

Dr Test Doctor (Test Doctor) Test Clinic. 123 Test Street, Test Suburb Victoria 3125

Lab ID
Patient ID P000060
Ext ID 26115-0002

Test Patient

Sex: Female • 56yrs • 01-Jan-70
123 Home Street, Test Suburb VIC 3125

RECEIVED
25-Apr-26

MINERALS AND METALS ANALYSIS

Specimen type - Urine, Spot

Collected

15-Apr-26

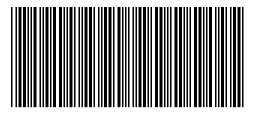
Essential Minerals

[illegible]

Heavy Metals

TEST	RESULT	H/L		REFERENCE	UNITS
Aluminium	25.70			(<40.00)	ug/gCR
Antimony	0.02			(<1.00)	ug/gCR
Arsenic	46.00	H		(<35.00)	ug/gCR
Barium	0.95			(<5.70)	ug/gCR
Beryllium	<DL			(<0.60)	ug/gCR
Bismuth	<DL			(<1.00)	ug/gCR
Cadmium	0.77	H		(<0.60)	ug/gCR
Lead	2.19			(<8.00)	ug/gCR
Mercury	4.2	H		(<3.0)	ug/gCR
Nickel	0.67			(<2.00)	ug/gCR
Platinum	<DL			(<1.00)	ug/gCR
Silver	0.02			(<0.10)	ug/gCR
Thallium	<DL			(<1.50)	ug/gCR

[illegible]



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CHROMIUM ELEVATED (URINE):

Clinically, excess chromium exposure may be associated with gastrointestinal or renal effects at high levels, though mild elevations are often asymptomatic.

Treatment: Treatment for elevated urine chromium levels are supportive and can include N-acetylcysteine and ascorbic acid .

Elevated urinary copper suggests increased copper excretion, which may occur with higher intake, inflammatory activity, hormonal influences, or altered hepatic copper handling.

From a functional medicine perspective, this result should be interpreted in the context of copper–zinc balance, inflammatory status, oestrogen exposure, and liver function rather than as an isolated indicator of copper excess. Correlation with serum copper and plasma zinc may assist in contextual interpretation where clinically indicated.

Low urinary selenium suggests reduced selenium intake and/or lower selenium availability for physiological processes. Selenium is an essential trace element required for the activity of multiple selenoproteins, including glutathione peroxidases and iodothyronine deiodinases, which are involved in antioxidant defence and thyroid hormone metabolism.

From a functional medicine perspective, low urinary selenium should be interpreted in the context of dietary intake, geographic soil selenium content, thyroid function, and overall oxidative stress burden rather than as an isolated deficiency marker. Correlation with clinical context and, where indicated, serum selenium or functional markers may be appropriate.

1. Increase foods rich in Selenium e.g. organ meats, eggs, garlic, shellfish, brazil nuts, whole grains, brazil nuts
2. Selenium
3. Reduce exposure to heavy metals. Lead and Arsenic are antagonistic to Selenium.

VANADIUM (V) LOW: The biological function of vanadium has not fully been substantiated, but there is evidence that it is essential for the growth of some animals. Vanadium may influence lipid metabolism, insulin function, and reduce caries formation in animals. Vanadium is poorly absorbed. **SOURCE:** All plant foods, especially soymeal and vegetable oils.

ARSENIC ELEVATED (URINE):

Clinically, elevated urinary levels may be associated with gastrointestinal upset, fatigue, skin changes, or neuropathic symptoms. Interpretation should consider recent exposure, occupational or environmental sources, renal clearance, and nutritional status.

From a functional medicine perspective, management focuses on differentiating organic vs inorganic sources, improving methylation capacity, ensuring folate and selenium sufficiency, and reducing exposure.

