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# 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:

<b>Gender</b> Female	<b>Last Menses</b> 04/01/2017	<b>Height</b> 5 ft 6 in	Waist Unspecified
<b>DOB</b> 10/2/1966 (51 yrs)	<b>Menses Status</b> Postmenopausal	<b>Weight</b> 151 lb	<b>BMI</b> 24.4
TEST NAME	RESULTS   08/01/	18 RA	NGE
Salivary Steroids			
Estradiol	0.8	0.5	-1.7 pg/mL Postmenopausal (optimal 1.3-1.7)
Progesterone	37	12-	100 pg/mL Postmenopausal
Cortisol	12	2.2 H 3.7-	-9.5 ng/mL (morning)
Cortisol	1.2-3.0 t		-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.</p>

### **Therapies**

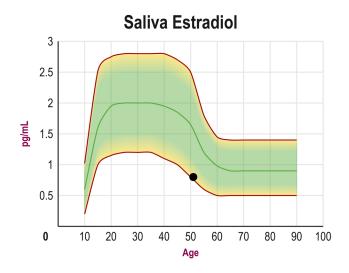
None

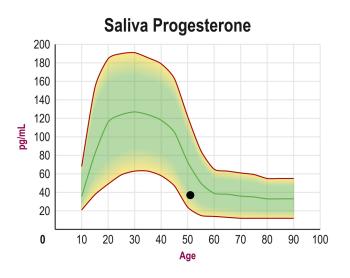
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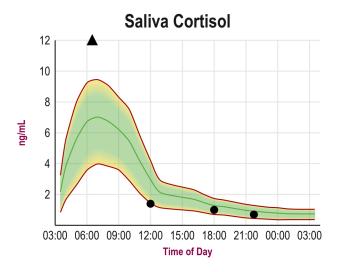
#### **Graphs**

**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

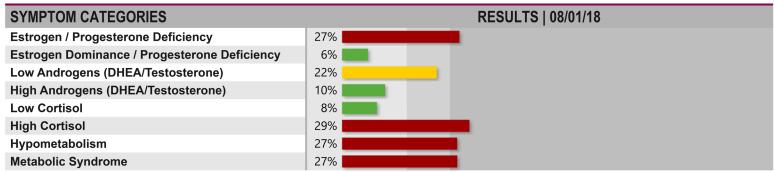


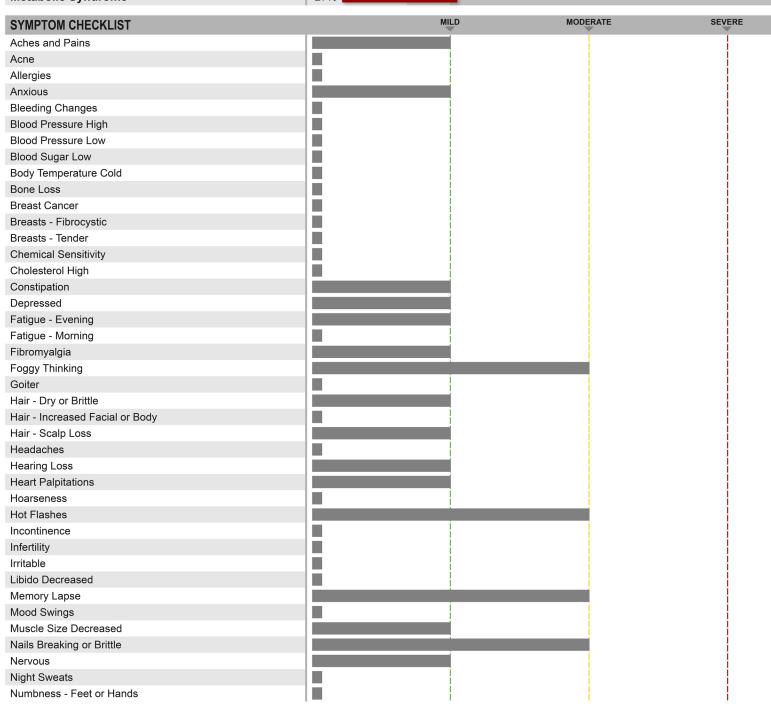




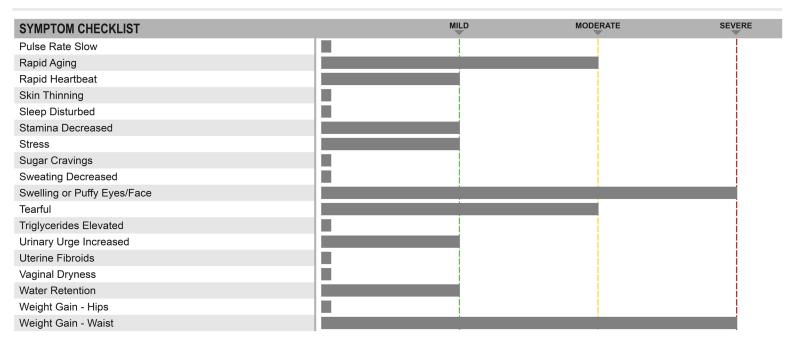
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**Disclaimer:** Symptom Categories below show percent of symptoms self-reported by the patient compared to total available symptoms for each category. For detailed information on category breakdowns, go to www.zrtlab.com/patient-symptoms.





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### Lab Comments

Estradiol is low-normal for a postmenopausal woman. Low-normal estradiol is consistent with symptoms of estrogen deficiency (e.g. hot flashes, night sweats, vaginal dryness, memory lapses, sleep disturbances). Consider low dose bioidentical estrogen replacement therapy (assuming no history of/risk for estrogen-sensitive cancers such as the breast or uterus) in combination with natural progesterone.

Progesterone is within range. Reported symptoms suggest estrogen deficiency (i.e. hot flashes, night sweats). It would be worthwhile to consider progesterone supplementation, as it often helps balance symptoms of both estrogen dominance and estrogen deficiency.

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.