

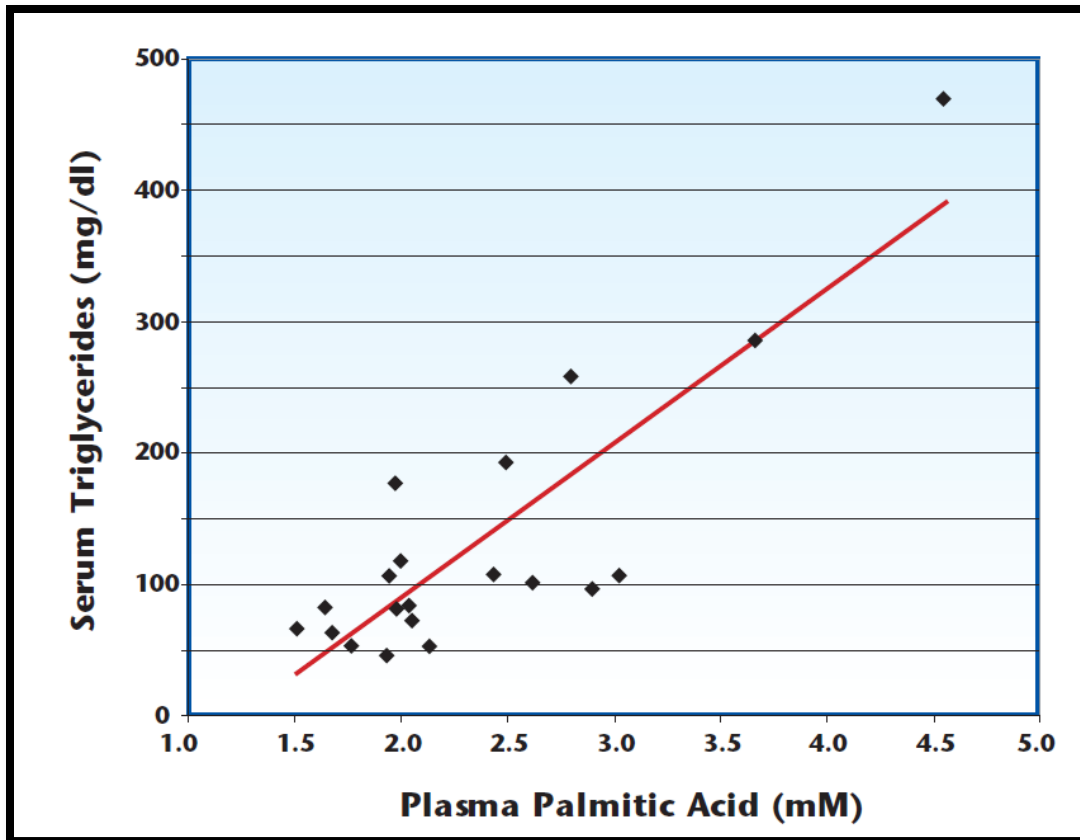
Fatty Acid Laboratory Reports

Supplemental Slides

Serum triglycerides vs. plasma palmitic acid

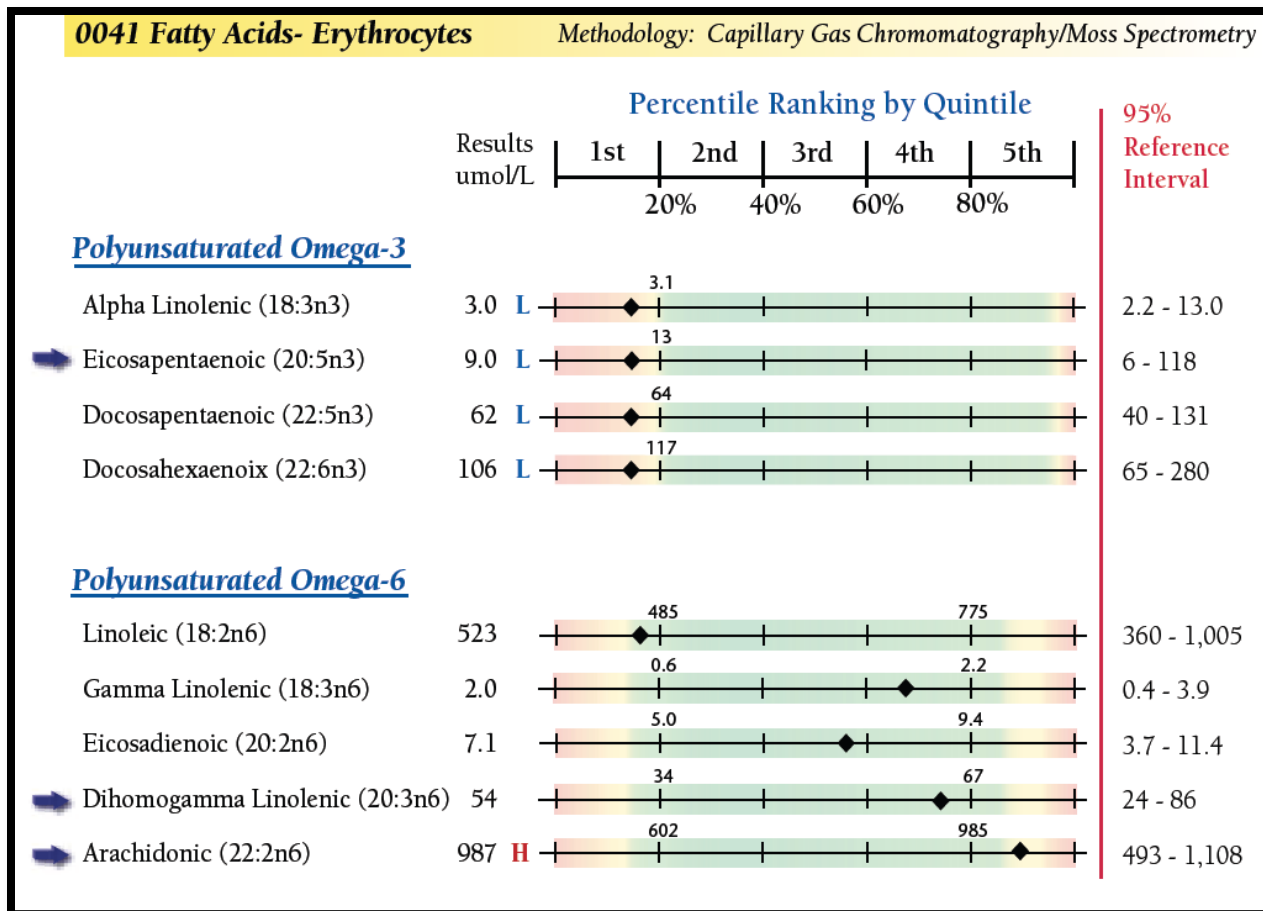
Lab Report Examples of

1. Pro-inflammatory pattern
2. General EFA deficiency pattern
3. Omega 3 dominant patterns
4. Blood spot specimen fatty acid profile
5. Zinc insufficiency pattern
6. Metabolic syndrome pattern
7. VLFA coA dehydrogenase deficiency pattern
8. Another VLCFA Genetic Polymorphism Case
9. MCFA Genetic Polymorphism
10. 63y M – diabetic, hypertension, glaucoma, inflammation, kidney function issues
11. 39y M, High-stress executive



Hypertriglyceridemia is related to endogenous fatty acid synthesis and clearance. As the principal product of the fatty acid biosynthetic pathway, palmitate represents endogenous synthesis, and the level of palmitate in plasma reflects serum triglyceride levels. The trend line shows a strong linear relationship.

A Pro-Inflammatory Pattern

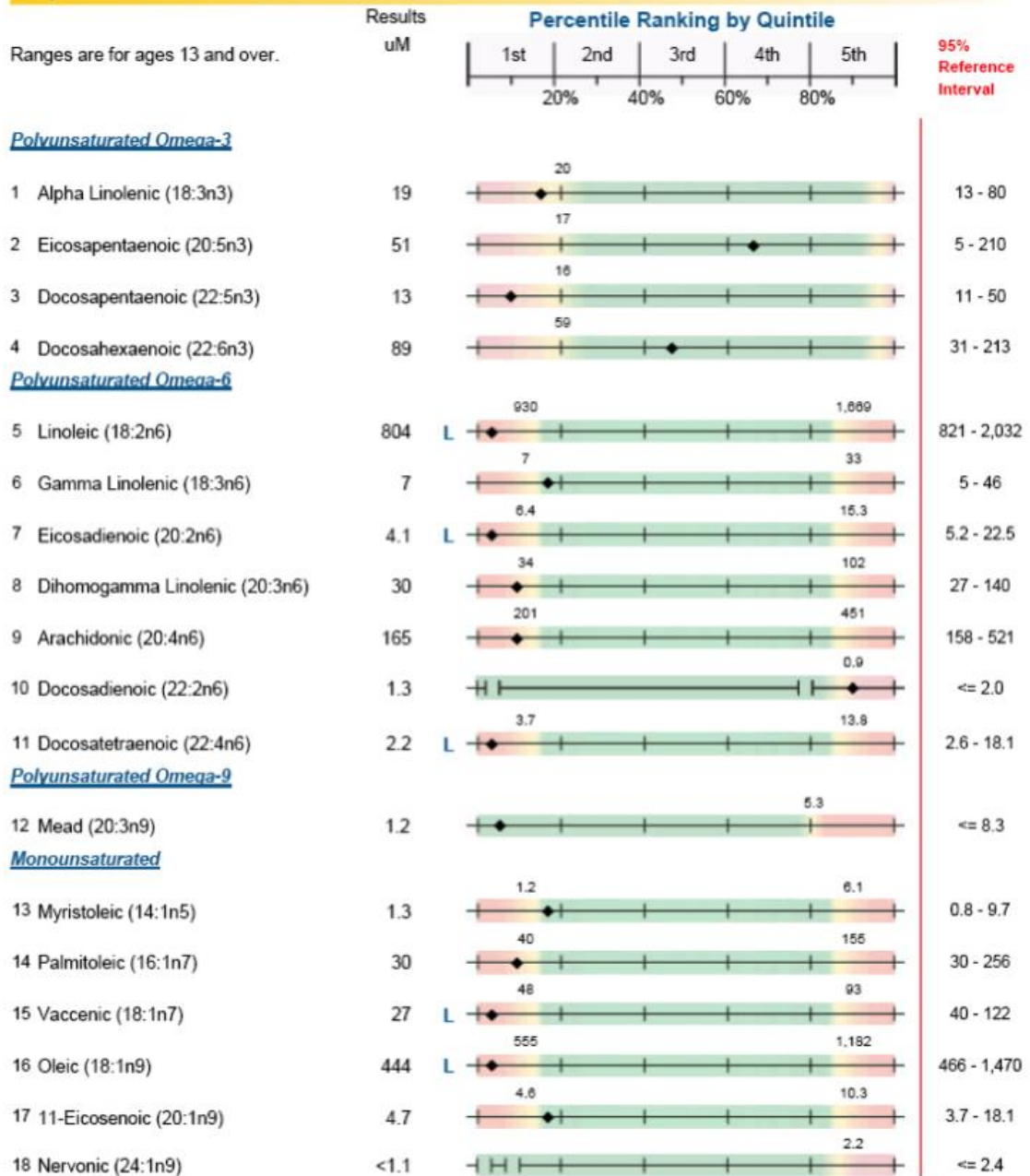


- Note: Generally low n-3 fatty acids; Elevated AA; Arrows point to eicosanoid precursors
- This pattern does not mean that the patient is necessarily in a state of inflammation. It means that, when the inflammatory signaling cascade is stimulated, tissue responses will be exaggerated and slow to return to baseline due to lack of class 3 eicosanoid products.

The General EFA Deficiency State p.1

Fatty Acids - Plasma

Methodology: Capillary Gas Chromatography/Mass Spectrometry

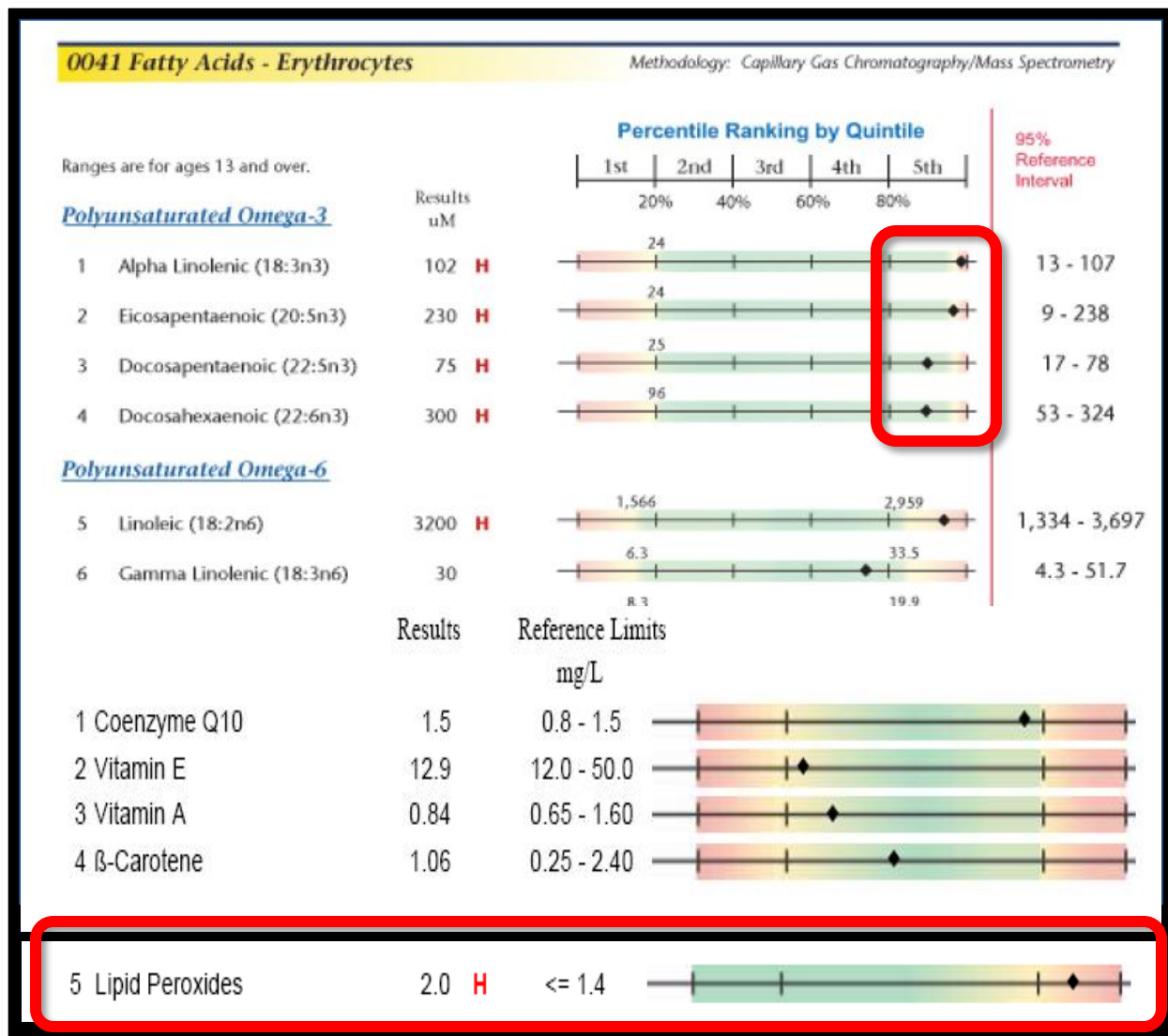


The General EFA Deficiency State

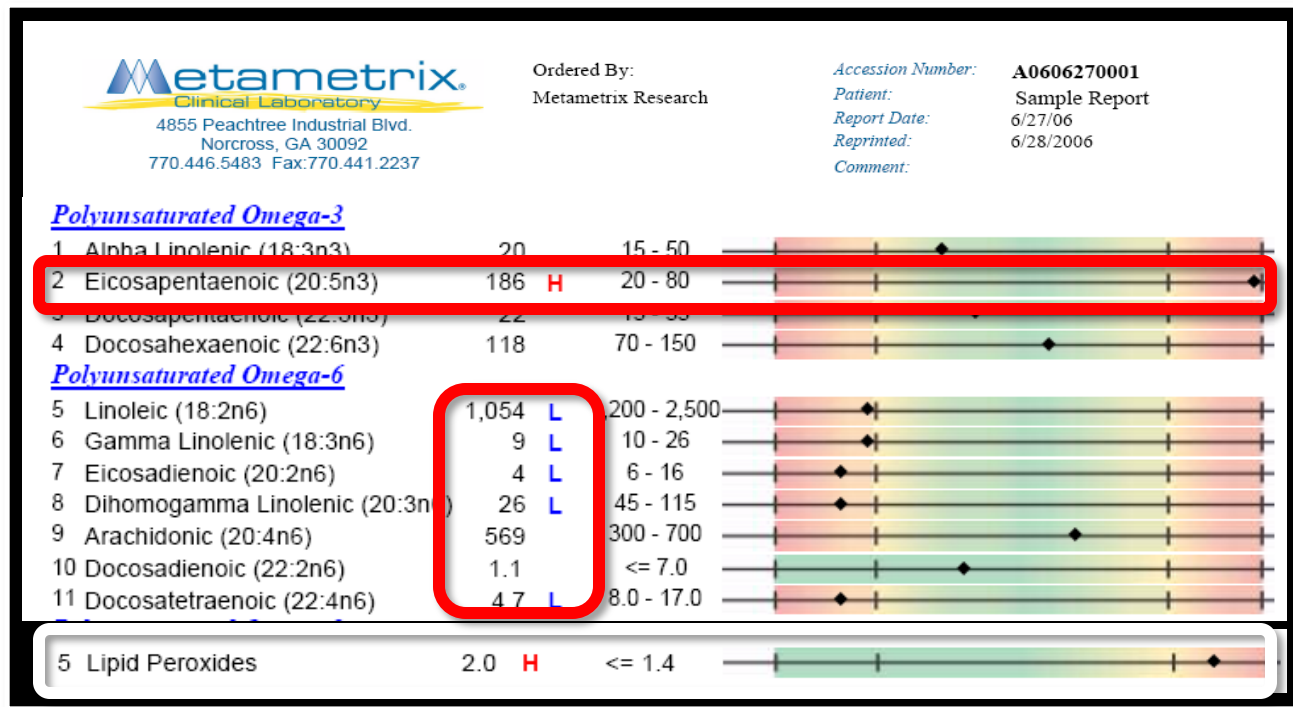
p. 2



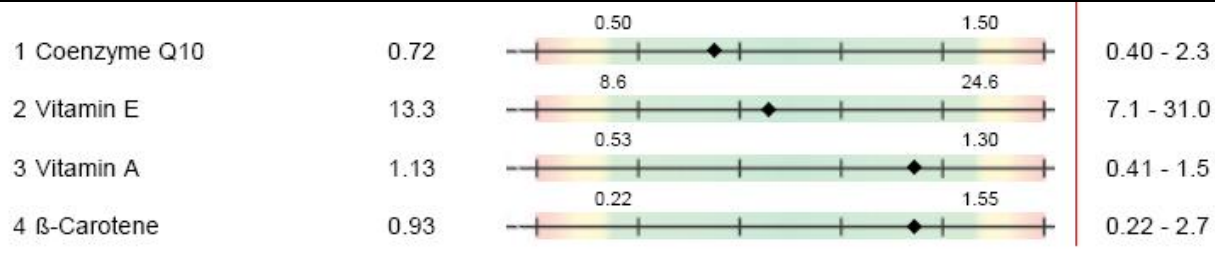
Patient is Supplementing with High-Dose Omega-3 and Omega-6, Contributing to Increased Lipid Peroxides



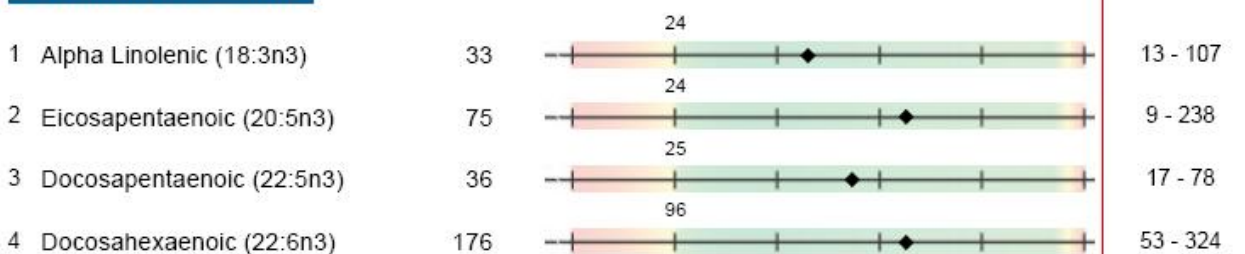
Patient is Supplementing with High-Dose EPA, Contributing to Omega-3 Dominance and a Deficiency of Omega-6



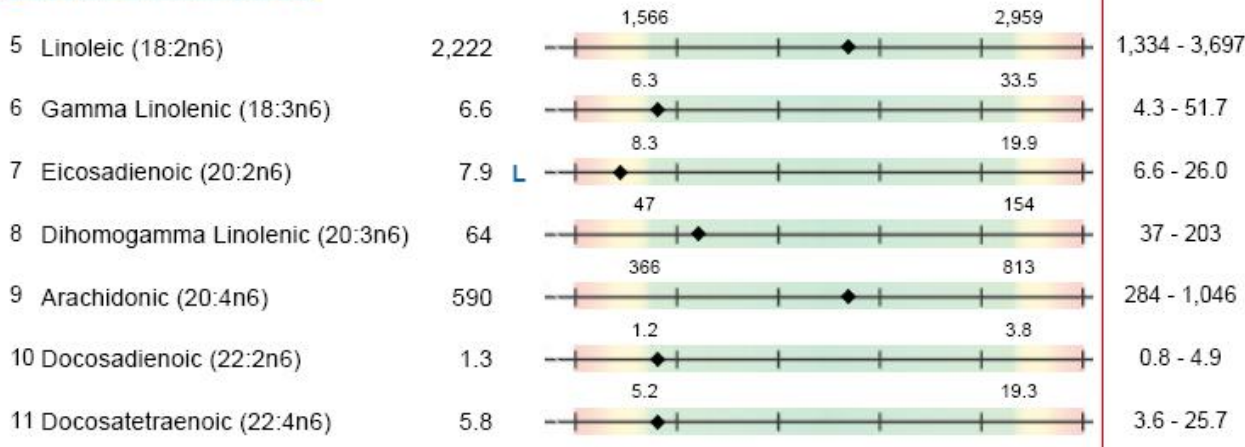
At Follow-Up,
She is Doing Well.
She Decreased
single EPA
Supplementation
and Started
Vitamin E



Polyunsaturated Omega-3

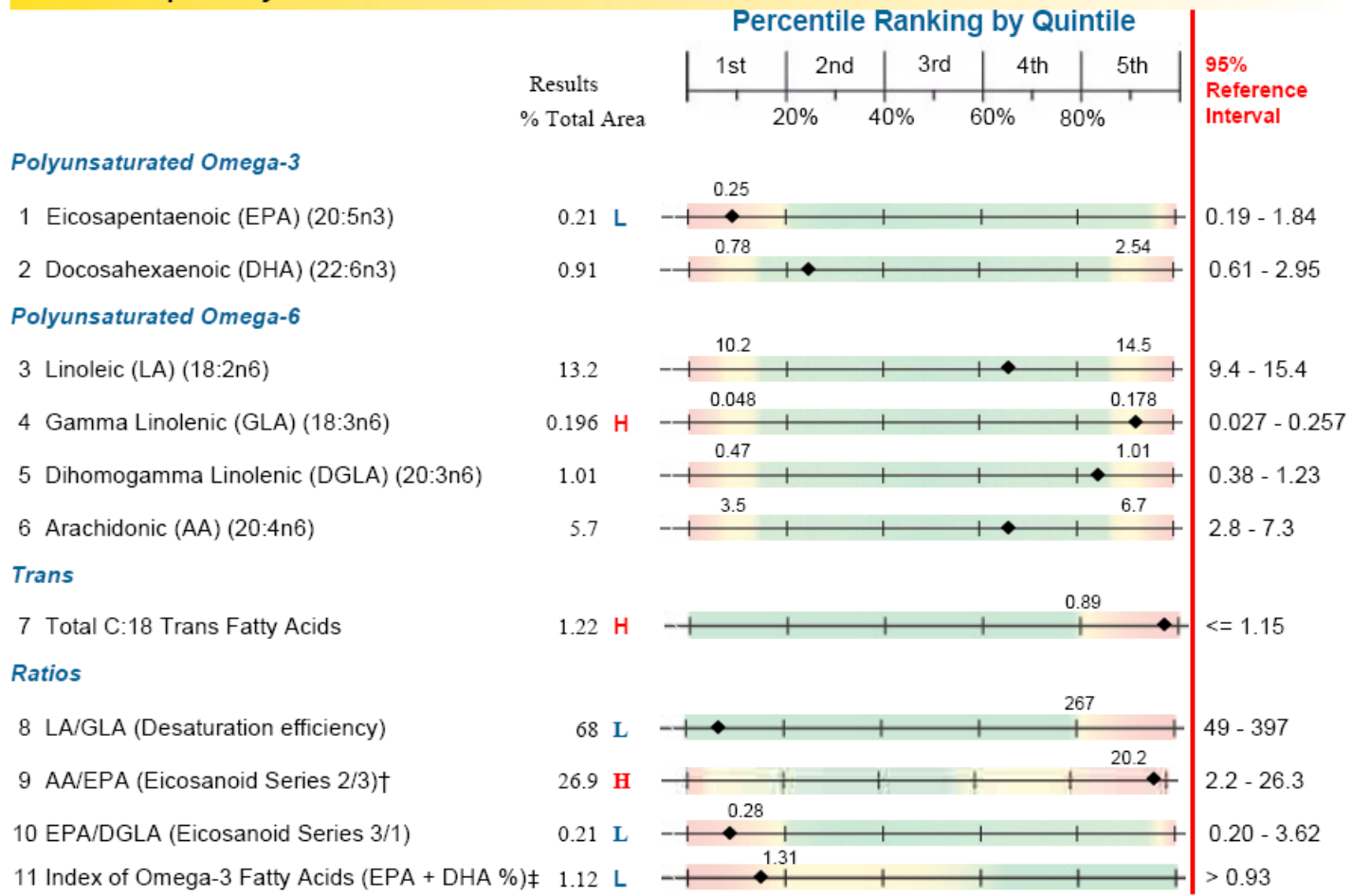


Polyunsaturated Omega-6



0241 Bloodspot Fatty Acid Profile

Methodology: Capillary Gas Chromatography/Mass Spectrometry



†Inflammatory Risk	High	Moderate	Mild	Low	Omega-3 Dominance
AA/EPA Ratio	> 20.2	8.9-12.3	5.8-8.9	3.0-5.8	<2.2

The inflammatory risk corresponds to data published by Dr. Barry Sears based on serum specimens. The numerical values from blood spot specimens are somewhat shifted. (Sears, Barry. The Omega Rx Zone. New York: Harper Collins Publishers Inc., 2002.)

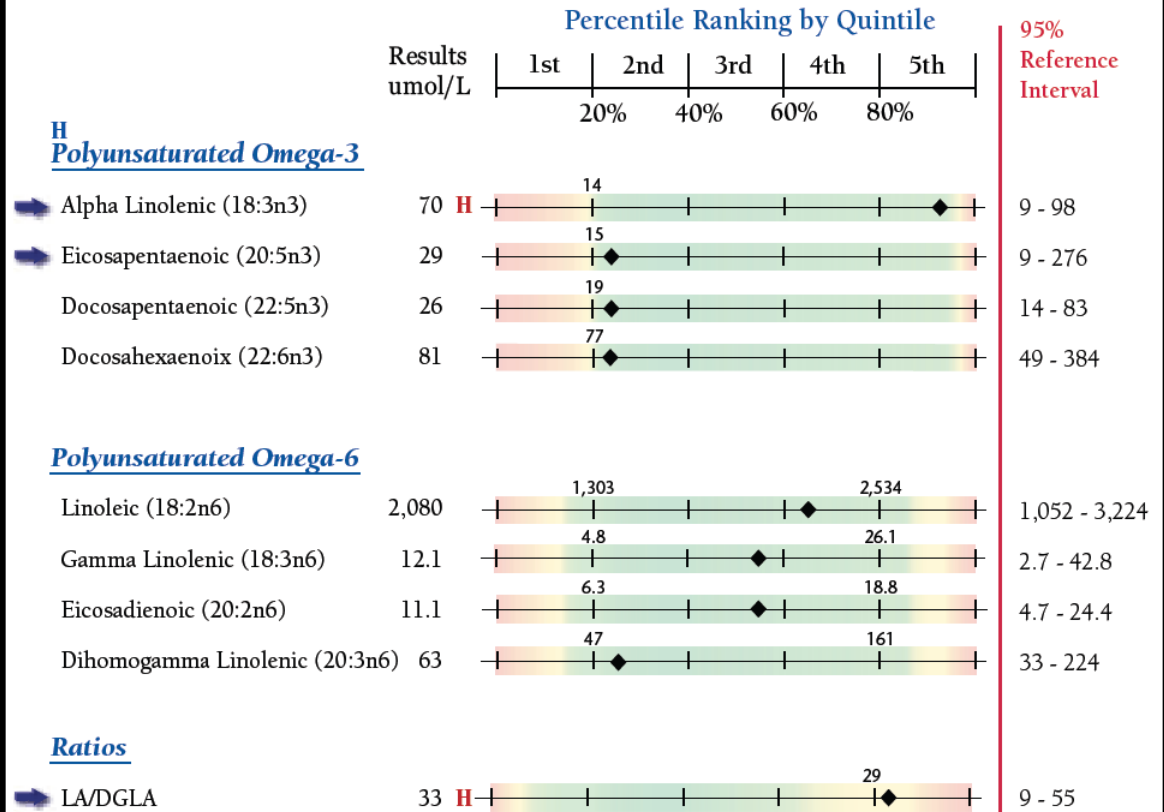
‡Relative Disease Risk Index*	High	Intermediate	Low
Index of Omega-3 Fatty Acids	< 1.3	1.3-2.7	> 2.7

*Harris WS, von Schacky C. The Omega - 3 Index: A new risk factor for sudden cardiac death? Prev Med 2004; 39:212-20.

Zinc Insufficiency Sign

0041 Fatty Acids- Erythrocytes

Methodology: Capillary Gas Chromatography/Moss Spectrometry



Element - Erythrocyte (RBC)

Methodology: Inductively Coupled Plasm/Mass Spectrometry

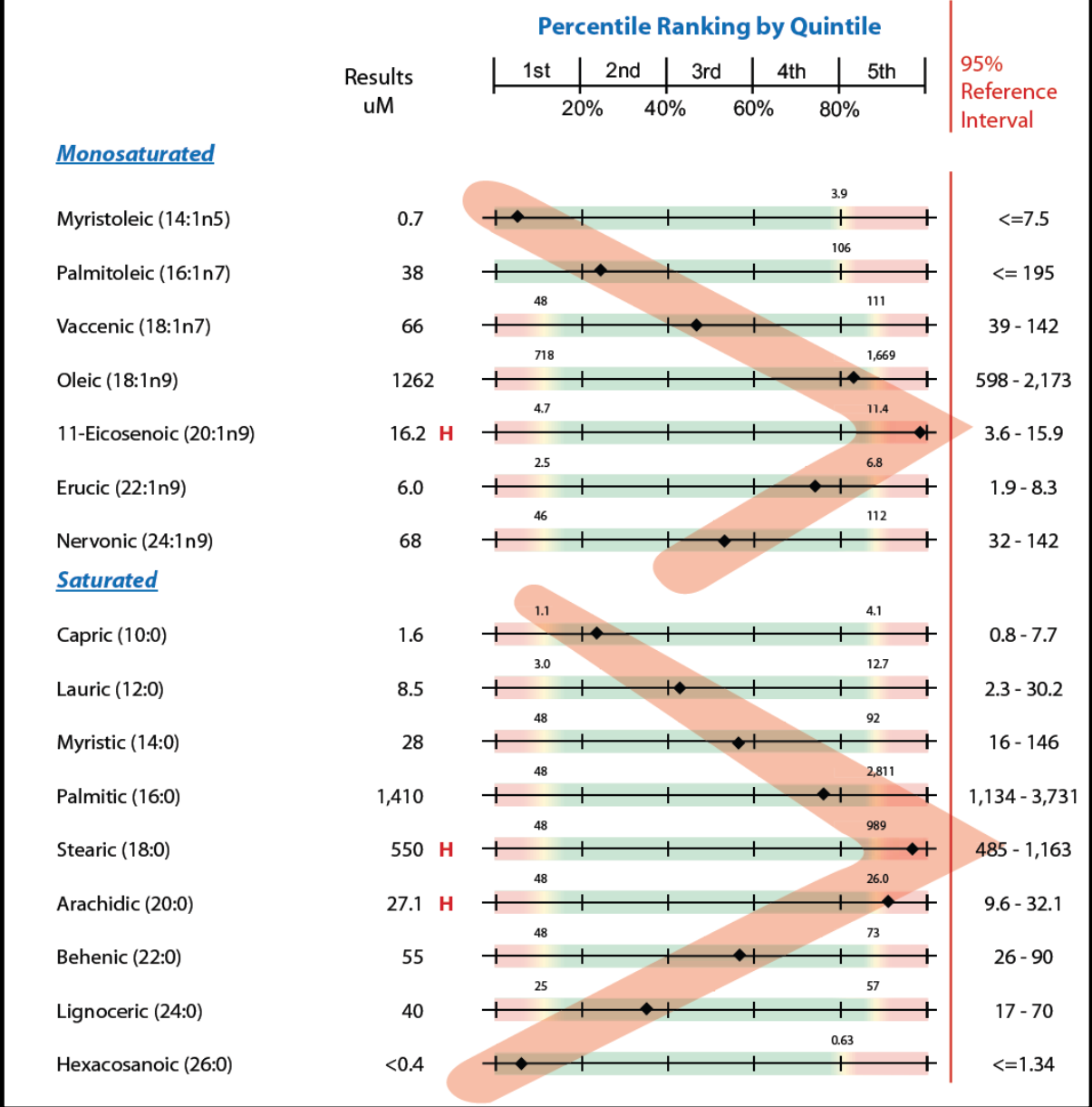


Metabolic Syndrome

- Dominance of 16-20 carbon chain lengths, with falling relative levels on either side
- Stimulation of lipogenesis by high insulin levels can produce such patterns.

0040 Fatty Acids - Plasma

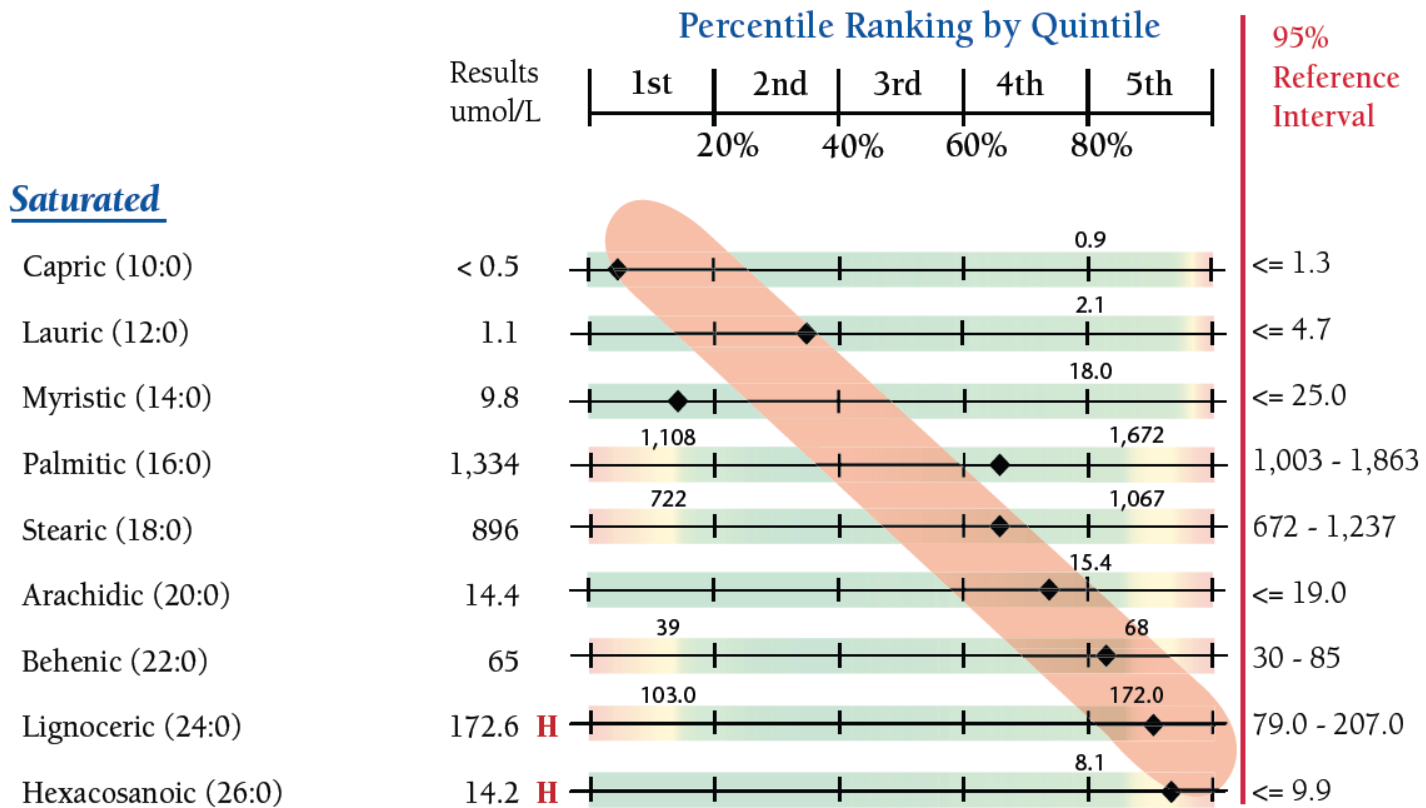
Methodology: Capillary Gas Chromatography/Mass Spectrometry



Very Long Chain Fatty Acyl Coa Dehydrogenase Deficiency

0041 Fatty Acids- Erythrocytes

Methodology: Capillary Gas Chromatography/Moss Spectrometry



Another VLCFA Genetic Polymorphism Case

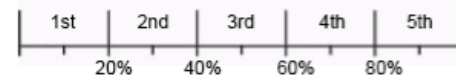
Fatty Acids - Plasma

Methodology: Capillary Gas Chromatography/Mass Spectrometry

Ranges are for ages 13 and over.

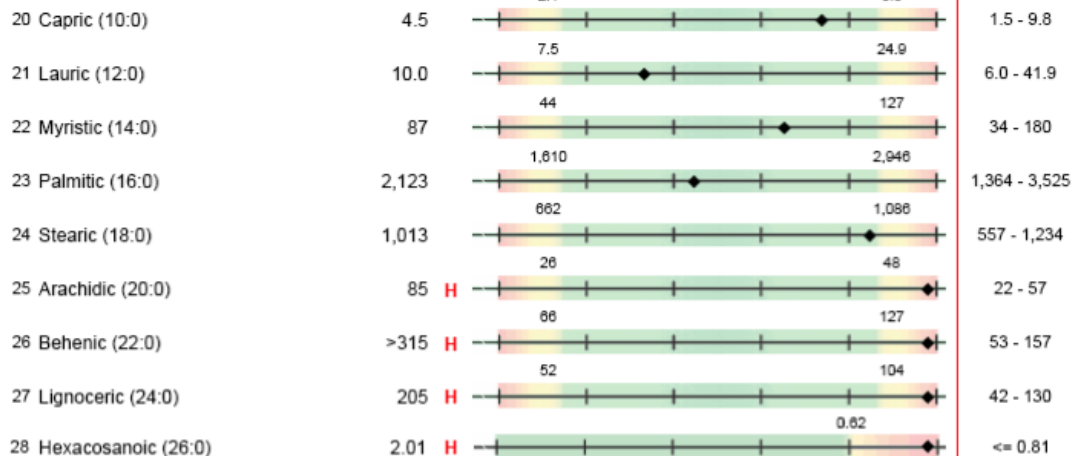
Results
uM

Percentile Ranking by Quintile

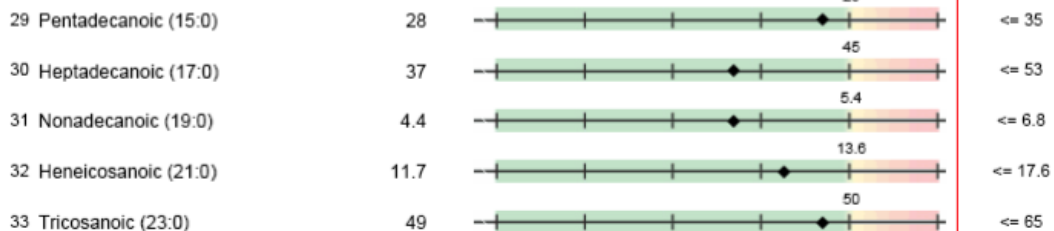


95%
Reference
Interval

Saturated



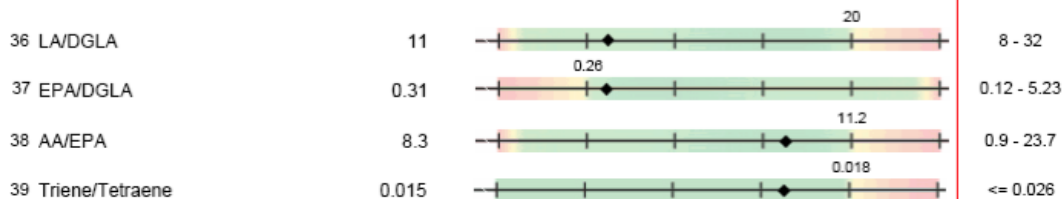
Odd Chain



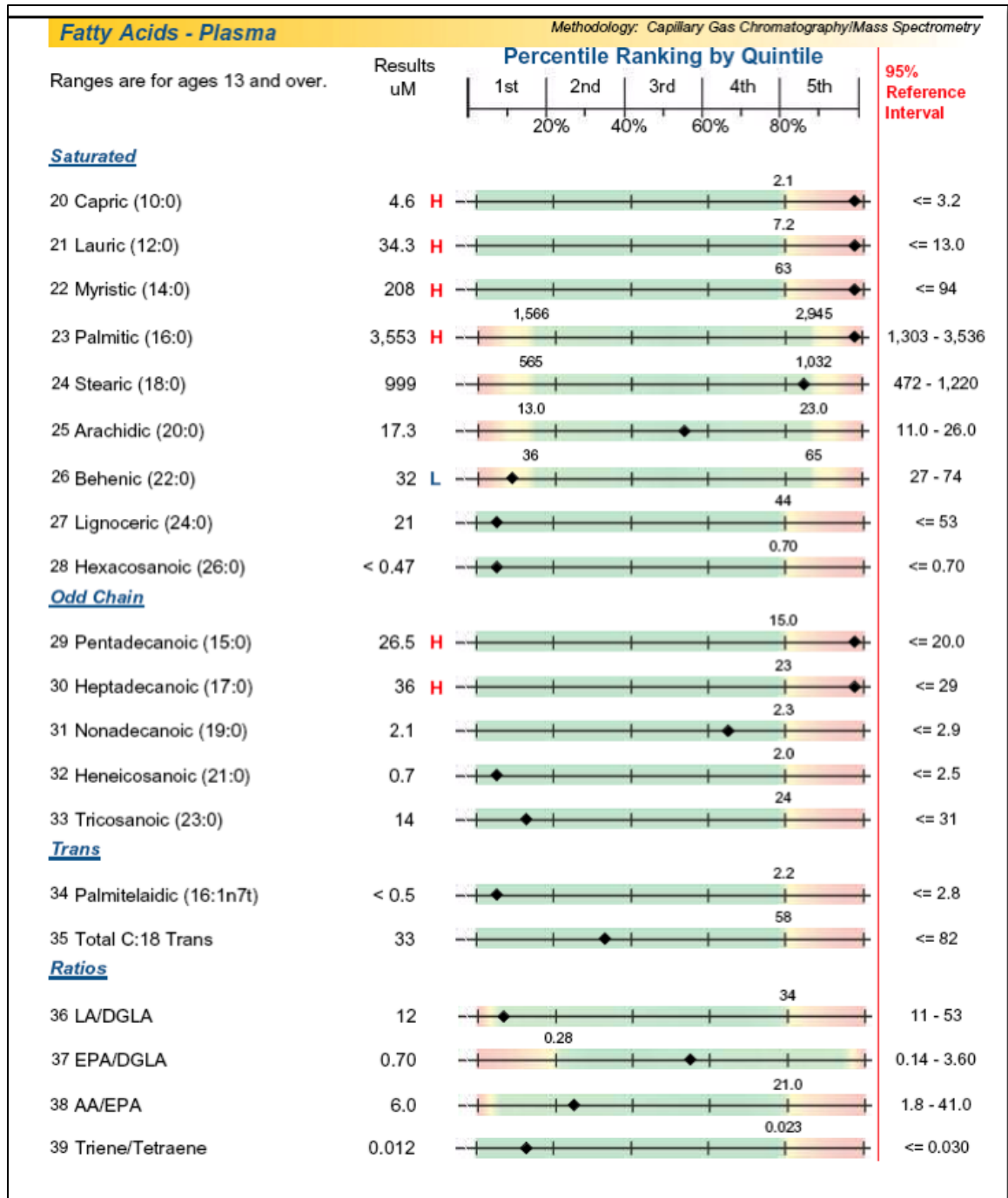
Trans



Ratios

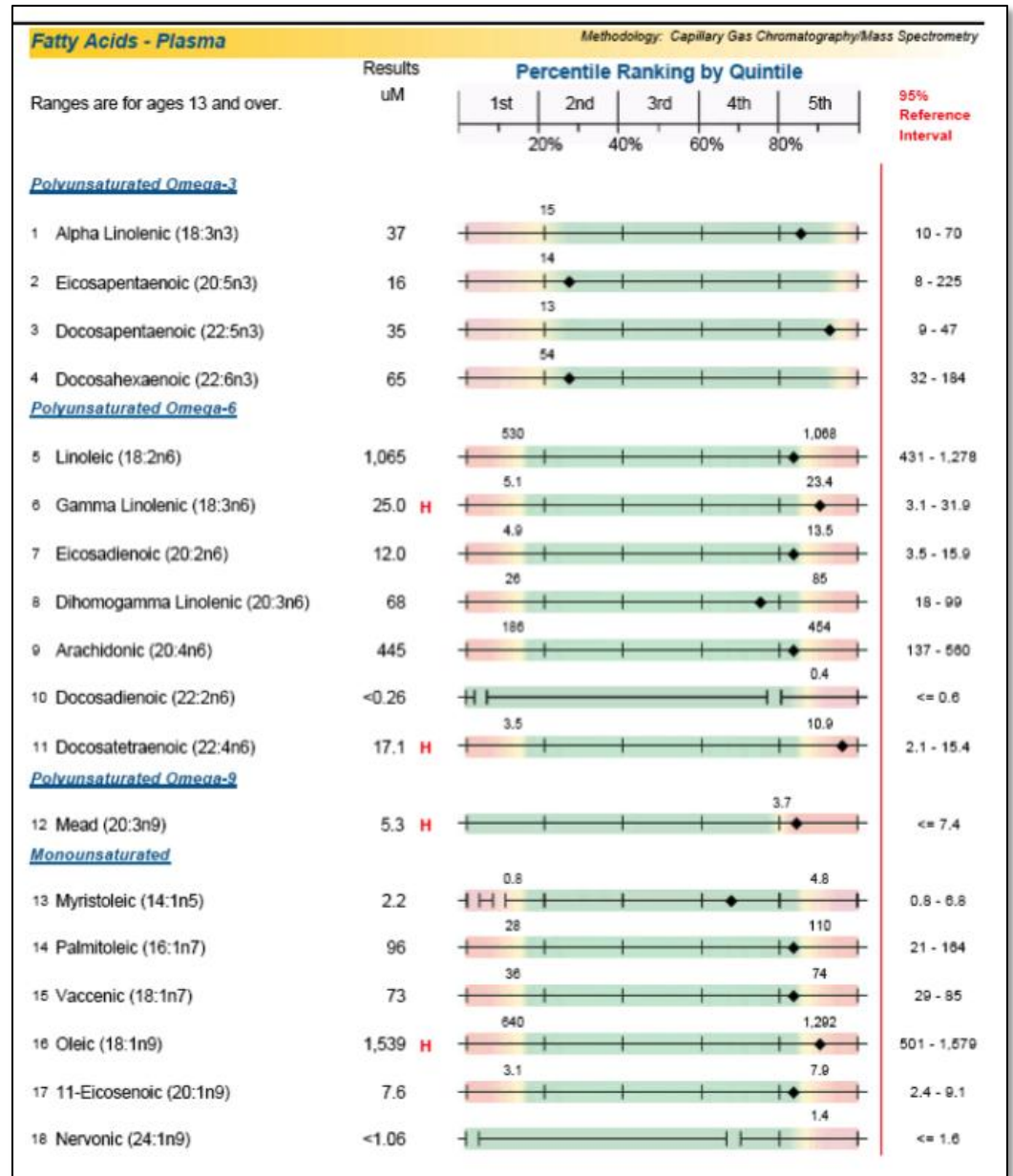


MCFA Genetic Polymorphism



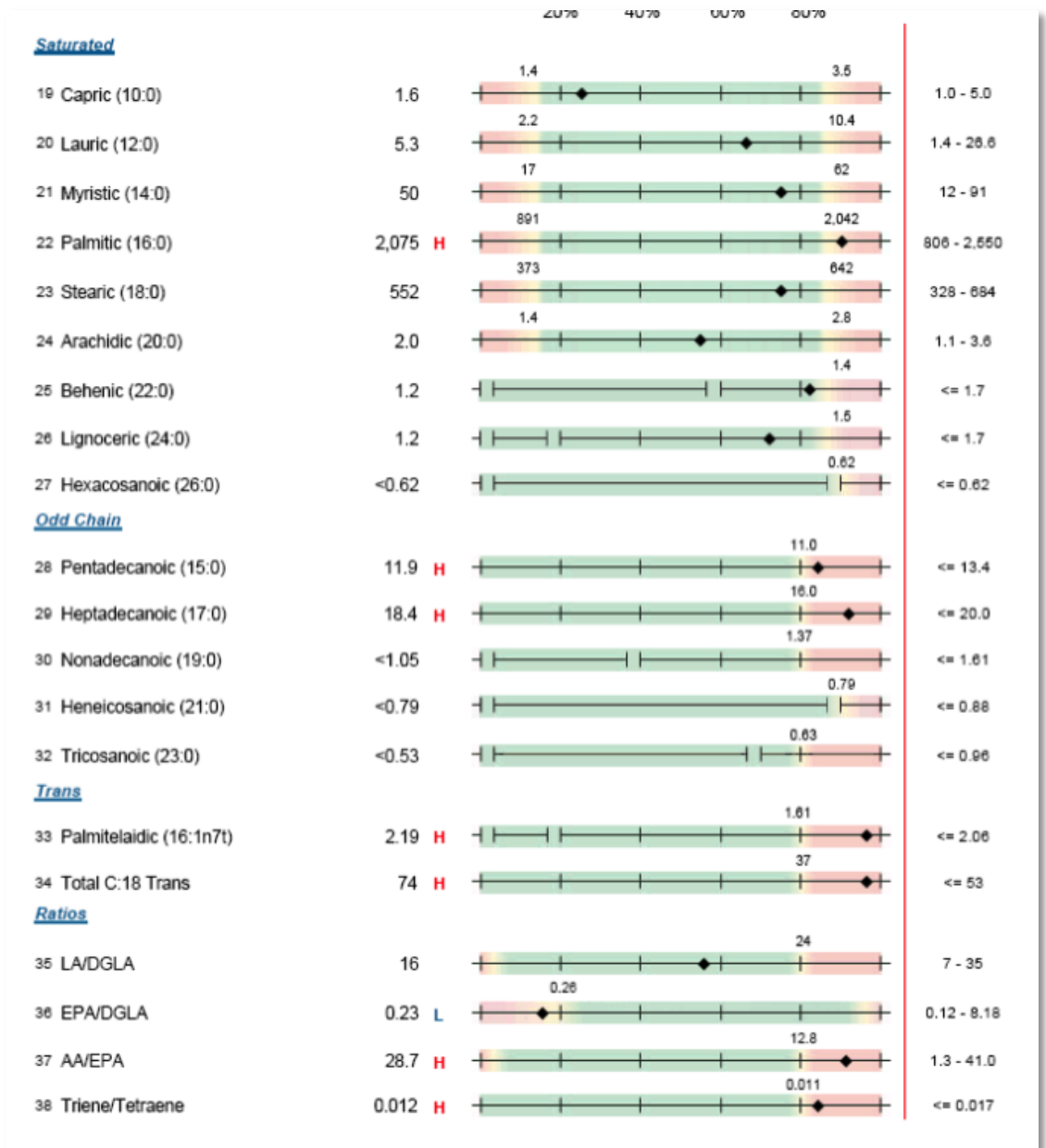
63y M – diabetic,
 hypertension,
 glaucoma,
 inflammation,
 kidney function issues
 H BUN
 H cholesterol

p. 1



63y M – diabetic,
 hypertension,
 glaucoma,
 inflammation,
 kidney function issues
 H BUN
 H cholesterol

p. 2



39y M,
High-stress
executive

p. 1



39y M, High-stress executive

p. 2

