

EndoScreen™ Research

Sabre Sciences, Inc. 2233 Faraday Avenue • Suite K • Carlsbad • CA 92008 • 760-448-2750

Medical Director:
NORVELLE HARRIS MD FACP

Practitioner: Michael Borkin, N.M.D.

2233 Faraday Ave
Suite K
Carlsbad, CA 92008

Note: EndoScreen™ is for research purposes only. We make no recommendations for treatment or diagnosis.

PATIENT
DOB:
05/23/63

PAT ID:

Age Sex Lab#

Date Collected

Date Received

Date Reported

Patient
HALL, SAM

48 M 7460

05/20/11

05/23/11

05/25/11

ABNORMAL	TEST	RESULT	UNITS	NORMAL RANGE
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Sal Lytes (New Rngs 8/07)

SALIVARY SODIUM (4PM)

37.0 mEq/L

3.1 - 39.8

Body Balance Cannot Be Achieved
Without Electrolyte Balance

- Low Levels - Low salivary sodium levels may be caused by low adrenal function, hormonal dysregulation, renal dysfunction, excessive distilled water intake, vomiting, diarrhea, excessive sweating, colitis or edema. Changes in sodium levels affect other electrolytes.

Low salivary sodium levels may be associated with dizziness, low blood pressure, abdominal cramps, muscle weakness, or cognitive impairment.

-High Levels-High salivary sodium levels may be caused by adrenal hypertrophy, hormonal dysregulation, high dietary intake potassium deficiency or dehydration.

High salivary levels of sodium may be associated with hypertension, heart disease, diarrhea, edema, hyperactivity and irritability.

SALIVARY POTASSIUM (4PM)

29.1 mEq/L

3.7 - 31.0

- Low Levels - Low salivary potassium levels may be caused by low adrenal function, hormonal dysregulation, excessive sweating, magnesium deficiency, diuretic or steroid medication, renal dysfunction, chronic stress, malabsorption or diarrhea.

Low salivary potassium levels are due to excessive potassium loss in stool or urine, not dietary deficiency,

*Sample
Circadian Panel (Male)
(Salivary)*

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and are associated with fatigue, heart disease, muscle weakness and high intracellular calcium levels. Potassium is a major intracellular cat-ion acting with sodium and calcium causing profound effects on membrane potentials. A moderate fall may have serious consequences on neuromuscular and cardiac functions.

The extent of potassium loss in tissue cannot be accurately assessed by serum measurement.

- High Levels - High salivary potassium levels may be elevated despite normal serum levels. High salivary potassium levels may be caused by high dietary intake, physical inactivity or dehydration.

Elevated levels may be associated with EKG abnormalities, cognitive impairment. Maintenance of muscle tissue depends on adequate potassium gradients between intra and extra-cellular spaces. All neuromuscular activity is dependent on both sodium and potassium for maintaining the electro-potential. Hormonal & Metabolic balance cannot be achieved without intracellular and extra-cellular electrolyte balance

SALIVARY CHLORIDE (4PM) 48.0 mEq/L 20.0 - 49.6

- Low Levels - Low salivary chloride levels may be caused by low adrenal function, hormonal dysregulation, renal dysfunction, excessive distilled water intake, excessive sweating, diarrhea, vomiting or chronic respiratory illness.

Low chloride levels may be associated with muscle cramps, listlessness,

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TESTOSTERONE MALE PNL

8AM	180	pg/ml	80.0 - 500.0
Noon	174	pg/ml	80.0 - 500.0
8PM	168	pg/ml	80.0 - 500.0
Midnight	162	pg/ml	80.0 - 500.0

Cortisol (NEW RANGES 3/07)

8AM	4.8	ng/ml	3.5 - 6.3
Noon	2.7	ng/ml	1.4 - 2.8
4PM	2.2	ng/ml	0.8 - 2.4
8PM	1.6	ng/ml	0.6 - 1.6
Midnight	1.2	ng/ml	0.3 - 1.2
1.9 4AM	1.9	ng/ml	0.3 - 1.7

DHEA-Sulfate Panel

8AM	4.5	ng/ml	2.8 - 12.7
8PM	5.2	ng/ml	2.7 - 9.0
Midnight	5.9	ng/ml	1.8 - 8.1

Estradiol - Male
 Progesterone - Male

2.0 pg/ml 0.5 - 3.0
 46 pg/ml 5 - 65

Name: Hall, Sam

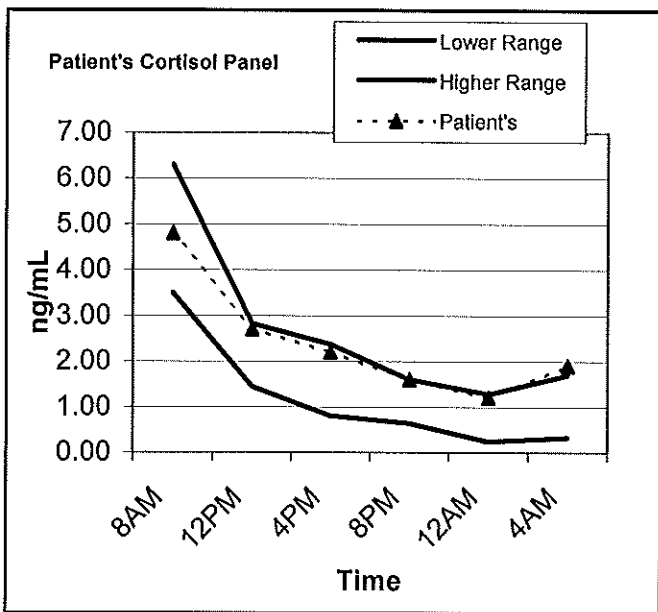
Lab #: 7460

Age:	48	HT (Feet):		HT (In):		Wt (lbs):	
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CORTISOL

Time	Lower Range	Higher Range	Patient's
8AM	3.50	6.30	4.80
12PM	1.44	2.82	2.70
4PM	0.80	2.37	2.20
8PM	0.64	1.60	1.60
12AM	0.24	1.28	1.20
4AM	0.32	1.70	1.90

Patient's BMI*:	#DIV/0!
Weight Status	BMI (kg/m2)
Underweight	Less 18.5
Normal	18.5 - 24.9
Overweight	25.0 - 29.9
Obese	30.0 and above



Progesterone	46.0	pg/mL
Estradiol	2.0	pg/mL
P:E ratio	23.0	(10:1)
T:E ratio	85.5	(100:1)
T:P ratio	3.7	(2:1)
Testosterone (Avg)	171.0	pg/mL (80-500)

DHEA-S			
Time	Lower Range	Higher Range	Patient's
8AM	2.8	12.7	4.5
8PM	2.7	9.0	5.2
12AM	1.8	8.1	5.9

