



GENOVA
DIAGNOSTICS

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Ordering Physician:
Depke Wellness
Glen Depke, ND

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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**
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0060 Porphyrins Profile - Urine

Methodology: UPLC/Fluorescence detection, Colorimetry

Ranges are for ages 13 and over

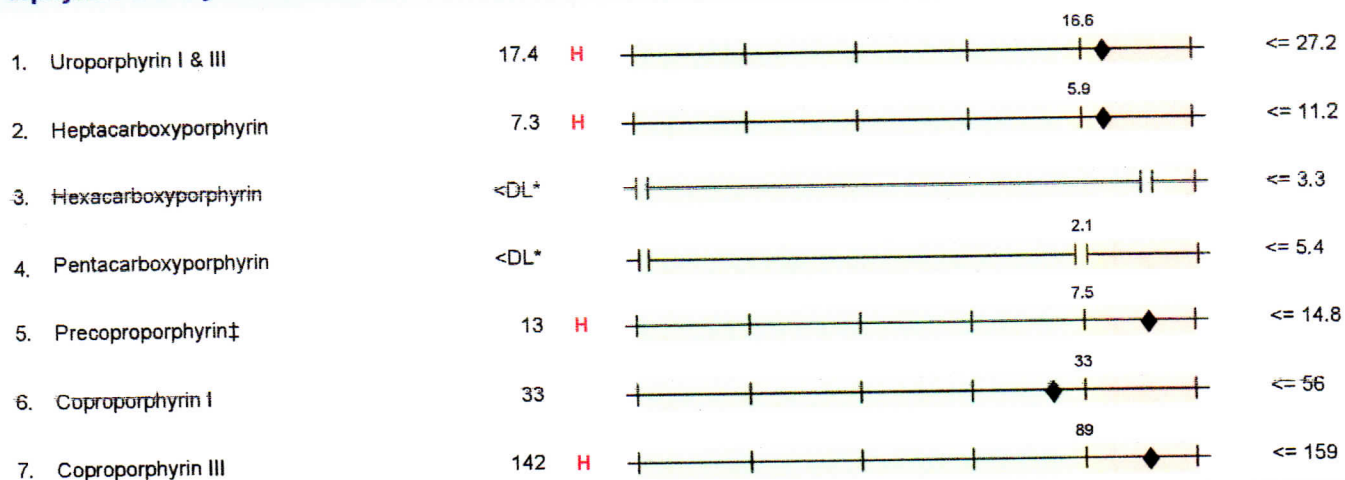
Compound Tested

Results
nmol/g creatinine

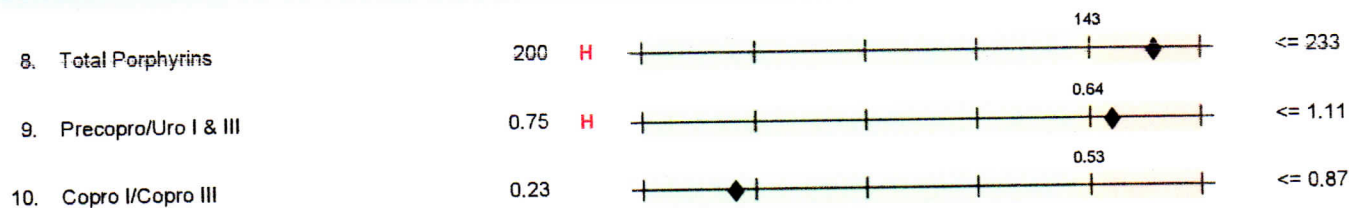


95% Reference
Range

Porphyrin Pathway Intermediates



Calculated Values



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.^{1,2}

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.