





















Client: KARE HEALTH & WELLNESS 1435 E BRADFORD PARKWAY SUITE 105 SPRINGFIELD, MO 65804 Phys: HAUN, KATELYNNE	22599 (417) 881-4994	Patient: STRAY, JAMES DOB: 04/08/1980 ID#: R0001127680 Phone: (417) 830-0658 Chart#:	Age:44 Sex:M Room#:
Access#: 005252577		Coll. Date: 11/14/24 Coll. Time: 08:47 AM	
Recv. Date: 11/15/24 Recv. Time: 06:14 PM		First Report on: 11/20/24 Final Report on: 11/25/24 Print Date: 11/25/24 Print Time: 11:07	

Report Status: FINAL
SPECIMEN INFO: TIMED URINE

 Creatinine, Urine **9 mg/dL**
TOXIC METALS, PRE-PROVOC

Test Name	Results	Range	Units	Graph
Aluminum, Urine	< dL	0.0 - 30.0	ug/g	
Antimony, Urine	< dL	0.00 - 0.90	ug/g	
Arsenic, Urine	8.0	0.0 - 100.0	ug/g	
Barium, Urine	9.0 H	0.0 - 6.0	ug/g	
Result may be elevated due to low creatinine.				
Bismuth, Urine	< dL	0.0 - 10.0	ug/g	
Cadmium, Urine	< dL	0.0 - 2.0	ug/g	
Cesium, Urine	7.9	0.0 - 12.0	ug/g	
Gadolinium, Urine	< dL	0.00 - 0.90	ug/g	
Germanium, Urine	< dL	0.0 - 2.0	ug/g	
Lead, Urine	< dL	0.0 - 10.0	ug/g	
Mercury, Urine	2.1	0.0 - 10.0	ug/g	
Nickel, Urine	3.6	0.0 - 7.0	ug/g	
Niobium, Urine	0.47	0.00 - 1.00	ug/g	
Platinum, Urine	< dL	0.00 - 1.00	ug/g	
Rubidium, Urine	2359.4	0.0 - 4000	ug/g	
Thallium, Urine	0.38	0.00 - 0.70	ug/g	
Thorium, Urine	< dL	0.00 - 0.10	ug/g	
Tin, Urine	0.4	0.0 - 10.0	ug/g	
Titanium, Urine	3.2	0.0 - 6.0	ug/g	
Tungsten, Urine	< dL	0.00 - 1.00	ug/g	

(Continued on Next Page)

<dL = less than detectable limit

	Results	Units	Reference Range	Results are creatinine corrected to account for urine dilution variations. Reference intervals and corresponding graphs are representative of a healthy population under non-provoked conditions. Chelation (provocation) agents can increase urinary excretion of metals/elements.
Creatinine, Urine	9 L	mg/dL	20-370	

Comments:



Client: **KARE HEALTH & WELLNESS** 22599
1435 E BRADFORD PARKWAY
SUITE 105
SPRINGFIELD, MO 65804
Phys: HAUN, KATELYNNE (417) 881-4994

Patient: **STRAY, JAMES**
DOB: 04/08/1980 Age:44 Sex:M
ID#: R0001127680
Phone: (417) 830-0658
Chart#: Room#:

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Coll. Date: 11/14/24
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TOXIC METALS, PRE-PROVOC (Continued)

Test Name	Results	Range	Units	Graph
Uranium, Urine	< dl	0.000 - 0.050	ug/g	

<dl = less than detectable limit

	Results	Units	Reference Range	Results are creatinine corrected to account for urine dilution variations. Reference intervals and corresponding graphs are representative of a healthy population under non-provoked conditions. Chelation (provocation) agents can increase urinary excretion of metals/elements.
Creatinine, Urine	9 L	mg/dL	20-370	

Comments:

Lab address: 5151 Corporate Way, Jupiter, FL, 33458

All Metal Testing on ICP-MS/MS were developed and their performance characteristic determined by Access Medicals Labs. They have not been cleared or approved by the FDA.
The laboratory is regulated under CLIA and qualified to perform high complexity testing. These tests are used for clinical purposes.
They should not be regarded as investigational or for research.



Client: KARE HEALTH & WELLNESS 1435 E BRADFORD PARKWAY SUITE 105 SPRINGFIELD, MO 65804 Phys: HAUN, KATELYNNE	22599 (417) 881-4994	Patient: STRAY, JAMES DOB: 04/08/1980 ID#: R0001127680 Phone: (417) 830-0658 Chart#:	Age:44 Sex:M Room#:
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Abnormal Result Summary:

1. Barium: Suspected cases of barium (Ba) intoxication can be tested by measuring a sample of an individual's urine, feces, bone, or blood, though these tests are largely inconclusive in determining the exact severity of barium exposure. Over 90% of bioavailable barium is stored in bone after traveling through the body; and as barium is an x-ray absorber, it is commonly used in swallow tests to diagnose gastrointestinal abnormalities.

Typical sources of barium intake include peanut based foods, such as peanut butter, which is especially retentive when consumed by children. However, the oral absorption of barium is generally weak and non-toxic, with less than 5% being retained by the body. Exposure to barium is most severe when inhaled, with over 50% absorbed through the respiratory tract, making occupational exposure from the barium mining and processing industries a significant factor toward acute exposure in workers. Soluble barium compounds are incredibly toxic as well, and can often be found in some insecticide products.

Once assimilated, barium dissolves in the gastrointestinal tract, with excessive intake resulting in multiple negative gastro- intestinal symptoms. These include nausea, vomiting, diarrhea, and abdominal cramps. Barium poisoning may also cause a potassium deficiency known as hypokalemia, which can in turn lead to the development of additional conditions such as muscle weakness, hypotension, hypertension, and paralysis.

<dl = less than detectable limit

	Results	Units	Reference Range	Results are creatinine corrected to account for urine dilution variations. Reference intervals and corresponding graphs are representative of a healthy population under non-provoked conditions. Chelation (provocation) agents can increase urinary excretion of metals/elements.
Creatinine, Urine	9 L	mg / dL	20 - 370	

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5151 CORPORATE WAY
JUPITER, FL 33458-3101
(866)720-8386

Client: KARE HEALTH & WELLNESS	22599	Patient: STRAY, JAMES	
1435 E BRADFORD PARKWAY		Phone: (417) 830-0658	DOB: 04/08/1980 Age:44 Sex:M
SUITE 105		Address 1: 2733 E GLENWOOD ST	Fasting: N
SPRINGFIELD, MO 65804		Address 2:	
Phys: HAUN, KATELYNNE	(417) 881-4994	City: SPRINGFIELD	State: MO Zip: 65804 Page:1

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First reported on:	11/20/24 15:01	Final report date:	11/25/24

Report Status: FINAL

Test Name	Results	Reference Range	Units
*****OUT OF RANGE SUMMARY*****			
CHOLESTEROL, TOTAL	230 H	<200	mg/dl
LDL CHOLESTEROL, calc..	154 H	<100	mg/dl
HEMATOLOGY TESTS			
Sedimentation Rate	3	0 - 20	mm/hr
IRON/ANEMIA EVALUATION			
IRON	79	65 - 175	ug/dl
TOTAL IRON-BIND. CAPACITY	255	250 - 425	ug/dl
% IRON SATURATION	31	15 - 50	%
FERRITIN	266.6	10.5 - 307.3	ng/ml
CORONARY RISK			
TRIGLYCERIDES	55	<150	mg/dl
CHOLESTEROL, TOTAL	230 H	<200	mg/dl
HDL CHOLESTEROL	67	>40	mg/dl
LDL CHOLESTEROL, calc..	154 H	<100	mg/dl
CHOL/HDL RATIO	3.4	<5.0	
The higher the Ratio,the higher CHD risk.			
THYROID TESTING			
T3, FREE	3.4	2.3 - 4.2	pg/ml
T4, FREE	1.33	0.89 - 1.76	ng/dl
TSH	0.713	0.550 - 4.780	uIU/ml
THYROID PEROXIDASE Abs	32	<60	IU/ml
THYROGLOBULIN Abs	18	<60	IU/ml

SPECIALTY TESTS

(Continued on Next Page)

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Test Name	Results	Reference Range	Units
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SPECIALTY TESTS (Continued)

reported: 11/22/24 14:29

ANA SCREEN, IFA, W/REFL TITER AND PATTERN

ANA SCREEN, IFA

NEGATIVE

NEGATIVE

*1

ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A negative ANA IFA result suggests an ANA-associated autoimmune disease is not present at this time, but is not definitive. If there is high clinical suspicion for Sjogren's syndrome, testing for anti-SS-A/Ro antibody should be considered. Anti-Jo-1 antibody should be considered for clinically suspected inflammatory myopathies.

AC-0: Negative
 International Consensus on ANA Patterns
<https://doi.org/10.1515/cclm-2018-0052>

For additional information, please refer to
<http://education.QuestDiagnostics.com/faq/FAQ177>
 (This link is being provided for informational/educational purposes only.)

Copper, Serum or Plasma

98

reported: 11/19/24 11:09

69 - 132 ug/dL

*2

Detection Limit = 5

END OF REPORT

*1) Unless otherwise noted, Tests Performed at :

Quest Diagnostics/Nichols SJC-San Juan Capistrano,, 33608 Ortega Hwy, San Juan Capistrano, CA 92675-2042

Director : Irina Maramica MD, PhD, MBA

*2) Unless otherwise noted, Tests Performed at :

Labcorp Burlington, 1447 York Court, Burlington, NC 272153361

Director : Sanjai Nagendra, MD 8007624344