

DR. JOHN FITZGERALD, DC

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NUTRITION EVALUATION: 08/10/2015

PATIENT INFORMATION

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
Sex: M
Birth Date: [REDACTED]
Age: 60
Blood Type:

DATA USED FOR ANALYSIS

PSS 08/08/2015
Vitals 08/08/2015
Blood 07/29/2015
Medication 08/08/2015

VITALS

Height: 5'10"
Weight: 175

PRIMARY SYMPTOMS

- 1. Anxiety/Stress
- 2. Depression
- 3. Insomnia

PRESENTING SYMPTOMS

Anxiety/Stress • Depression • Insomnia • Sleeps less than 6 hours per night • Difficulty concentrating • Difficulty falling asleep • Difficulty staying asleep • Frequently miserable or blue • Under considerable emotional stress • Unusually tired most of the time • Far sighted • Mild Macular Degeneration • Near sighted • Family history of Cancer • Family history of Depression • Sleep Apnea • Amalgam dental fillings • Excessive saliva • Have had root canals • Frequent stuffy nose • Kidney stones • Appendix

Patient Comments

*What are your health complaints in order of what you want to fix?
Hormones lack of sleep*

PRIMARY FINDINGS SUGGESTIVE OF

- Dehydration effects
- Inflammation of Liver
- Possible allergy, reactivity or toxicity
- Hormone Considerations
- Gastro/Intestinal dysfunction
- Anemia
- Possible infection and/or inflammation
- Noted Blood Values

The purpose for this nutrition and lifestyle program is to create an optimum environment in which your body can heal and repair itself. This is achieved by eliminating foods and toxins, which adversely affect the body, and by providing nutrients that the body may be lacking.

MEDICATIONS

- Ambien - More than 2 years.
- Testosterone - More than 2 years.
- Arimedex - More than 2 years.
- Xanax - More than 2 years.

SIDE EFFECTS OF MEDICATIONS

- **Zolpidem** (Otherwise known as Ambien, Edluar, Zolpidem) used for insomnia.
Side Effects: drowsiness; dizziness; diarrhea; headaches; nausea; myalgia (muscle pain); influenza-like symptoms; chest pain; dry mouth; ringing in the ears; joint pain; muscle aches; unusual dreams; fatigue; palpitations; depression; amnesia; nervousness; constipation; diarrhea; anorexia; vomiting; rash; urinary tract infection; rash.
Possible Nutrients Depleted: Melatonin.
- **Arimedex** (Otherwise known as Anastrozole) is used to treat certain types of breast cancer in women who are postmenopausal.
Side Effects: asthenia (lack or loss of strength); nausea; headache; hot flashes; pain; back pain; dyspnea (breathing difficulty or pain); vomiting; cough; diarrhea; constipation; abdominal pain; anorexia; bone pain; pharyngitis (inflammation of pharynx); dizziness; rash; dry mouth; edema; pelvic pain; depression; chest pain; paresthesia (abnormal function of organic tissue); vaginal bleeding; weight gain; sweating; increased appetite; flu syndrome; fever; neck pain; malaise; accidental injury; infection; hypertension (high blood pressure); thrombophlebitis (inflammation of veins in extremities); anemia; leukopenia (low white blood count); weight loss; myalgia (muscle pain or tenderness); arthralgia (joint pain); pathological fracture; somnolence (prolonged drowsiness); confusion; insomnia; anxiety; nervousness; sinusitis (inflammation of sinuses); bronchitis; rhinitis (inflammation of nasal membrane); hair thinning; pruritis (severe itching); urinary tract infection; breast pain; vaginal bleeding; gastrointestinal disturbance; edema; vaginal dryness.
Possible Nutrients Depleted: Vitamin B6.
- **Testosterone** indicated for replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone.
Side Effects: hirsutism, male pattern baldness, seborrhea, and acne, gynecomastia and excessive frequency and duration of penile erections, oligospermia, retention of sodium, chloride, water, potassium, calcium, and inorganic phosphates, nausea, cholestatic jaundice, alterations in liver function tests, rare instances of hepatocellular neoplasms and peliosis hepatitis have occurred, suppression of clotting factors II, V, VII, and X, bleeding in patients on

concomitant anticoagulant therapy, and polycythemia, increased or decreased libido, headache, anxiety, depression, and generalized paresthesia, increased serum cholesterol, anaphylactic reactions.

Possible Nutrients Depleted: Folic Acid, Magnesium, Vitamin B2, Vitamin B6, Vitamin C, and Zinc.

- **Xanax** (Otherwise known as Alprazolam) indicated to treat anxiety, panic disorder, insomnia, and anxiety caused by depression.

Side Effects: insomnia; light-headedness; abnormal involuntary movement; headache; muscular twitching; impaired coordination; muscle tone disorders; weakness; anxiety; fatigue and tiredness; irritability; cognitive disorder; memory impairment; depression; confusional state; nausea/vomiting; diarrhea; decreased salivation; weight loss; decreased appetite; sweating; tachycardia; blurred vision.

Possible Nutrients Depleted: Melatonin.

COMMENTS

PATIENT VITALS

Patient Comments

cannot sleep been taking sleep meds and anti anxiety 15 yrs or more

Provider Comments/Findings

Blood Work was provided by Dave. He is under care from another Dr's office and wants an opinion on what I would recommend.

Initial blood test on 7/21/15. He took 200 mg of testosterone and then 9 days later had another blood test on 7/29/15.

Also provided was a genetic test indicating the MTHFR gene mutation, low adrenal function, high oxidative stress and high central imbalance.

INTERPRETING ALL TEST RESULTS

Your test results are color coded for ease of analysis:

Yellow = values are outside the healthy range but still within the clinical range

Red = values are outside the clinical range

Blue = values extremely higher or lower than the clinical range limits.

INTERPRETING BLOOD LAB RESULTS

On the blood test results page found later in the report, you'll notice two columns on the right side of the page labeled "Healthy Range" and "Clinical Range". The clinical range is used by the medical community. Any values outside this range are indicative of a disease process. The healthy range is more narrow than the clinical range. Test values outside of the healthy range indicate results which are not as good as they should be. The tighter guidelines of the healthy range allows us to see signs of any developing diseases/conditions.

DIAGNOSTIC FINDINGS

- Total Cholesterol:
- LDL Cholesterol:
- HDL Cholesterol:
- VLDL Cholesterol:

DEHYDRATION EFFECTS

Low Sodium.

High Potassium.

High RBC (Red Blood Count)

High Hemoglobin

High Hematocrit

This finding is associated with:

Medications Taken - Ambien • Xanax • Testosterone

GASTRO/INTESTINAL DYSFUNCTION

The protein is a little low. This may be due to poor digestion. One out of every four bites of food you eat (25%) should be of a protein source, preferably more plant based protein such as seeds, nuts, beans and sprouts. Eggs and even some fish, chicken, turkey and possibly small amounts of red meat may be beneficial.

This finding is supported by:

High Blood SGOT (AST) • High Blood Lymphocytes • High Blood Monocytes

This finding is associated with:

Medications Taken - Ambien • Arimedex • Xanax • Testosterone

Nutrients Recommended:

BioDophilus (Caps)

INFLAMMATION OF LIVER

The SGOT is high and SGPT is a little high. This is inflammation of the liver. Certain drugs or combinations of drugs could cause, contribute to or accelerate this liver condition. This needs monitoring.

This finding is supported by:

High Blood SGOT (AST) • Low Blood Polys/Neutrophils • High Blood Lymphocytes

This finding is associated with:

Medications Taken - Testosterone

Nutrients Recommended:

Cytozyme-LV • Lauricidin** • Mixed Ascorbate Powder tsp

ANEMIA

The MCV and MCH are a little high. The MCV (Mean Corpuscular Volume) is the size (volume) of the average red cell. The Mean Corpuscular Hemoglobin (MCH) is the weight of hemoglobin in the average red cell. These values indicate dehydration or a B12/folate deficiency and a possible mild iron deficiency.

The Iron Saturation (%) level is a little low. This generally indicates insufficient available iron.

This finding is supported by:

Low Blood Total Protein • High Blood SGOT (AST) • Low Blood Platelets • Low Blood Polys/Neutrophils • High Blood Eosinophils

This finding is associated with:

Presenting symptoms - Unusually tired most of the time • Difficulty concentrating • Sleep Apnea

Medications Taken - Arimedex

Nutrients Recommended:

B-12 2000 Lozenges

POSSIBLE ALLERGY, REACTIVITY OR TOXICITY

The Eosinophils are a little high which suggests allergies environmental in nature including asthma and hayfever. This could also suggest parasitic infestations, infectious diseases, Collagen-vascular disease such as SLE (Lupus) and possibly skin diseases.

This finding is supported by:

Low Blood Total Protein • High Blood Red Blood Count • Low Blood Platelets • Low Blood Polys/Neutrophils • High Blood Lymphocytes • High Blood Monocytes • High Blood Eosinophils

This finding is associated with:

Medications Taken - Ambien • Arimedex • Xanax • Testosterone

POSSIBLE INFECTION AND/OR INFLAMMATION

The Platelet and Polys are a little low and the Monocytes and Lymphocytes are a little high. This is commonly seen with low grade chronic infection.

This finding is supported by:

Low Blood Sodium • Low Blood Total Protein • High Blood SGOT (AST) • High Blood Red Blood Count • Low Blood Platelets • Low Blood Polys/Neutrophils • High Blood Eosinophils

This finding is associated with:

Medications Taken - Ambien • Arimedex

Nutrients Recommended:

BioC Plus • Lauricidin**

HORMONE CONSIDERATIONS

For females, Progesterone levels need to be correlated with the female cycle, pregnancy or menopause.

For men, Progesterone is a potent inhibitor of 5-alpha-reductase, which reduces the conversion rate of testosterone to dihydrotestosterone (DHT). It is thought that adding progesterone helps to prevent testosterone from changing into DHT. DHT may lead to enlargement of the prostate and cause or contribute to baldness in men and women.

The Sex Hormone Binding Globulin is very high. The levels of SHBG are under the positive control of estrogens and thyroid hormones and are suppressed by androgens. These influences help to control the liver synthesis of this carrier protein. Decreased levels of SHBG are frequently seen in hirsutism (unwanted hair growth in women), obese postmenopausal women and in women with diffuse hair loss. Increased levels may be present in cases of hyperthyroidism, testicular feminization, cirrhosis, male hypogonadism, pregnancy, women using oral contraceptives and prepubertal children. These values must be matched up with age and sex criteria.

The Dihydrotestosterone level is very high. Like testosterone, Dihydrotestosterone is an androgen, also known as a male hormone. Dihydrotestosterone is actually created from testosterone. Dihydrotestosterone is one of the leading hormones for male physical growth in the embryonic and fetal stages of development. In the adult, Dihydrotestosterone has a few very small functions in the body, but nothing that important or relevant. In general, it builds up in the body very slowly and moves around until it eventually disappears. However, it is also possible that the body may start creating Dihydrotestosterone at a faster pace. When this occurs it ends up binding to the hair follicles, preventing them from receiving very important nutrients that they need in order to stay alive. This is what causes the hair loss - nutrients are unable to reach hair follicles, and the hairs will slowly begin to weaken and die. In addition to causing hair loss, Dihydrotestosterone has also been linked to other health problems like prostate cancer.

The Testosterone Total Serum is very high. Testosterone is the principal androgen in men but also plays a role in female health as well. The production of testosterone by the male testes is stimulated by luteinizing hormone, LH, which is produced by the pituitary. LH secretion is, in turn, inhibited through a negative feedback loop by increased concentrations of testosterone and its metabolites.

Diminished testosterone production is one of many potential causes of infertility in males. Low testosterone concentrations can be caused by testicular failure (primary hypogonadism) or inadequate stimulation by pituitary gonadotropins (secondary hypogonadism). Since men with hypogonadism often have high SHBG levels, the measurement of free or bioavailable testosterone has been recommended when total testosterone levels are normal in men with symptoms of androgen deficiency.

Many women with slowly progressive androgenic symptoms are diagnosed as having polycystic ovarian syndrome or PCOS. PCOS affects approximately 6% of women of reproductive age. Women with this complex syndrome experience symptoms of androgen excess associated with menstrual abnormalities and infertility. Chronic anovulation (no periods) experienced by patients with PCOS increases their risk of developing endometrial cancer. Women with PCOS are often overweight, although this is not always the case and are likely to suffer from insulin resistance putting them at increased risk for developing type 2 diabetes mellitus. Obesity and insulin resistance can also raise the risk of cardiovascular disease in women with PCOS and give them a significantly increased risk for myocardial infarction.

This finding is associated with:

Medications Taken - Arimedex • Testosterone

NOTED BLOOD VALUES

The Chloride is a little low. A low Chloride may contribute or cause gastro intestinal problems due to a deficiency of proper digestive acids. Overhydration, which is not very common, can also lower Chloride levels.

The Glomerular Filtration Rate Estimated (eGFR) is optimal. The eGFR is a calculated estimate of the actual glomerular filtration rate and is based on your serum Creatinine concentration. The calculation uses formulas that may also include your age, gender, height, and weight. In some formulas, race may also be used in the calculation.

The kidneys filter blood and help control blood pressure. They remove waste and water and produce urine. eGFR is one of the best tests to indicate how healthy your kidneys are. It is important to know your eGFR because one may not be able to feel kidney damage.

Over 59-preferred

35 to 58-early kidney damage

16 to 34-moderate kidney damage

1 to 15 severe kidney damage

* Please note that if your test result is less than 15, dialysis or transplant may be needed soon.

The Testosterone, Free (Direct) is very high. The concentration of free testosterone is very low, typically < 2% of the total testosterone concentration. In most men and women, > 50% of total circulating testosterone is bound to sex hormone-binding globulin, SHBG, and most of the rest is bound to albumin. Routinely available assay methods used to measure total testosterone are not sensitive enough to accurately quantitate the free testosterone fraction directly. Free testosterone is estimated in this test by a direct, analogue radioimmunoassay method.

The Pregnenolone level is optimal. Pregnenolone is considered the master hormone from which all the steroid hormones (male and female) are derived. Since pregnenolone converts to DHEA and then to estrogens, pregnenolone provides a safer estrogen replacement therapy for post-menopausal women. It also provides a natural source of progesterone, another important hormone for the health of the female reproductive system. Progesterone can help to control PMS. Some people find pregnenolone improves energy levels, eyesight, memory, clarity of thinking, wellbeing, mood elevation, stress reduction, arthritis, and often sexual function. Some women report lessening of hot flashes or premenstrual symptoms. Studies show pregnenolone to be one of the most effective and powerful memory boosters. Pregnenolone may increase levels of acetylcholine in the hippocampus and other memory regions in the brain. Side effects of Pregnenolone can occur even on a low dosage of 3 to 5 mg taken over a few days or weeks and include: Anxiety, insomnia, irritability, anger, acne, headaches, scalp hair loss if used daily for prolonged periods, irregularities of heart rhythm, palpitations on high doses and unknown effects on the thyroid gland or other organs. Using the lowest effective dose of Pregnenolone is always recommended, uncertainty at this time involves the long-term use of pregnenolone as hormone replacement therapy, especially if high doses are used for men or women. It is also commonly recommended to take Pregnenolone for 5 days then off for 2 days to reduce potential problems.

The DHEA-Sulfate levels are a little low. From 7 years of age and upwards, an increase in DHEA-Sulfate levels is observed which then gradually after the age of 30 begins to fall again. Only elevated DHEA-Sulfate concentrations are of clinical importance. DHEA-Sulfate is an excellent indicator of adrenal cortex androgen (hormone) production.

Nutrients Recommended:

Betaine HCl • BioDophilus (Caps)

LIFESTYLE / DIETARY RECOMMENDATIONS

DIET FOCUS

Food can be broken down into basically two categories:

1. Energy (calories from fat, carbohydrates and protein)
2. Nourishment (the nutrient density of the food; vitamin and mineral content).

When planning your meals, use this thought process:

1. Get at least 2 vegetables with each meal. Fruit should be limited only if you have glucose handling issues. However, always consume more vegetables than fruits.
2. Proteins: 25-35% of the meal needs to be of a protein source.
 - Focus on good quality protein and not the processed protein bars, drinks, and powders.
 - Most desirable proteins: meats (like chicken, fish, turkey and even red meat), eggs, beans, seeds, nuts, sprouts, quinoa, nut butters (ie. peanut butter, cashew butter, almond butter).
 - Eliminate these least desirable proteins: processed soy, processed dairy, pork, processed luncheon meats (those that contain "nitrates" or "nitrites").
 - Search Google "USDA SR 21" for a downloadable database to look up nutritional content of foods.
3. Carbohydrates: 40-60% of your meal needs to be carbohydrate.
 - Most desirable carbohydrates sources: whole grain breads, pastas (including egg noodles), and rice, whole vegetables, whole fruit.
 - Eliminate these least desirable carbohydrates: white sugar, white flour, fruit juice, high fructose corn syrup, chips, French fries, pop/soda
4. Fats: Your meal should contain anywhere from 15-25% fat.
 - Most desirable fat sources: nuts (cashews, almonds, pecans, walnuts, Brazil nuts (raw and unsalted are preferred), seeds (sunflower seeds, pumpkin seeds), avocados, coconut oil, fish, nut butters (peanut butter, almond butter, etc)
 - Desirable Cooking Oils: Grape Seed Oil, Olive Oil, Coconut Oil, Palm Oil
 - Eliminated these least desirable fat sources: anything with trans-fat (AKA: hydrogenated fat), interesterified fat or Olestra. Bacon, sausage, etc.
 - Strictly avoid hydrogenated/trans-fats: About 80% of trans fats in your diet come from processed foods, fast food, primarily snack foods and desserts.
5. Special instructions may be given based upon certain metabolic conditions such as cancer, diabetes, kidney disorders etc.

IDENTIFYING LOW NUTRIENT DENSE FOODS

Below is a list of foods and items that will help you identify low nutrient dense foods and cooking/storage processes that lower the nutrient density in foods. These are strongly recommended you avoid. READ YOUR INGREDIENT LABELS!! Later in your report, you will find exchanges for these items and helpful hints for implementing these lifestyle habits.

1. Artificial Sweeteners: "aspartame", "saccharin", "sucralose", "acesulfame potassium", "sorbitol", "maltitol", etc.
2. Flavor Enhancers and Preservatives: "MSG", "monosodium glutamate", "nitrate" or "nitrite" ingredients found in many dressings, sauces, Chinese foods, processed meats, pork products, bologna, some wieners, and many luncheon meat. HVP (hydrolyzed vegetable protein) and processed soy proteins can contain up to 40% MSG.
3. Artificial colors and dyes: look for terms such as "FD&C", "lake", "red", "yellow", etc. Read your supplement labels carefully.
4. Canned Foods and Drinks: choose fresh or frozen varieties. Limit canned food consumption to canned beans and tuna. Foods stored in glass are acceptable.
5. Microwave Cooking and Deep Frying lower the nutrient density more so than stove top cooking.
6. Artificial Fats: "hydrogenated" [a.k.a. "trans fat"] and "interesterified" fats are found in margarine, many pre-packaged foods, supplements, and dressings; avoid "Olestra" containing products.
7. Refined Carbohydrates: processed foods such as white sugar, white flour, corn syrup, "enriched" foods, etc.
8. Commercial Meats: Try to get the cleanest, freshest meat you can find. Look for meat that is labeled with terms such as "No Hormones", "No Antibiotics", "Free Range", "Organic", etc.
9. Shellfish and Bottom-feeders: crab, shrimp, lobster, oyster, catfish, etc.
10. Dairy Products: cottage cheese, yogurt, cheese, sour cream, etc. (anything with cow's milk). This does not include eggs.
11. Coffee (regular & chemically decaffeinated), Liquor (distilled), All sodas, Tea (black decaf & black regular). Organic herbal teas are acceptable.
12. Soy Products: isolated soy protein, texturized vegetable protein, soy supplements, soy protein powder, soy protein bars, tofu, etc. Limited fermented soy products (tempeh and miso) and whole soy beans are acceptable. Don't make soy your main protein source, limit to 3-4 servings per week.
13. Chlorine and Fluoride Sources: tap water, heavy chlorine exposure in swimming pools, fluoride toothpaste, fluoride supplements, fluoride mouthwash, etc.

AEROBIC EXERCISE

Examples of aerobic exercise are jogging, cycling, elliptical trainer, fast-paced walking, etc. It is recommended that you build up to at least 40 minutes a day. If at first you do not have the energy to exercise this much, it is recommended that you start slowly by exercising 10 minutes two or three times a day until you can gradually build up to 40 minutes a day.

STRENGTH TRAINING

If you are not currently on a weight training program, a muscle building exercise (i.e. step exercise) 10 minutes a day is encouraged. If at first you do not have the energy or physical ability to perform this exercise, it is recommended that you start slowly by setting a goal to do this exercise 2 minutes two or three times a day until you can gradually build up to 10 minutes a day.

WATER CONSUMPTION

Drink 1 quart of clean, filtered water per 50lbs of body weight per day. Do not go over 3 quarts regardless of your weight. More water might be necessary depending on exercise, environment and perspiration. We recommend using a multiple filtration system for your drinking and cooking water. There are several types of these, which include reverse osmosis. Distilled water is not recommended. Since distilled water has little or no mineral content, it acts like a vacuum that can actually leach minerals from your system.

A word of caution - **anytime you make drastic changes in diet, vitamin intake, or exercise, realize that you may feel somewhat worse before you feel better.** It doesn't happen often, but as your body detoxifies, you may feel worse if it occurs too fast. If you do feel worse, don't panic, it will pass in a few days. If this problem does occur, take half of what is recommended for three days and slowly over two weeks progress to taking the complete program.

Everything that has been recommended is very important and many of these things work together. In order to get the most effective results, it is important that you follow the program exactly as outlined. Following the diet may not be easy, but if you do, you will get the best outcome. Likewise, if you don't take the vitamins, or only take part of them, you may not see the expected results. Many people with some very serious problems have been helped using this program. The purpose of this analysis is to benefit you. This is for your well being, so please do the program as recommended so that you will achieve the best results.

Attached is a list of vitamins that have been carefully selected for your specific problems. These vitamins are recommended because they are of the highest quality. Occasionally, you will hear rumors regarding vitamin toxicity. Rest assured that these issues have been researched and the risk of significant side effects is extremely low. Historical data and experience have shown these vitamins, along with the dietary changes, to be the best in helping you achieve the necessary improvements needed on your test results.

Please keep this report for future reference and bring it with you to your next evaluation.

If we can be of any further assistance to you or your family please do not hesitate to ask.

Yours In Health,

John Fitzgerald, DC

Name: [REDACTED]

Lab: LabCorp

Blood Test Results

Legend: Warning High Risk Critical ★ Optimal 😊 Improvement 😞 Worse ∅ No Improvement

Test Description	Current Rating 07/29/2015		Prior 07/21/2015	Delta	Healthy	Clinical	Units
Glucose	94.00	★	107.00	😊	80.00 - 95.00	65.00 - 99.00	mg/dL
Hemoglobin A1C (Gly-Hgh)			5.40		4.80 - 5.60	4.60 - 6.40	%
BUN (Blood Urea Nitrogen)	23.00	★			11.00 - 24.00	8.00 - 27.00	mg/dL
Creatinine	1.01	★	0.93	😊	0.93 - 1.10	0.76 - 1.27	mg/dL
GFR Est.	80.00	★			59.00 - 145.00	45.00 - 150.00	/min/1.73m ²
BUN / Creatinine Ratio			24.00		13.00 - 19.00	10.00 - 22.00	ratio
Sodium	137.00	low	140.00	😞	139.00 - 143.00	134.00 - 144.00	meq/dL
Potassium	5.40	High	4.80	😞	3.80 - 4.50	3.50 - 5.20	meq/dL
Chloride	98.00	low	98.00	∅	102.00 - 106.00	97.00 - 108.00	meq/dL
Calcium	9.80	★	9.70		9.61 - 10.00	8.70 - 10.20	mg/dL
Total Protein	7.00	low	7.00	∅	7.10 - 7.61	6.00 - 8.50	gm/dL
Albumin	4.30	★	4.30		4.10 - 4.50	3.50 - 5.50	gm/dL
Total Bilirubin	0.80	★	0.60		0.30 - 0.90	0.00 - 1.20	mg/dL
Alk. Phosphatase 25-530	84.00	★	84.00	∅	64.00 - 85.00	44.00 - 105.00	IU/L
SGOT (AST)	57.00	High	51.00	😞	15.00 - 26.00	6.00 - 40.00	IU/L
SGPT (ALT)	29.00	high	30.00	😊	8.00 - 20.00	0.00 - 45.00	IU/L
Total Cholesterol			158.00		150.00 - 180.00	100.00 - 199.00	mg/dL
Triglyceride			112.00		50.00 - 125.00	0.00 - 149.00	mg/dL
HDL Cholesterol			56.00		39.00 - 120.00	36.00 - 140.00	mg/dL
LDL Cholesterol			80.00		50.00 - 75.00	6.00 - 99.00	mg/dL
Total Cholesterol / HDL Ratio			2.80		0.00 - 4.00	0.00 - 5.00	ratio
TSH			3.25		0.50 - 3.50	0.45 - 4.50	uIU/mL
T4, Free (Direct) Thyroxine			1.10		1.00 - 1.50	0.82 - 1.77	ng/dL
T3 Free (Triiodothyronine)			2.91		2.60 - 3.80	2.00 - 4.40	pg/mL
Thyroid Peroxidase (TPO) Ab (antibodies)			16.80		0.00 - 25.00	0.00 - 34.00	IU/ML
White Blood Count	6.30	★	6.60		5.70 - 8.50	3.40 - 10.80	k/cumm
Red Blood Count	5.39	high	5.57	😊	4.27 - 4.78	4.14 - 5.80	m/cumm
Hemoglobin	16.70	high	17.40	😊	14.10 - 16.20	12.60 - 17.70	gm/dL
Hematocrit	49.80	high	51.90	😊	42.00 - 47.50	37.50 - 51.00	%
MCV	92.40	high	93.20	😊	84.00 - 92.00	79.00 - 97.00	cu.m
MCH	31.00	high	31.20	😊	28.60 - 31.00	26.60 - 33.00	pg
MCHC	33.50	★	33.50		33.20 - 34.50	31.50 - 35.70	%
RDW	12.80	low	12.80	∅	13.30 - 14.40	12.30 - 15.40	%
Platelets	159.00	low	169.00	😞	215.00 - 319.00	150.00 - 379.00	k/cumm
Polys/Neutrophils (SEGS-PMNS)	50.80	low	58.00	😞	51.00 - 63.00	40.00 - 74.00	%
Lymphocytes	36.60	high	27.40	😞	24.00 - 36.00	14.00 - 46.00	%
Monocytes	7.40	high	8.90	😊	5.00 - 7.00	4.00 - 13.00	%
Eosinophils	4.40	high	4.70	😊	0.00 - 3.50	0.00 - 5.00	%
Basophils	0.60	★	0.80		0.00 - 2.00	0.00 - 3.00	%
Neutrophils/Polys (Absolute)	3.20	★	3.80		2.90 - 5.50	1.40 - 7.00	x10E/uL
Lymphs (Absolute)	2.30	★	1.80		1.20 - 2.60	0.70 - 3.10	x10E/uL
Monocytes (Absolute)	0.50	★	0.60		0.30 - 0.65	0.10 - 0.90	x10E/uL
Eosinophils (Absolute)	0.30	high	0.30	∅	0.00 - 0.20	0.00 - 0.40	x10E/uL
Basophils (Absolute)	0.00	★	0.00		0.00 - 0.10	0.00 - 0.20	x10E/uL
Granulocytes - Immature	0.20	★	0.20		0.00 - 1.50	0.00 - 2.00	%
Vitamin D 25-Hydroxy (total)			49.30		50.00 - 90.00	30.00 - 100.00	NG/ML
Aluminum, Serum			4.00		0.00 - 3.00	0.00 - 9.00	ug/L
Arsenic, Blood			12.00		3.00 - 10.00	2.00 - 23.00	ug/L
C-Reactive Protein, Cardiac			0.50		0.00 - 2.00	0.00 - 3.00	mg/L
Copper, Serum			72.00		98.00 - 127.00	72.00 - 166.00	ug/dL
DHEA-Sulfate	86.10	low	78.20	😊	119.25 - 195.75	45.00 - 270.00	ug/dL
Dihydrotestosterone	177.00	Very High	101.00	😞	40.00 - 65.00	30.00 - 85.00	ng/dL
Endomysial Antibody, IgA (Celiac dis)			0.00		0.00 - 0.01	0.00 - 1.00	pos/neg
Estradiol, Adult males	70.00	Very High	14.00	😞	15.00 - 35.00	7.60 - 42.60	pg/mL

Test Description	Current Rating 07/29/2015	Prior 07/21/2015	Delta	Healthy	Clinical	Units
Folates (Folic Acid), Serum		25.00		8.00 - 17.00	3.10 - 20.00	NG/ML
FSH (Male)		0.10		3.50 - 10.00	1.50 - 12.40	IU/L
Gliadin IgA		5.00		0.00 - 10.00	0.00 - 20.00	Units
Gliadin IgG		5.00		0.00 - 10.00	0.00 - 20.00	Units
Immunoglobulin A		269.00		180.00 - 290.00	70.00 - 400.00	mg/dL
Insulin, Total (Fasting)		3.30		3.00 - 10.00	0.00 - 22.00	uIU/mL
Insulin-Like Growth Factor 1 (IGF1)		133.00		91.00 - 154.00	51.00 - 194.00	NG/ML
Iron Saturation	22.00 low			27.10 - 43.00	15.00 - 55.00	%
Luteinizing Hormone (LH)		0.10		3.30 - 7.80	1.70 - 8.60	mIU/ml
Magnesium, RBC		5.70		5.00 - 6.00	4.20 - 6.80	mg/dL
Mercury, Blood		17.70		0.00 - 5.00	0.00 - 14.90	ug/L
Pregnenolone	70.00 ★	26.00	😊	63.00 - 107.00	20.00 - 150.00	ng/dL
Progesterone	0.60 ★	0.30	😊	0.40 - 1.10	0.20 - 1.40	NG/ML
PSA, % Free		0.55		25.00 - 40.00	20.00 - 45.00	%
Sex Hormone Binding Globulin (M and F)	100.00 Very High	51.00	😞	38.00 - 57.00	19.30 - 76.40	mmol/L
Testosterone, Free (Direct)	50.00 Very High	9.90	😞	10.00 - 15.00	6.60 - 18.10	pg/mL
Testosterone, Total, Serum	2,190.60 Very High	790.70	😞	628.00 - 908.00	348.00 - 1,197.00	ng/dL
t-Transglutaminease (tTG) IgA		5.00		0.00 - 7.99	0.00 - 9.00	U/mL
Vitamin B12		726.00		422.00 - 825.00	211.00 - 946.00	pg/mL
Vitamin C		1.20		0.80 - 1.99	0.40 - 2.00	mg/dL
Zinc, Serum		111.00		76.00 - 114.00	56.00 - 134.00	ug/dL

VITAMIN AND SUPPLEMENT RECOMMENDATIONS

SUPPLIER: Biotics

PATIENT: [REDACTED]

SEX: M

AGE: 60

WEIGHT: 175

<u>Supplement</u>	<u>Number Per Day</u>
B-12 2000 Lozenges	2
Betaine HCl	2
BioC Plus	6
BioDophilus (Caps)	2
Cytozyme-LV	3
Lauricidin**	2
Mixed Ascorbate Powder tsp	2

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Report for xxxxxxx 8-10-15

Just to review; the primary concerns and medications are noted on the report.

There are critical findings in some of these tests highlighted in blue.

There are signs of stress affecting the adrenals, Dehydration, Inflammation of Liver, Gastro/Intestinal dysfunction, Anemia, and Critical Hormone considerations.

I recommend testing retesting in 2 months.

I recommend following the attached supplement regiment.

I also recommend re-evaluating the amount of testosterone that is being taken with your primary care provider. You took testosterone on 7-21-15 and your levels were well within normal limits at that time. Several symptoms seem to be tied to critically high levels of testosterone. Then you are taking medications to deal with symptoms related to too much testosterone. I don't believe that most of your symptoms will reduce unless there is a complete re-evaluation of the amount of hormones being taken.

I also recommend showing this report to your primary care provider and re-evaluating the prescribed medications as you seem to be suffering from several side effects.

I know that you take several vitamins and it appears that they may not be of sufficient dosage for your current problems or needs. It would be prudent to either increase the dosage or change brands to improve your chances for optimal results.

There are several findings in these tests that could cause or contribute toward several of your symptoms. Follow the program and take the nutrients

recommended. I do expect to see some definite progress very soon in many areas.

I recommend doing the pulse test that I spoke to you about to identify food sensitivities. I would not eat the same thing everyday as this will likely increase stress on the Gastro/Intestinal system. I would also eat all food for the day in a shorter window such as 6 – 8 hours. This allows more healing time for the digestive tract.

Getting healthier is crucial for you and correcting these things found in the blood should definitely help.

It is no wonder that you feel bad and have so many problems considering the toxic elements, imbalances and deficiencies as seen in your test results. Working to correct the factors should help your body to get healthier and more than likely you should start to see progress. Be patient but I would expect for you to see some progress in just a few weeks.

Retest the blood in 2 months.

Sincerely,

Dr. John Fitzgerald, DC.

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