 # 2018 08 01 111 SB

Ordering Provider:
Jane Getuwell, MD

Samples Received
08/06/2018

Report Date
08/08/2018

Samples Collected
Saliva - 08/01/18 06:30
Saliva - 08/01/18 12:00
Saliva - 08/01/18 18:00
Saliva - 08/01/18 21:45

Patient Name:
Patient Phone Number:

Gender	Height	Waist
MALE	5 ft 6 in	Unspecified
DOB	**Weight**	**BMI**
10/2/1966 (51 yrs)	151 lb	24.4

TEST NAME	RESULTS | 08/01/18	RANGE
Salivary Steroids		
Testosterone	70	44-148 pg/mL (Age Dependent)
DHEAS	2.3	2-23 ng/mL (Age Dependent)
Cortisol	12.2 H	3.7-9.5 ng/mL (morning)
Cortisol	1.4	1.2-3.0 ng/mL (noon)
Cortisol	1.0	0.6-1.9 ng/mL (evening)
Cortisol	0.7	0.4-1.0 ng/mL (night)

*__<dL__ = Less than the detectable limit of the lab. __N/A__ = Not applicable; 1 or more values used in this calculation is less than the detectable limit. __H__ = High. __L__ = Low. * For research purposes only.*

Therapies

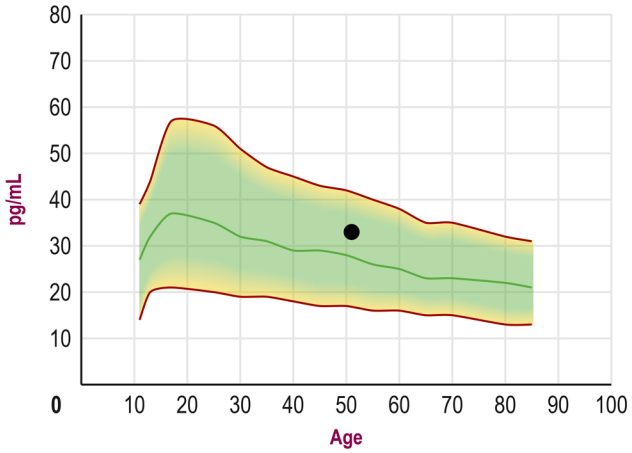
None

Graphs

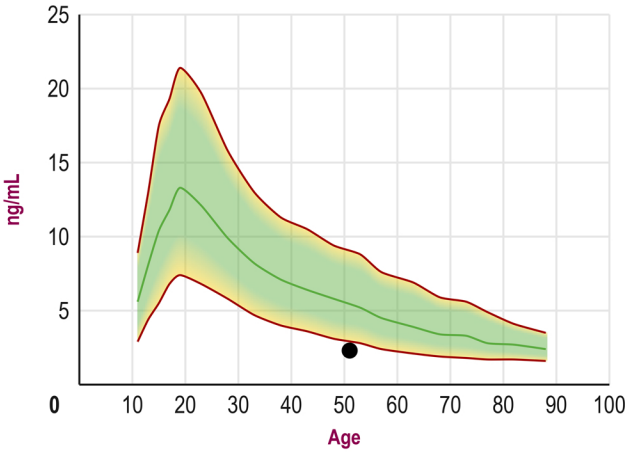
Disclaimer: Graphs below represent averages for healthy individuals not using hormones. Supplementation ranges may be higher. Please see supplementation ranges and lab comments if results are higher or lower than expected.

Average ▼▲ Off Graph

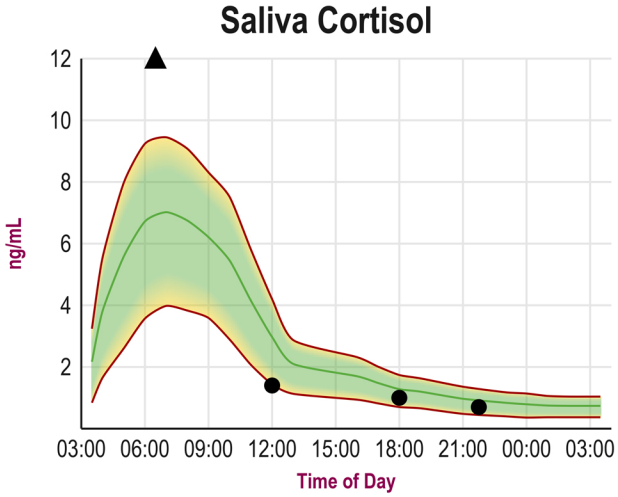
Saliva Testosterone



Saliva DHEAS



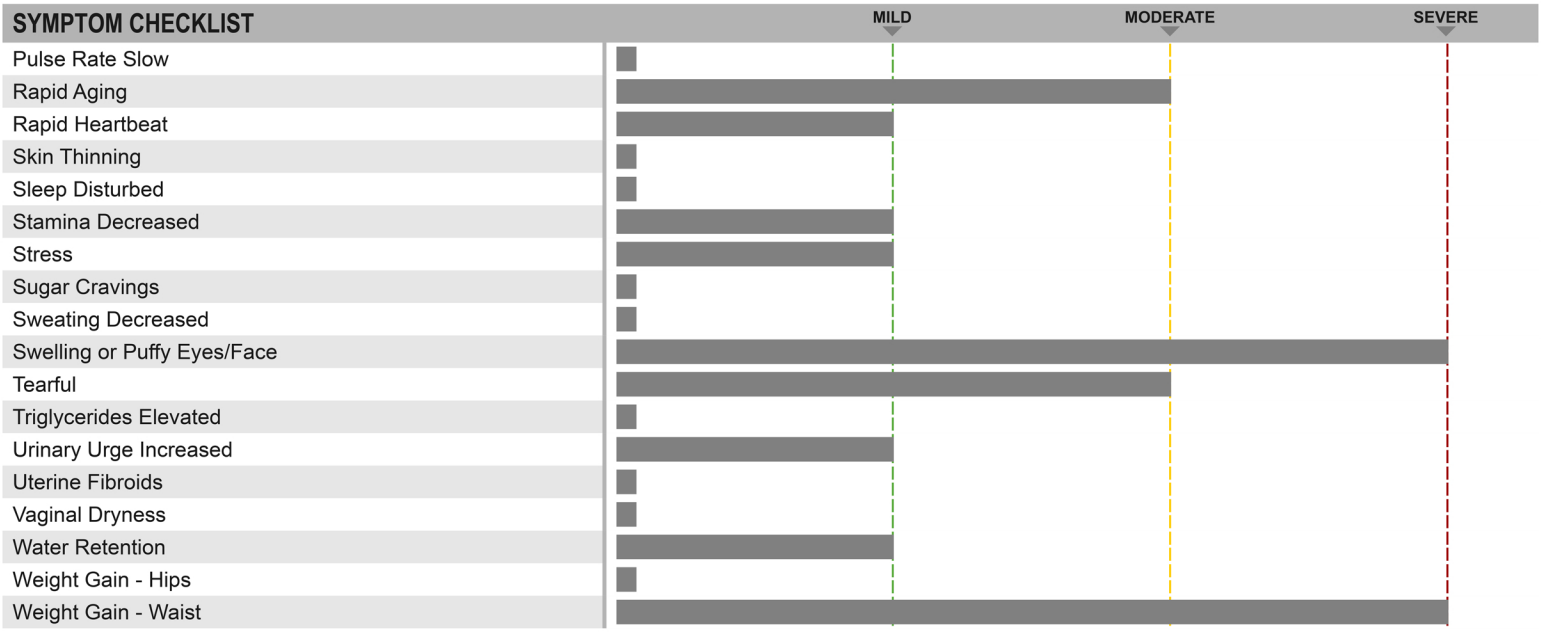
Saliva Cortisol



Disclaimer: Symptom Categories below show percent of symptoms self-reported by the patient compared to total available symptoms for each category. For detailed information on category breakdowns, go to www.zrtlab.com/patient-symptoms.

SYMPTOM CATEGORIES	RESULTS | 08/01/18
Estrogen / Progesterone Deficiency	27%
Estrogen Dominance / Progesterone Deficiency	6%
Low Androgens (DHEA/Testosterone)	22%
High Androgens (DHEA/Testosterone)	10%
Low Cortisol	8%
High Cortisol	29%
Hypometabolism	27%
Metabolic Syndrome	27%

SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Aches and Pains	■		
Acne			
Allergies			
Anxious	■		
Bleeding Changes			
Blood Pressure High			
Blood Pressure Low			
Blood Sugar Low			
Body Temperature Cold			
Bone Loss			
Breast Cancer			
Breasts - Fibrocystic			
Breasts - Tender			
Chemical Sensitivity			
Cholesterol High			
Constipation	■		
Depressed	■		
Fatigue - Evening	■		
Fatigue - Morning			
Fibromyalgia	■		
Foggy Thinking	■	■	
Goiter			
Hair - Dry or Brittle	■		
Hair - Increased Facial or Body			
Hair - Scalp Loss	■		
Headaches			
Hearing Loss	■		
Heart Palpitations	■		
Hoarseness			
Hot Flashes	■	■	
Incontinence			
Infertility			
Irritable			
Libido Decreased			
Memory Lapse	■	■	
Mood Swings			
Muscle Size Decreased	■		
Nails Breaking or Brittle	■	■	
Nervous	■		
Night Sweats			
Numbness - Feet or Hands			



Lab Comments

Testosterone is within range and symptoms of androgen imbalance are minimal.

DHEAS is lower than the expected age range. Chronic low DHEAS may suggest HPA axis dysfunction, particularly if cortisol is also low and symptoms are indicative of low adrenal function. DHEAS is highest during the late teens to early twenties (10-20 ng/ml) and drops steadily with age to the lower end of range by age 70-80 (2-9 ng/ml). Mid-life DHEAS levels in both males and females are usually in the range of 5-8 ng/ml. Low DHEAS may contribute to low androgen symptoms (decreased libido, depression, fatigue, memory lapses, and/or bone loss), since DHEAS is a testosterone precursor. In individuals with very low DHEAS (< 2 ng/ml), DHEA supplementation in the 5-25 mg dosing range usually raises DHEAS to levels seen in mid-life.

Morning cortisol is high, but levels drop to normal the remainder of the day. The high morning cortisol seen in these test results may indicate a situational stressor (emotional, physical) or low blood sugar level (hypoglycemia), which often occurs in the morning after overnight fasting. Acute situational stressors (e.g., anxiety over unresolved situations, travel, work-related problems, wedding, holiday season, etc.) can raise cortisol levels, which is a normal response to the stressor. Symptoms commonly associated with high cortisol include sugar craving, fatigue, sleep disturbances, anxiety, and depression. If cortisol remains elevated throughout the day (usually associated with a high night cortisol) and over a prolonged period of time (months/years) excessive breakdown of normal tissues (muscle wasting, thinning of skin, bone loss) and immune suppression can eventually result. For additional information about strategies for supporting adrenal health and reducing stress(ors), the following books are worth reading: "Adrenal Fatigue", by James L. Wilson, N.D., D.C., Ph.D.; "The Cortisol Connection", by Shawn Talbott, Ph.D.; "The End of Stress As We Know It" by Bruce McEwen; "Awakening Athena" by Kenna Stephenson, MD.