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Accession: 23-17944

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Received: 5/16/2023

Completed: 5/25/2023

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Complete Performance Center
Christian Alvarez, DC
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Results For: ANDERSON, KEMBERLI

Age: 57 DOB: 10/19/1965

Sex: F

Patient's Tel: 858-213-1101

Ref. ID:

Specimen Collected: 5/12/2023

ASI - Adrenal Stress Index (Original) - Saliva

Test	Description	Result	Ref Values
TAP	Cortisol rhythm (saliva)		Adults:
	06:00 - 08:00 AM	12 Low	13-24 nM
	11:00 - 1:00 PM	7 Normal	5-10 nM
	04:00 - 05:00 PM	5 Normal	3-8 nM
	10:00 - Midnight	5 High	1-4 nM

Total Cortisol Output: 29 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 adrenal hypofunction.

Figure 1:

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.

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.

An elevated morning/night cortisol value may be associated with insomnia, and may be the result of a stress response to an emotional or mental situation, nocturnal hypoglycemia, or chronic pain/inflammation.

Stage 2
Stage 3

Circadian Cortisol Profile

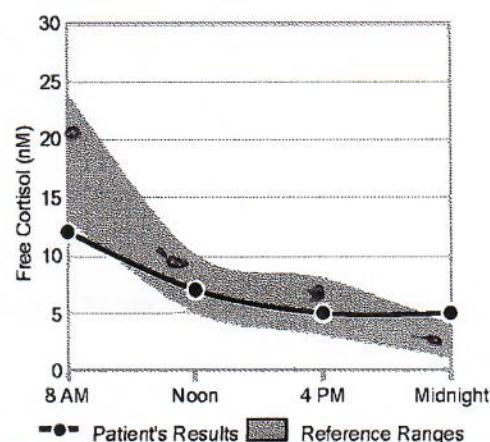
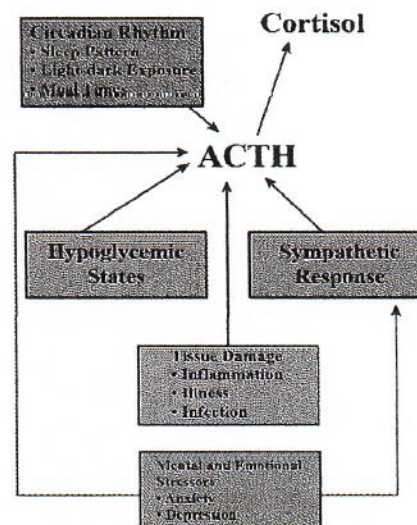


Figure 1:

Inducers of Cortisol Release

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



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Continued Results For: ANDERSON, KEMBERLI

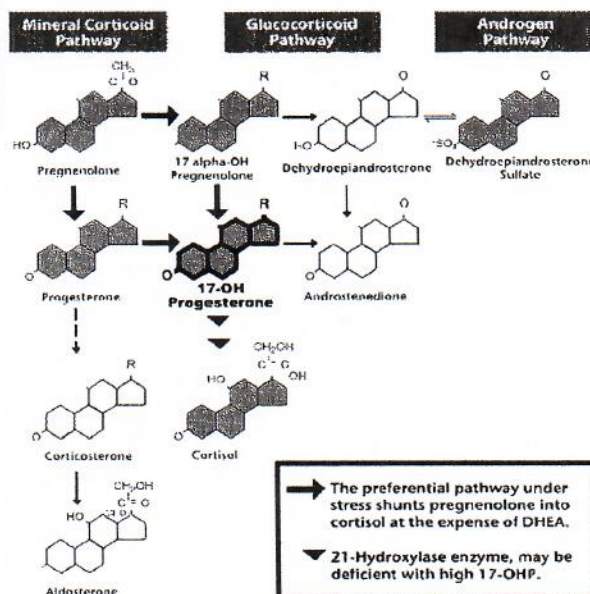
Test	Description	Result	Ref Values
P17-OH	17-OH Progesterone (saliva)	14 Low	Adults Optimal: 22-100 pg/ml Borderline: 101-130 pg/ml Elevated: > 130 pg/ml

Estrogen -

Allergen - panels

Hormone -

Figure 4: Adrenal Steroid Synthesis Pathway



Test	Description	Result	Ref Values
MB2S	Total salivary sIgA	< 5 Low	Borderline Low: 5-9 mg/dL Normal: 10-20 mg/dL Borderline High: 21-25 mg/dL
	Depressed sIgA may be associated with chronic stress, allergies, upper respiratory tract infections, and/or selective IgA deficiency. Consider serum immunoglobulin testing to rule out IgA deficiency.		

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.

Gluten intolerance -

Test	Description	Result	Ref Values
FI4	Gluten (gliadin) Ab, sIgA (saliva)	1 Negative	Borderline: 13-15 U/ml Positive: > 15 U/ml
	A negative sIgA response to gliadin does not rule out adverse reactions to gluten.		
	The sIgA response to gluten (gliadin) may be reduced consequently when the total salivary sIgA is depressed.		

Notes on Gliadin Ab Test

Gliadins and closely related proteins are found in wheat, rye, barley and other grains. These proteins may trigger an immune reaction in some individuals. Patients on a gluten-free diet who have not been exposed to gluten for 3 months or longer should have a negative sIgA response to gliadin.

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.

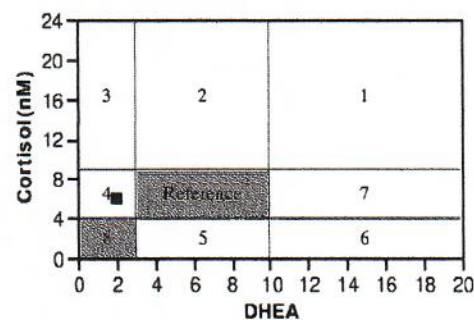
COURTESY INTERPRETATION of test and technical support are available upon request, to Physicians Only.

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Test	Description	Result	Ref Values
DHEA	Dehydroepiandrosterone [DHEA + DHEA-S] (saliva) Single Collection	2 Low	Adults: 3-10 ng/ml
<p>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.</p> <p>Figure 2 shows your Cortisol-DHEA correlation was in:</p> <p>Zone 4 - Depressed DHEA</p> <p>Zone 4 reflects normal cortisol values with depressed DHEA values. In some cases, reduced DHEA production results from prolonged exposure to stressors. In these cases, the steroid precursor pregnenolone may be limited due to ongoing demand for adrenal hormone production. With continued exposure to stressors, adrenal hormone output may continue to decrease.</p>			

Figure 2: Cortisol-DHEA Correlation

CORTISOL-DHEA CORRELATION SPECTRUM

1. Acute stress response: high cort, DHEA
2. Cortisol elevation
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

Test	Description	Result	Ref Values
ISN	Insulin (saliva) Fasting	< 3	Borderline Elevated: 3-11 uIU/mL Elevated: > 11 uIU/mL
	Non-fasting	< 3	Borderline Elevated: 6-25 uIU/mL Elevated: > 25 uIU/mL
<p>Insulin activity is affected by the stress response. Chronic stress with cortisol elevation may counteract the effects of insulin, and may lead to functional insulin resistance.</p> <p>Fasting insulin levels may be elevated in cases of insulin resistance.</p> <p>Non-fasting insulin levels vary with type of meal and time of sample collection. Non-fasting insulin levels may be elevated in cases of insulin resistance.</p> <p>A normal (non-elevated) insulin test result does not rule out the possibility of insulin resistance or blood sugar dysregulation.</p>			

Figure 3: Insulin Levels
