

Authorizing Provider:

**Depke Wellness**

2025 Newport Blvd Ste 110

Costa Mesa, CA 92627

USA

Accession Number: T082442

**Patient: Franklin C. Cook**

Age: 72 Sex: Male

Date Collected: 02/29/2016

Date Received: 03/03/2016

Report Date: 03/22/2016

DOB: 02/13/1944

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**GI Pathogen Screen with H. pylori Antigen - 401H**

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Parameter	Result
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**\*\*\* Stool Culture \*\*\***

Preliminary Report	Normal flora after 24 hours
Final Report	* Escherichia coli isolated *
Amount of Growth	Moderate

**\*\*\* Ova & Parasites \*\*\***

Ova & Parasites #1	No Ova/Parasites detected
Ova & Parasites #2	No Ova/Parasites detected
Ova & Parasites #3	No Ova/Parasites detected
Trichrome Stain	No Ova/Parasites detected

**\*\*\* Stool Antigens \*\*\***

Cryptosporidium Antigen	Not detected
Giardia lamblia Antigen	Not detected

**\*\*\* Additional Tests \*\*\***

Fungi	No fungi isolated
C. difficile Toxin A	Not detected
C. difficile Toxin B	Not detected
Yeast	No yeasts isolated
Occult Blood	Not detected

**\*\*\* Helicobacter Pylori Stool Antigen \*\*\***

H. pylori Antigen	* Detected *
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Ordering Physician:  
Depke Wellness  
Glen Depke, ND

2025 Newport Blvd Ste 110  
Costa Mesa, CA 92627

Accession #: **A1603020091**  
Order #: J5021315  
Reference #:  
Patient: **Franklin Cook**  
Date of Birth: 02/13/1944  
Age: 72  
Sex: Male  
Reprinted:  
Comment:

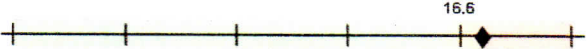









Date Collected: 02/29/2016  
Date Received: 03/02/2016  
Date of Report: 03/04/2016  
Telephone: 9499546226  
Fax: 9495488233



## 0060 Porphyrins Profile - Urine

Methodology: UPLC/Fluorescence detection, Colorimetry

Ranges are for ages 13 and over

Compound Tested	Results nmol/g creatinine	Quintile Ranking					95% Reference Range
		1st	2nd	3rd	4th	5th	
<b>Porphyrin Pathway Intermediates</b>							
1. Uroporphyrin I & III	17.4 <b>H</b>						<= 27.2
2. Heptacarboxyporphyrin	7.3 <b>H</b>						<= 11.2
3. Hexacarboxyporphyrin	<DL*						<= 3.3
4. Pentacarboxyporphyrin	<DL*						<= 5.4
5. Precoproporphyrin‡	13 <b>H</b>						<= 14.8
6. Coproporphyrin I	33						<= 56
7. Coproporphyrin III	142 <b>H</b>						<= 159
<b>Calculated Values</b>							
8. Total Porphyrins	200 <b>H</b>						<= 233
9. Precopro/Uro I & III	0.75 <b>H</b>						<= 1.11
10. Copro I/Copro III	0.23						<= 0.87

Creatinine = 42 mg/dL

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\* <DL = less than detection limit

\*\* >LIN = greater than linearity limit

\*\*\*UC\* = Unable to Calculate

‡Precoproporphyrin is an atypical porphyrin associated with mercury toxicity.<sup>1,2</sup>

1. J.S. Woods, M.A. Bowers, H.A. Davis, Toxicology and Applied Pharmacology 110, 464-476 (1991).

2. D. Echeverria et.al., Neurotoxicology and Teratology 28 (2006) 39-48.

The following comments pertain to abnormalities found on this report.

A moderate elevation of Uroporphyrin I & III is consistent with stimulation of the porphyrin pathway. Such stimulation can be due to many pharmaceuticals and environmental chemicals, including ethanol.

Elevations of either or both of the compounds Heptacarboxyporphyrin and Hexacarboxyporphyrin is a pattern consistent with toxic effects of arsenic or certain organotoxins. Such elevations are more specifically due to such toxin exposure if Uroporphyrin I&III is not elevated.

The further arsenic toxic effect sign of Coproporphyrin I/III ratio elevation is not found.

Elevation(s) of 2 of the compounds Pentacarboxyporphyrin, Precoproporphyrin and Coproporphyrin III is associated with the toxic effects of mercury. The elevation of the Precoproporphyrin/Uroporphyrin I & III ratio further indicates that the other abnormalities are due to mercury.

Elevation of Coproporphyrin III may also be associated with the toxic effects of lead, especially if no other porphyrin intermediates are elevated. Strong Coproporphyrin III elevation is also found in some genetic porphyrias.

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Although the Genova Diagnostics, Inc. profile will reveal disruptions in the heme pathway, the data is not reviewed by a specialist who can make a diagnosis of hereditary porphyrias. Abnormalities may be due to combinations of genetic or physiological factors and environmental exposures. All potential impacts on porphyrin synthesis should be considered when interpreting the results. The comments provided are intended to help alert clinicians to factors that may be relevant according to published studies.