



Report Number:
-S0074

Provider:
Sample Reports
16255 SE 130th Ave
Clackamas, OR 97230

Patient Info:
Amber Sample H

Age:56 Gender:F

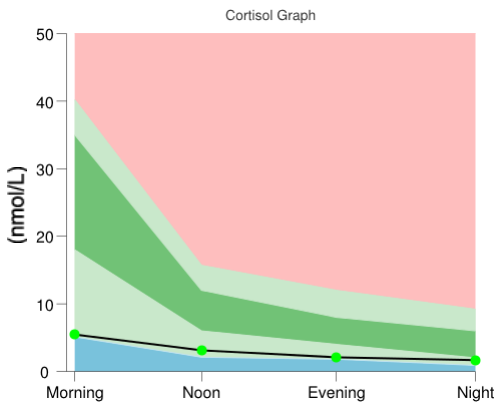
Menopausal Status:
Hysterectomy (Ovaries Not Removed)

amber.sample@sample.com
123 A St.
Suite BPortland, OR 97123

Sample Collection Date/Time
Morning 07/06/2014 0730
Noon 07/06/2014 1130
Evening 07/06/2014 1500
Night 07/06/2014 1940

Samples Arrived 07/08/2014
Results Reported 07/08/2014

	Saliva Hormone Test	Result	Units	L	WR	H	Reference Range
HORMONES	Estrone (E1)	9.34	pg/ml		◆		5.8-34.2 post menopausal
	Estradiol (E2)	1.53	pg/ml		◆		1.0-3.2 post menopausal (1.5-10.8 supplementation)
	Estriol (E3)	10.72	pg/ml		◆		<66.0 (67.0-708.0 supplementation)
	EQ (E3 / (E1 + E2))	0.99		↓			low <1.0; WR >1.0; optimal >1.5
	Progesterone (Pg)	987.38	pg/ml		◆		500-3000 supplementation
	Ratio of Pg/E2	645.35				↑	200-600 pre; post with supplementation
	Testosterone	64.39	pg/ml			↑	6.1-49.0 female (30.0-60.0 supplementation)
	DHT	27.00	pg/ml			↑	9.4-26.3 female
ADRENALS	DHEA	24.49	pg/ml	↓			106.0-300.0 female
	Cortisol Morning	5.45	nmol/L		◆		5.1-40.2; optimal range: 18-35*
	Cortisol Noon	3.12	nmol/L		◆		2.1-15.7; optimal range: 6-12*
	Cortisol Evening	2.09	nmol/L		◆		1.8-12; optimal range: 4-8*
	Cortisol Night	1.67	nmol/L		◆		0.9-9.2; optimal range: 2-6*



Hormone Interpretations:

- Estrone and estradiol are within the reference ranges, however the Estrogen Quotient (EQ) is suboptimal. Estriol is less potent than the other estrogens and when present in sufficient quantities (as indicated by an optimal EQ) it plays an antagonistic role, and may govern the proliferative effects of estrone and estradiol. Although estriol level is above the reference range (likely do to individual variance), estriol supplementation is a consideration to optimize this quotient and reduce associated risks. * References available upon request.
- Progesterone to estradiol (Pg/E2) ratio and reported symptoms are consistent with estrogen dominance. Supplementation with topical progesterone to correct this relative deficiency is a consideration.
- The high testosterone is suggestive of metabolic syndrome (insulin resistance), although exogenous exposure (not reported) cannot be excluded. Serum vitamin D, fasting glucose and insulin testing may be warranted.
- Elevated DHT is consistent with reported scalp hair loss and acne. Dampening of 5-alpha reductase activity may be a consideration.
- DHEA level is consistent with stress response or supplementation (not reported), although metabolic syndrome cannot be ruled out. Serum vitamin D, fasting glucose and insulin testing may be warranted.
- Adrenal gland function appears reasonably adequate. Query thyroid insufficiency (perhaps related to iodine deficiency).

Notes:

L=Low(below range) WR=Within Range (within range) H=High (above range)

DHEA, Testosterone, Estrone and Estriol results are for investigational use only.

*Apply only when all four cortisol are measured. Clinical interpretations may override these generalized optimal ref. ranges.

**The Pg/E2 ratio is an optimal range established based on clinical observation. Progesterone supplementation is generally required to achieve this level in men and postmenopausal women.

Adrenal Phase:



Jay H. Mead MD FASCP

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Labrix Clinical Services, Inc
Medical Director