarian syndrome, testosterone-producing tumors of the ovary, tumors of the adrenal cortices, and congenital adrenal hyperplasia.

Imbalances of testosterone in postmenopausal women are associated with various forms of coronary heart disease and cardiovascular events, including myocardial infarction.

Monocytes ↑ 8.00 % (+ 64 %)

Monocytes are white blood cells that are the body's second line of defense against infection. They are phagocytic cells that are capable of movement and remove dead cells, microorganisms, and particulate matter from circulating blood. Levels tend to rise at the recovery phase of an infection or with chronic infection.

Testosterone - Bioavailable Female ↑ 10.54 ng/dl (+ 62 %)

Cholesterol/HDL Ratio ↑ 3.30 Ratio (+ 60 %)

The ratio of total cholesterol to HDL is a far better predictor of cardiovascular disease than cholesterol by itself. A lower ratio is ideal because you want to lower cholesterol (but not too low) and raise HDL. A level below 3.0 would be ideal. Every increase of 1.0, i.e. 3.0 to 4.0 increases the risk of heart attack by 60%.

MCH ↑ 32.30 pg (+ 58 %)

The Mean Corpuscular Hemoglobin (MCH) is a calculated value and is an expression of the average weight of hemoglobin per red blood cell. MCH, along with MCV can be helpful in determining the type of anemia present.

Below Optimal

Phosphorus ↓ 2.90 mg/dL (- 170 %)

Phosphorous levels, like calcium, are regulated by parathyroid hormone (PTH). Phosphate levels are closely tied with calcium, but they are not as strictly controlled as calcium. Plasma levels may be decreased after a high carbohydrate meal or in people with a diet high in refined carbohydrates. Serum phosphorous is a general marker for digestion. Decreased phosphorous levels are associated with hypochlorhydria. Serum levels of phosphorous may be increased with a high phosphate consumption in the diet, with parathyroid hypofunction and renal insufficiency.

Creatinine ↓ 0.57 mg/dL (- 127 %)

Creatinine is produced primarily from the contraction of muscle and is removed by the kidneys. A disorder of the kidney and/or urinary tract will reduce the excretion of creatinine and thus raise blood serum levels. Creatinine is traditionally used with BUN to assess for impaired kidney function. Elevated levels can also indicate dysfunction in the prostate.

Calcium ↓ 8.90 mg/dL (- 121 %)

Serum calcium levels, which are tightly regulated within a narrow range, are principally regulated by parathyroid hormone (PTH) and vitamin D. A low calcium level indicates that calcium regulation is out of balance and not necessarily that the body is deficient of calcium and needs supplementation. Check vitamin D levels, rule out hypochlorhydria, the need for magnesium, phosphorous, vitamin A, B and C, unsaturated fatty acids, and iodine as some of the reasons for a calcium "need" before supplementing with calcium. An elevated calcium is associated with parathyroid hyperfunction. If significantly elevated (>10.6 mg/dl or 2.65 mmol/L) check serum PTH levels and refer to an endocrinologist.

Free T3 ↓ 2.30 pg/ml (- 121 %)

T-3 is the most active thyroid hormone and is primarily produced from the conversion of thyroxine (T-4) in the peripheral tissue. Free T3 is the unbound form of T3 measured in the blood. Free T3 represents approximately 8 – 10% of circulating T3 in the blood. Free T-3 levels may be elevated with hyperthyroidism and decreased with hypothyroidism.

Vitamin D (25-OH) ↓ 23.20 ng/ml (- 117 %)

This vitamin D test measures for levels of 25-OH vitamin D and is a very good way to assess vitamin D status. Vitamin D deficiency has been associated with many disorders including many forms of cancer, hypertension, cardiovascular disease, chronic inflammation, chronic pain, mental illness including depression, diabetes, multiple sclerosis to name just a few.

Testosterone, Total Female ↓ 18.30 ng/dl (- 115 %)

In women, total testosterone can help in the evaluation of polycystic ovarian syndrome, testosterone-producing tumors of the ovary, tumors of the adrenal cortices, and congenital adrenal hyperplasia.

Imbalances of testosterone in postmenopausal women are associated with various forms of coronary heart disease and cardiovascular events, including myocardial infarction.

HDL Cholesterol ↓ 48.00 mg/dL (- 97 %)

HDL functions to transport cholesterol from the peripheral tissues and vessel walls to the liver for processing and metabolism into bile salts. It is known as “good cholesterol” because it is thought that this process of bringing cholesterol from the peripheral tissue to the liver is protective against atherosclerosis. Decreased HDL is considered atherogenic, increased HDL is considered protective.

Protein, total ↓ 6.70 g/dL (- 90 %)

Total serum protein is composed of albumin and total globulin. Conditions that affect albumin and total globulin readings will impact the total protein value. A decreased total protein can be an indication of malnutrition, digestive dysfunction due to HCl need, or liver dysfunction. Malnutrition leads to a decreased total protein level in the serum primarily from lack of available essential amino acids. An increased total protein is most often due to dehydration.

DHEA-S, Female ↓ 231.00 µg/dl (- 85 %)

DHEA is produced primarily from the adrenals and is the most abundant circulating steroid in the human body and influences more than 150 known anabolic (repair) functions throughout the body and brain. It is the precursor for the sex hormones: testosterone, progesterone, and estrogen. Decreased levels are associated with many common age-related conditions, including diseases of the nervous, cardiovascular, and immune systems such as metabolic syndrome, coronary artery disease, osteoporosis, mood disorders and sexual dysfunction. Ideally, DHEA levels should be maintained at the level of a healthy 30-year-old to maximize the anti-aging effects.

Hemoglobin, Female ↓ 13.20 g/dl (- 80 %)

Hemoglobin is the oxygen carrying molecule in red blood cells. Measuring hemoglobin is useful to determine the cause and type of anemia and for evaluating the efficacy of anemia treatment. Hemoglobin levels may be increased in cases of dehydration.

Globulin, total ↓ 2.30 g/dL (- 75 %)

Total serum globulin is a measurement of all the individual globulin fractions in the blood. Globulins constitute the body's antibody system. A raised globulin level is associated with hypochlorhydria, liver dysfunction, immune activation, oxidative stress and inflammation. Decreased levels are associated with inflammation in the digestive system and immune insufficiency.

Alk Phos ↓ 63.00 IU/L (- 73 %)

Alkaline phosphatase (ALP) is a group of isoenzymes that originate in the bone, liver, intestines, skin, and placenta. It has a maximal activity at a pH of 9.0-10.0, hence the term alkaline phosphatase. Decreased levels of ALP have been associated with zinc deficiency.

GGT ↓ 7.00 IU/L (- 65 %)

Gamma Glutamyl Transferase (GGTP) is an enzyme that is present in highest amounts in the liver cells and to a lesser extent the kidney, prostate, and pancreas. It is also found in the epithelial cells of the biliary tract. GGTP will be liberated into the bloodstream following cell damage or destruction and/or biliary obstruction. GGTP is induced by alcohol and can be elevated following chronic alcohol consumption and in alcoholism. Decreased levels are associated with vitamin B6 and magnesium deficiency.

T3 Uptake ↓ 26.00 % (- 62 %)

The T-3 uptake test has nothing to do with actual T-3 levels, as the name might suggest. Increased levels are associated with hyperthyroidism and people on thyroid hormone. Decreased levels are associated with hypothyroidism and deficiencies of iodine and selenium.

Reverse T3 ↓ 8.20 ng/dl (- 62 %)

Reverse T-3 is formed from the thyroid hormone T-4 (thyroxine). It is thought to be an inactive form of thyroid hormone that acts as a sort of metabolic break on the body. High stress and cortisol levels, fasting, poor nutrition, calorie restriction, lack of exercise and increased alcohol intake can all raise reverse T-3 levels.

Vitamin B12 ↓ 332.00 pg/ml (- 60 %)

Vitamin B12 is an essential nutrient for DNA synthesis and red blood cell maturation, and is also necessary for myelin sheath formation and maintenance in our nerves.

Lymphocytes ↓ 24.00 % (- 57 %)

Lymphocytes are a type of white blood cell. An increase in lymphocyte concentration is usually a sign of a viral infection but can also be a sign of increased toxicity in the body or inflammation. Decreased levels are often seen in a chronic viral infection and oxidative stress.

Progesterone, Female ↓ 0.30 ng/ml (- 51 %)

Progesterone is a steroid hormone mainly formed in the cells of the corpus luteum and during pregnancy in the placenta. Progesterone levels are used in fertility diagnosis for the detection of ovulation and assessment of the luteal phase of menstruation.

Estradiol, Female ↓ 17.20 pg/ml (- 51 %)

Estradiol (E2) is the most commonly measured estrogens, the others being estrone (E1) and estriol (E3). The serum estradiol level is not specific to any phase of the menstrual cycle. It is a general assessment of estradiol. Low levels of estradiol can be a risk factor for osteoporosis and bone fracture. Estradiol may improve quality of life in menopausal women. Increased levels of estradiol in woman suggest an increased risk of breast or endometrial cancer.

Free Thyroxine Index (T7) ↓ 1.69 Index (- 50 %)

The Free Thyroxine Index is a calculated measurement used to determine how much active thyroid hormone (thyroxine/Free T4) is available.

Functional Index Report



The indices shown below represent an analysis of your blood test results. These results have been converted into your individual Functional Indices Report based on our latest research. This report gives me an indication of the level of dysfunction that exists in the various physiological systems in your body from the digestion of the food you eat to the health of your liver and the strength of your immune system – which are all key factors in maintaining optimal health. We can use this information to put together a unique treatment plan designed to bring your body back into a state of functional health, wellness and energy.

Score Guide: 90% - 100% - Dysfunction Highly Likely, 70% - 90% - Dysfunction Likely, 50% - 70% - Dysfunction Possible, < 50% - Dysfunction Less Likely.

Functional Index	0%	100%
Thyroid Function Index		100%
Immune Function Index		74%
Acid-Base Index		70%
Electrolyte Index		67%
GI Function Index		65%
Sex Hormone Index - Female		60%
Cardiovascular Risk Index		50%
Lipid Panel Index		45%
Red Blood Cell Index		38%
Inflammation Index		31%
Blood Sugar Index		27%
Bone Health Index		24%
Heavy Metal Index		23%
Adrenal Function Index		21%
Toxicity Index		19%
Kidney Function Index		18%
Oxidative Stress Index		17%
Liver Function Index		10%
Allergy Index	0%	
Gallbladder Function Index	0%	

Thyroid Function Index

The Thyroid Function Index allows us to assess the functional health of your thyroid. The thyroid produces hormones that control how the body uses energy. They are responsible for controlling metabolism in the body, for maintaining body temperature, regulating cholesterol and controlling mood. By examining specific elements on the blood test we can see if your thyroid is in a state of increased function (a condition called hyperthyroidism), in a state of decreased function (hypothyroidism) or hopefully optimal function! For your blood test, your Thyroid Function Index is:

[100%] - Dysfunction Highly Likely. Much improvement required.

Rationale:

TSH ↑, Free T3 ↓, T3 Uptake ↓, Free Thyroxine Index (T7) ↓

Immune Function Index

The Immune Function Index allows us to assess the state of function in your immune system. When the immune system is in a state of balance we are able to cope and deal with infections with little or no lasting negative side-effects. Elements on a blood test allow us to check and see if the immune system is in a state of balance or not. Some of the factors to consider include a low functioning immune system (a condition called immune insufficiency), bacterial or viral infections or GI dysfunction associated with decreased immune function: abnormal immunity in the gut lining, a decrease in immune cell function in the gut or an increase in abnormal bacteria, etc. in the gut (a condition called dysbiosis). For your blood test, your Immune Function Index is:

[74%] - Dysfunction Likely. Improvement required.

Rationale:

Globulin, total ↓, Neutrophils ↑, Lymphocytes ↓, Monocytes ↑, Alk Phos ↓

Acid-Base Index

The Acid-Base Index can help us pinpoint imbalances in the body's pH (acid-alkaline) regulation system. There are a number of elements in the blood that will go out of balance when the body gets too acidic (a condition called metabolic acidosis) or too alkaline (a condition called metabolic alkalosis). For your blood test, your Acid-Alkaline Index is:

[70%] - Dysfunction Likely. Improvement required.

Rationale:

Anion gap ↑, Calcium ↓

Electrolyte Index

The Electrolyte Index gives us a sense of the balance of electrolytes in your body. Electrolytes such as calcium, potassium, sodium and magnesium are essential for optimal health and wellness. An electrolyte imbalance can show up as low blood pressure, cold hands or feet, poor circulation, swelling in the ankles and immune insufficiency. For your blood test, your Electrolyte Index is:

[67%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Calcium ↓, Phosphorus ↓

GI Function Index

The GI Function Index reflects the degree of function in your gastrointestinal (GI) system. The gastrointestinal system is responsible for the digestion and breakdown of macro nutrients (proteins, fats and carbohydrates) into small particles so they can be easily absorbed and utilized. The GI systems is also responsible for the excretion and elimination of waste from the body. Your body's nutritional status is directly affected by your ability to digest macronutrients and also to absorb key vitamins, minerals, amino acids, essential fatty acids and accessory nutrients such as bioflavonoids, CoQ10, etc. Factors affecting the GI function include inadequate chewing, eating when stressed or in a hurry, lack of appropriate stomach acid (a condition called hypochlorhydria), inflammation in the stomach lining (a condition called gastritis), a decrease in digestive enzymes (a condition called pancreatic insufficiency), an overgrowth of non-beneficial bacteria in your digestive system (a condition called dysbiosis) and/or a condition called Leaky Gut Syndrome. For your blood test, your Functional GI Index is:

[65%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Protein, total ↓, Globulin, total ↓, Phosphorus ↓, Alk Phos ↓, MCV ↑, Creatinine ↓, Anion gap ↑, Calcium ↓, Hemoglobin, Female ↓

Sex Hormone Index - Female

The Female Sex Hormone Index helps us assess levels of important hormones in your body: testosterone, DHEA and estradiol. Blood levels of these crucial hormones diminish with age, contributing to age-related dysfunctions such as low libido, blood sugar problems, excess weight, heart disease, etc. We can measure sex hormone levels in your blood and determine from the Sex Hormone Index whether the levels are optimal for your continued health and wellness. For your blood test, your Female Sex Hormone Index is:

[60%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

DHEA-S, Female ↓, Estradiol, Female ↓, Testosterone, Total Female ↓

Cardiovascular Risk Index

The Cardiovascular Risk Index looks at 15 elements on a blood test to assess for your risk of cardiovascular dysfunction. A high Cardiovascular Risk Index indicates that you may be at an increased risk of developing cardiovascular disease. The Cardiovascular Risk index will be used along with information from an examination of your diet, lifestyle, exercise, body mass index and family history to give us a more complete picture of what is going on. For your blood test, your Cardiovascular Risk Index is:

[50%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Triglycerides ↑, HDL Cholesterol ↓, Homocysteine ↑, Vitamin D (25-OH) ↓

Nutrient Index Report



The indices shown below represent an analysis of your blood test results. These results have been converted into your individual Nutrient Assessment Report based on our latest research. This report gives me an indication of your nutritional status. Nutritional status is influenced by actual dietary intake, digestion, absorption, assimilation and cellular uptake of the nutrients themselves. We can use this information to put together a unique treatment plan designed to bring your body back into a state of functional health, wellness and energy.

Score Guide: 90% - 100% - Nutrient Status is Poor, 75% - 90% - Nutrient Status is Low, 50% - 75% - Moderate Nutrient Status, < 50% - Optimum Nutrient Status

Nutrient Index	0%	100%
Vitamin Index		100%
Carbohydrate Index		62%
Mineral Index		54%
Protein Index		29%
Hydration Index	0%	
Fat Index	0%	

Vitamin Index

The Vitamin Index gives us a general indication of the balance of certain vitamins in your body. Vitamin levels are constantly fluctuating based on a number of factors, such as the amount in your diet, your ability to digest and breakdown individual vitamins from the food or supplements you consume, the ability of those vitamins to be absorbed, transported and ultimately taken up into the cells themselves. For your blood test, your Vitamin Index is:

[100%] - Nutrient Status is Poor. Much improvement required.

Rationale:

Anion gap ↑, GGT ↓, Homocysteine ↑, Vitamin D (25-OH) ↓, MCV ↑

Carbohydrate Index

The Carbohydrate Index gives us an assessment of your dietary intake of carbohydrates, especially refined carbohydrates (white flour, white rice, white pasta, etc.) and sugars. A diet high in refined carbohydrates and sugars will deplete important nutrients that are used by the body to handle carbohydrates and may also increase blood glucose and blood fat levels, all of which can be measured in your blood. For your blood test, your Carbohydrate Index is:

[62%] - Moderate Nutrient Status. There may be improvement needed in certain areas.

Rationale:

Phosphorus ↓, Triglycerides ↑, HDL Cholesterol ↓

Mineral Index

The Mineral Index gives us a general indication of the balance of certain minerals in your body based on the results of this blood test. Mineral levels in the body are closely regulated and deficiency in one or more minerals may be due to a number of factors such as the amount in your diet, the ability to digest and breakdown individual minerals from the food or supplements you consume, and the ability of those minerals to be absorbed, transported and ultimately taken

up by the cells themselves. For your blood test, the Mineral Index is:

[54%] - Moderate Nutrient Status. There may be improvement needed in certain areas.

Rationale:

Calcium ↓, Phosphorus ↓, Alk Phos ↓, GGT ↓, Free T3 ↓

Individual Nutrient Values

The values below represent the degree of deficiency for individual nutrients based on your blood results. The status of an individual nutrient is based on a number of factors such as actual dietary intake, digestion, absorption, assimilation and cellular uptake of the nutrients themselves. All of these factors must be taken into consideration before determining whether or not you actually need an individual nutrient. I will use the information in this section of your Nutrient Assessment Report to put together an individualized treatment plan to bring your body back into a state of optimal nutritional function.

Score Guide: 90% - 100% - Deficiency Highly Likely, 70% - 90% - Deficiency Likely, 50% - 70% - Deficiency Possible, < 50% - Deficiency Less Likely.

Individual Nutrients	0%	100%
Vitamin D Need		100%
Calcium Need		86%
Zinc Need		80%
DHEA Need		80%
Vitamin B12/Folate Need		78%
Selenium Need		67%
Thiamine Need		60%
Vitamin B6 Need		50%
Magnesium Need	25%	
Vitamin C Need	22%	
Iodine Need	18%	
Iron Deficiency	12%	
Molybdenum Need	0%	
Glutathione Need	0%	

Vitamin D Need

The results of your blood test indicate that your Vitamin D levels might be lower than optimal.

[100%] - Dysfunction Highly Likely. Much improvement required.

Rationale:

Vitamin D (25-OH) ↓

Calcium Need

The results of your blood test indicate that your calcium levels might be lower than optimal.

[86%] - Dysfunction Likely. Improvement required.

Rationale:

Calcium ↓, Vitamin D (25-OH) ↓

Zinc Need

The results of your blood test indicate that your Zinc levels might be lower than optimal.

[80%] - Dysfunction Likely. Improvement required.

Rationale:

Alk Phos ↓

DHEA Need

The results of your blood test indicate that your DHEA levels might be lower than optimal.

[80%] - Dysfunction Likely. Improvement required.

Rationale:

DHEA-S, Female ↓

Vitamin B12/Folate Need

The results of your blood test indicate that your Vitamin B12 and Folate levels might be lower than optimal.

[78%] - Dysfunction Likely. Improvement required.

Rationale:

MCV ↑, Homocysteine ↑, Hemoglobin, Female ↓, MCH ↑

Selenium Need

The results of your blood test indicate that your selenium levels might be lower than optimal.

[67%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Free T3 ↓, T3 Uptake ↓

Thiamine Need

The results of your blood test indicate that your thiamine levels might be lower than optimal.

[60%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Anion gap ↑, Hemoglobin, Female ↓

Vitamin B6 Need

The results of your blood test indicate that your Vitamin B6 levels might be lower than optimal.

[50%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

GGT ↓, Hemoglobin, Female ↓