

Lab ID
Patient ID P000066
Ext ID 26076-0111

Test Patient

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

RECEIVED
17-Mar-26

Clinical Notes On Melatonin Tablet. Tired all day, Low Stress Resistance, Poor Sleep.

Collected
12-May-26 10:57am

Specimen type - Urine, Spot

Legend

Not Tested

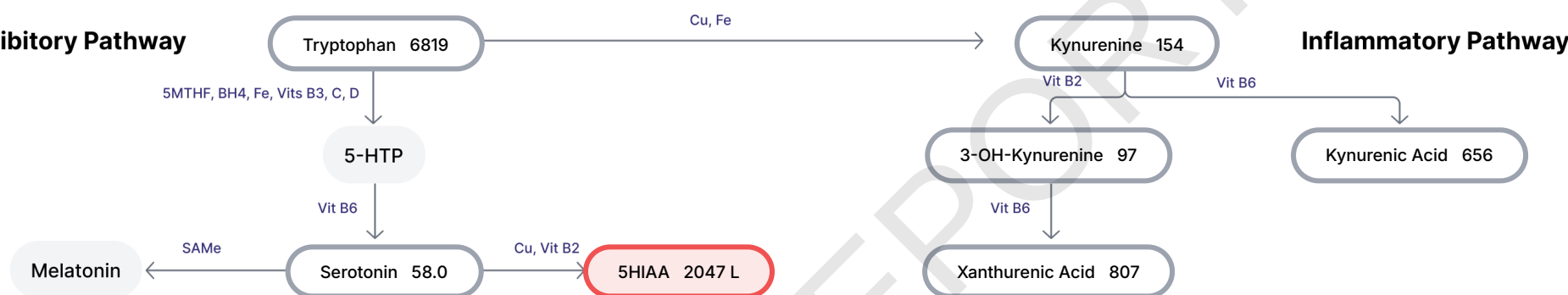
Within Range

Out of Range

L = Low, LL = Critically Low H = High, HH = Critically High

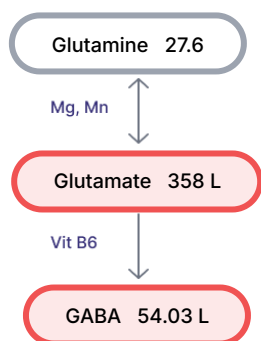
Regulator

Enzyme

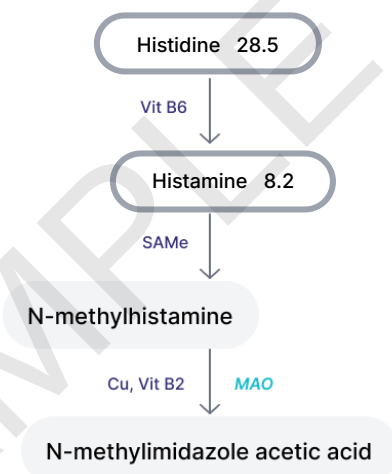


Inflammatory Pathway

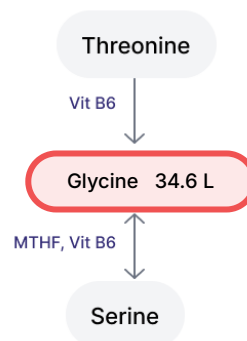
GABA, Glutamate



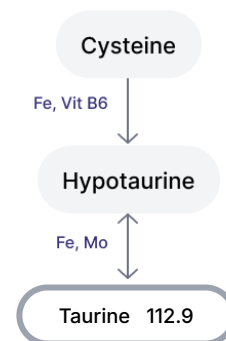
Histamine



Glycine



Taurine





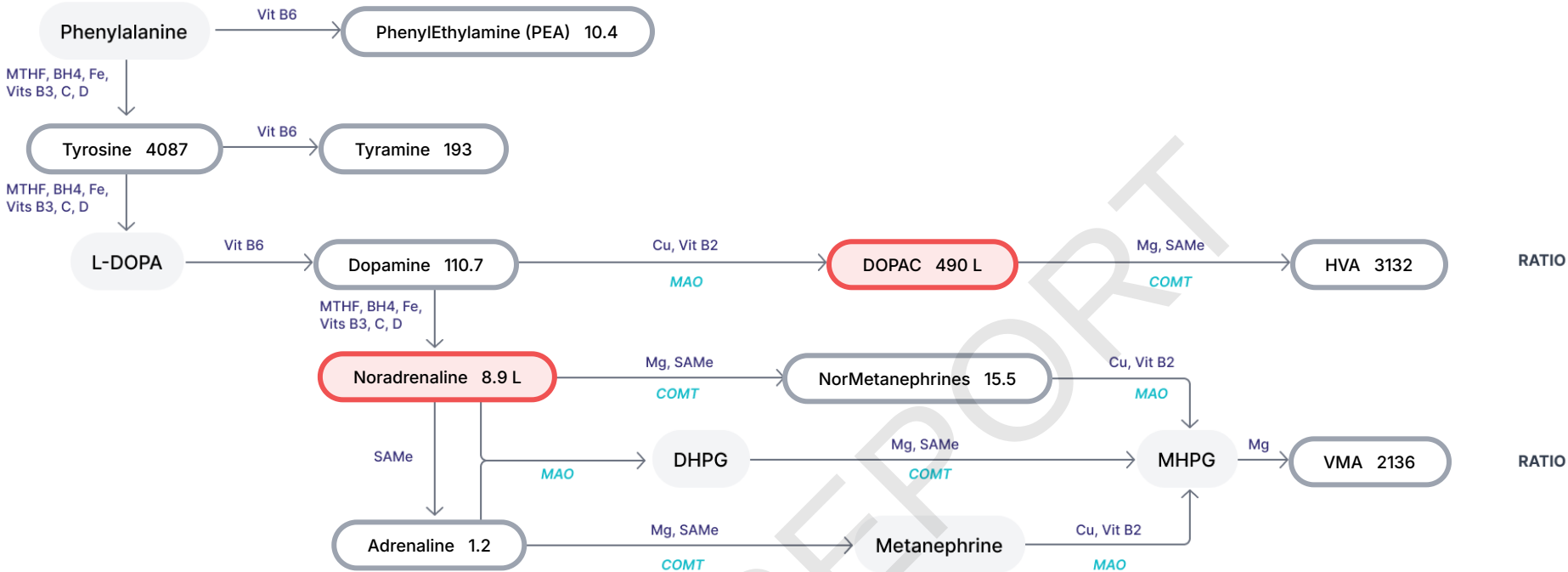
Dr Test Doctor (Test Doctor) Test Clinic. 123 Test Street, Test Suburb Victoria 3125

Lab ID
Patient ID P000066
Ext ID 26076-0111

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

RECEIVED
17-Mar-26

Excitatory Pathway





26076-0111

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

Lab ID
Patient ID P000066
Ext ID 26076-0111

Test Patient

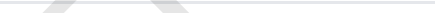
Sex: Male • 56yrs • 01-Jan-70
123 Home Street, Test Suburb VIC 3125

RECEIVED
17-Mar-26

INHIBITORY NEUROTRANSMITTERS

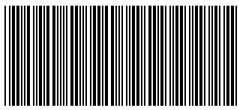
TEST	RESULT	H/L		REFERENCE	UNITS
Tryptophan	6819			(2633-12688)	ug/gCR
Serotonin	58.0			(47.6-140.3)	ug/gCR
5HIAA	2047	L		(2205-11816)	ug/gCR
GABA	54.03	L		(167.00-463.00)	ug/gCR
Glycine	34.6	L		(41.0-295.0)	ug/gCR
Taurine	112.9			(7.1-293.0)	ug/gCR

NEUROINFLAMMATORY MARKERS

TEST	RESULT	H/L	REFERENCE	UNITS
Kynurenine	154		(108-1641)	ug/gCR
Kynurenic Acid	656		(437-1719)	ug/gCR
3-OH-Kynurenine	97		(80-822)	ug/gCR
Xanthurenic Acid	807		(450-2175)	ug/gCR

EXCITATORY NEUROTRANSMITTERS

TEST	RESULT	H/L		REFERENCE	UNITS
Glutamate	358	L		(1213-4246)	ug/gCR
Glutamine	27.6			(27.0-106.0)	ug/gCR
Histidine	28.5			(10.8-98.9)	ug/gCR
Histamine	8.2			(3.6-44.3)	ug/gCR
N-methylHistamine	67.6			(59.0-195.0)	ug/gCR
PhenylEthylamine (PEA)	10.4			(3.6-38.8)	ug/gCR
Tyrosine	4087			(3128-15548)	ug/gCR
Tyramine	193			(187-910)	ug/gCR
Dopamine	110.7			(103.0-282.0)	ug/gCR
DOPAC	490	L		(495-2456)	ug/gCR
HVA	3132			(3025-9654)	ug/gCR
Noradrenaline	8.9	L		(10.0-35.7)	ug/gCR
NorMetanephrines	15.5			(13.4-44.8)	ug/gCR
Adrenaline	1.2			(0.8-6.2)	ug/gCR
VMA	2136			(1996-5939)	ug/gCR
Noradrenaline/Adrenaline Ratio	7.2			(2.9-25.2)	ug/gCR
Creatinine, Urine	21.40			(3.45-22.90)	mmol/L



26076-0111

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

Lab ID
Patient ID P000066
Ext ID 26076-0111

Test Patient

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

RECEIVED
17-Mar-26

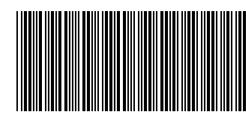
OPTIMAL RANGES TABLE (Adult >11 yrs)

Inhibitory Neurotransmitters	Target Reference Range	Units
Tryptophan	3970 - 8450	ug/gCR
Serotonin	100 - 215	ug/gCR
5HIAA	2988 - 5850	ug/gCR
GABA	400 - 600	ug/gCR
Glycine	61 - 159	ug/gCR
Taurine	24.5 - 134	ug/gCR
Excitatory Neurotransmitters	Target Reference Range	Units
Glutamate	2520 - 3700	ug/gCR
Glutamine	37 - 71	ug/gCR
Histidine	19.7 - 58.4	ug/gCR
Histamine	5.2 - 15.3	ug/gCR
PhenylEthylAmine (PEA)	5.3 - 16.1	ug/gCR
Tyrosine	4790 - 10278	ug/gCR
Tyramine	279 - 588	ug/gCR
Dopamine	200 - 330	ug/gCR
DOPAC	658 - 1449	ug/gCR
HVA	3737 - 7048	ug/gCR
Noradrenalin	18.5 - 25.5	ug/gCR
Normetanephrine	-	-
VMA	2580 - 4766	ug/gCR
Adrenalin	1.4 - 4.2	ug/gCR
Neuroinflammatory Markers	Target Reference Range	Units
Kynurenine	257 - 960	ug/gCR
Kynurenic Acid	639 - 1200	ug/gCR
3-Hydroxykynurenine	147 - 467	ug/gCR
Xanthurenic Acid	694 - 1510	ug/gCR

There are multiple factors that play roles in neurotransmitter levels (Lifestyle, receptors, meds, supplements, diet, stress, etc).

The optimal reference ranges stated above have been determined/derived statistically from historical patient data.

Historically, these levels were achieved in the majority of patients as they experienced symptom relief or improvement.



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

Lab ID
Patient ID P000066
Ext ID 26076-0111

Test Patient

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

RECEIVED
17-Mar-26

Urinary Noradrenalin is reduced in patients with Alzheimer's disease and may also be low due to the following: Toxic or other damage to Noradrenalin neurons, Depletion of stores (impact of stress and poor diet), Adrenal fatigue/exhaustion, Excess prostaglandin E2.

Clinically, low Noradrenalin is implicated in anorexia, attention impairment, depression, fatigue, hypotension, lack of motivation, lethargy, low mood, memory issues, slow pulse rate, and weight issues.

TREATMENT:

Precursor supplementation with tyrosine or phenylalanine, or cofactor support with ascorbic acid, iron, tetrahydrofolate, Cocoa, Rhodiola & Green tea and Vitamin C and vitamin B6 may be beneficial.

ADRENALIN LEVELS LOW NORMAL.

Adrenaline functions both as a neurotransmitter and a hormone, participating in the body's "fight or flight" response. Approximately 80% of peripheral catecholamine output by the adrenal glands is adrenalin.

Reduced urine adrenalin is seen in Alzheimer's disease, metabolic syndrome, and obesity. Clinically, low adrenalin is implicated in attention impairment, chronic stress, depression, cold body temperature, dizziness, chronic fatigue, hypotension, low mood and libido, and memory issues.

TREATMENT:

Adrenal support may be beneficial to increase adrenalin levels.

Methodology

Liquid Chromatography-Mass Spectrometry (LC-MS/MS/MS), Automated Chemistry/Immunochemistry