

Diagnos-Techs, Inc.

Clinical & Research Laboratory

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CLIA License # 50D0630141

Reported : 1

11

Completed: 1 Received : 1

DR RITAMARIE LLC

Accession #

54 / 0

RITA MARIE LOSCALZO, DC

Results For: Patient's Tel:

Specimen Collected:

Dx Code: Not Provided

Sex:Female

Test	Description	Result	Ref Values
NLASI	Custom ASI - Saliva		

TAP

06:00C08:00AM	Rhythm - Saliva	7	Depressed	13-24 nM
11:00 - 1:00 PM		4	Depressed	5-10 nM
04:00 - 05:00 PM		4	Normal	3-8 nM
10:00 - Midnight		2	Normal	1-4 nM

Cortisol Load: 17 **22 - 46 nM**

The cortisol load reflects the area under the cortisol curve. This is an indicator of overall cortisol exposure, where high values favor a catabolic state, and low values are sign of adrenal deterioration.

Figure 1. Circadian Cortisol Profile

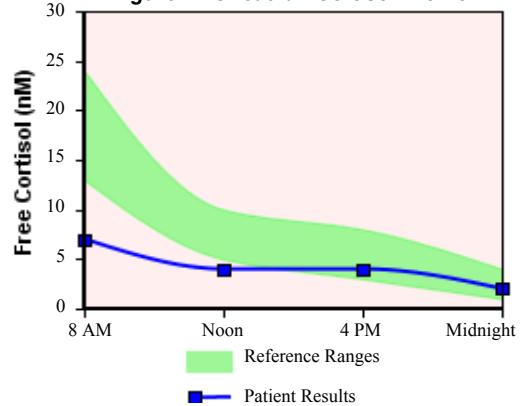


Figure 2.

The Cortisol release inducers fall into 4 broad categories shown in the adjacent flowchart. Long term adrenal axis maintenance and restoration, require optimization of all the cortisol inducers.

Remarks: Depressed morning cortisol, <13 nM, is suggestive of marginal HPA (Hypothalamic-Pituitary-Adrenal) performance. Normal rhythms exhibit highest cortisol value for the day at 7 - 8 AM.

The Inducers of Cortisol Release

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

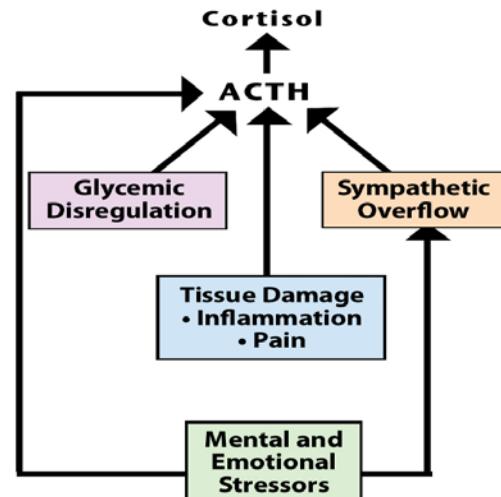


Figure 2.

Test	Description	Result	Ref Values
DHEA	Dehydroepiandrosterone Free Pooled Value	[DHEA + DHEA-S] >25 Elevated	Adults (M/F): 3-10 ng/ml

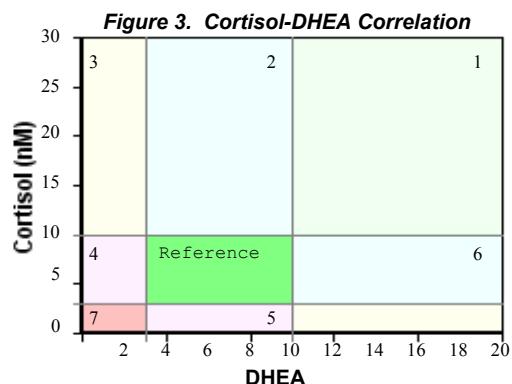
Figure 3 shows your cortisol-DHEA correlation was in:

↳ **Zone 6 - High DHEA**

This zone represents an elevated DHEA which is not coupled with cortisol overproduction. This situation may arise for the following reasons:

- 1- Intentional or unintentional DHEA intake
- 2- Increased ACTH stimulation with an insufficient response in cortisol production which allows ongoing ACTH overproduction and hyper-stimulation of DHEA synthesis.
- 3- Deficiency in enzymatic cortisol synthesis; e.g. 21-hydroxylase deficiency with high 17-OH Progesterone. Under these conditions, the runaway ACTH production causes adrenal hypertrophy/hyperplasia.
- 4- Androgen-producing or virilizing tumors.

Elevations may be due to high stress response or exogenous intake.



1. Adapted to stress.
2. Adapted with DHEA slump.
3. Maladapted Phase I.
4. Maladapted Phase II.
5. Non-adapted, Low Reserves
- 6. High DHEA.**
7. Adrenal Fatigue.

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

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Code	Test Name	Result / Notes	Reference Values/Key
MB2S	Total Salivary SIgA	11 Depressed 1. Secretory IgA (SIgA) is secreted by the various mucosal surfaces. It is mostly a dimeric molecule. Less than 2% of Saliva is of serum origin. The secretory component of SIgA stabilizes it against enzymatic and bacterial degradation. 2. The main functions of SIgA include Immune Exclusion, Viral and Toxin Neutralization, Plasmid Elimination, and Inhibition of Bacterial Colonization. SIgA immune complexes are not inflammatory to the mucosal surfaces.	Normal: 25-60 mg/dl Borderline: 20-25 mg/dl
P17-OH	17-OH Progesterone	79 Normal	Adults Optimal: 22-100 pg/ml Borderline: 101-130 pg/ml Elevated: >130 pg/ml
CORT	Free Cortisol	1:48AM: 41 4:10AM: 6	07:00 - 08:00 AM: 13-24 nM 11:00 - 12:00 AM: 5-10 nM 04:00 - 05:00 PM: 3-8 nM 11:00 - 11:59 PM: 1-4 nM

Diagnosis Code: Not Provided To The Lab.

Please Note: All examples of patient treatment or therapy are for illustrative and/or educational purpose. Use this report in context of the clinical picture and patient history before initiating hormone or other therapies or recommendations.