

TEST REPORT

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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
Blood Spot - 08/01/18 18:30

Patient Name: Comprehensive Female Profile I
Patient Phone Number: 555 555 5555

Gender Female	Last Menses 04/01/2017	Height 5 ft 6 in	Waist Unspecified
DOB 10/2/1966 (51 yrs)	Menses Status Postmenopausal	Weight 151 lb	BMI 24.4

TEST NAME	RESULTS 08/01/18	RANGE
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Salivary Steroids

Estradiol	0.8	0.5-1.7 pg/mL Postmenopausal (optimal 1.3-1.7)
Progesterone	37	12-100 pg/mL Postmenopausal
Ratio: Pg/E2	46 L	Optimal: 100-500 when E2 1.3-3.3 pg/mL
Testosterone	33	16-55 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)

Blood Spot Thyroids

Free T4*	1.5	0.7-2.5 ng/dL
Free T3	3.3	2.4-4.2 pg/mL
TSH	3.4 H	0.5-3.0 µU/mL
TPOab*	9	0-150 IU/mL (70-150 borderline)

<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.

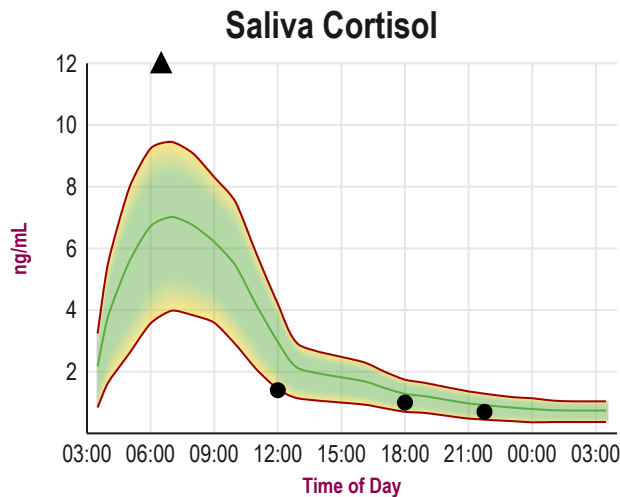
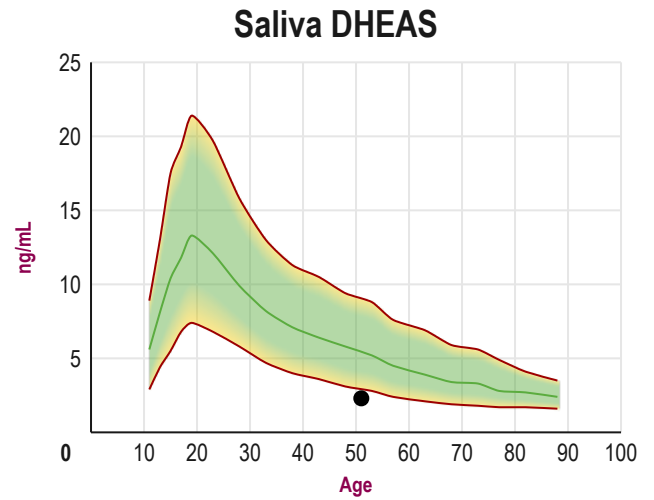
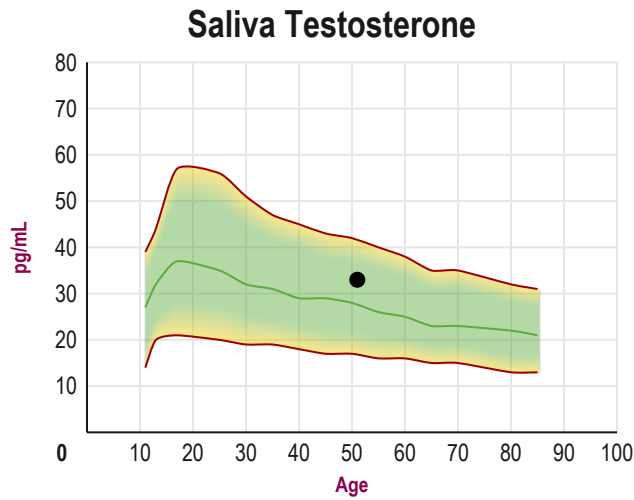
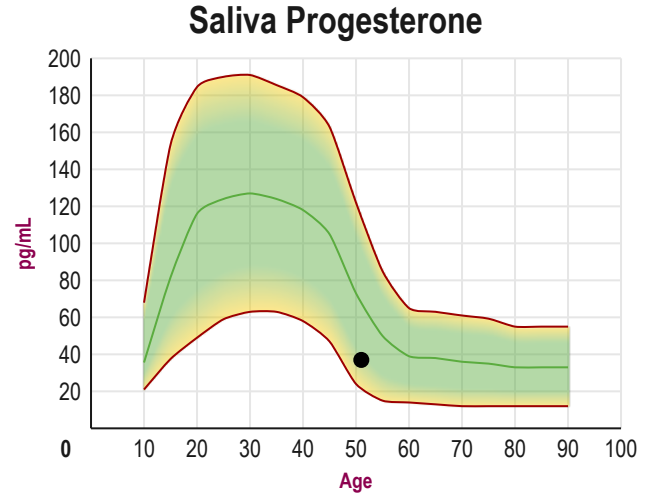
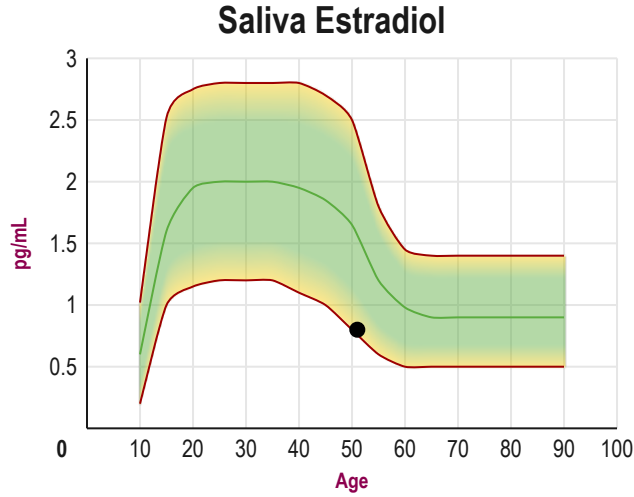
Therapies

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



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			

SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Pulse Rate Slow	█		
Rapid Aging	████████████████████		
Rapid Heartbeat	████████████████████		
Skin Thinning	█		
Sleep Disturbed	█		
Stamina Decreased	████████████████████		
Stress	████████████████████		
Sugar Cravings	█		
Sweating Decreased	█		
Swelling or Puffy Eyes/Face	████████████████████		
Tearful	████████████████████		
Triglycerides Elevated	█		
Urinary Urge Increased	████████████████████		
Uterine Fibroids	█		
Vaginal Dryness	█		
Water Retention	████████████████████		
Weight Gain - Hips	█		
Weight Gain - Waist	████████████████████		

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.

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.

Free T4 and free T3 are within normal ranges.

TSH is high. Although most laboratories have a TSH range of 0.35-5.50, new studies are finding that the mean and median values are 1.0-1.5mU/l. TSH levels >3.0 are now considered abnormal due to changes by the endocrinology association - see www.aace.com for more information. Some experts believe that TSH should be kept below 2.0 for optimal health. Elevated TSH is often associated with symptoms of hypothyroidism, which include fatigue, decreased stamina, depression, rheumatic pain, sleep disturbances, cold extremities or feeling cold, reduced body temperature, brittle nails, dry coarse hair, hair loss, infertility, low libido, puffy eyes and face, decreased sweating, menorrhagia, and/or constipation. Periodic TSH monitoring is recommended if clinical symptoms of thyroid deficiency persist. T3 results may help guide treatment decisions. Thyroid therapy may be worthwhile considering if T4 and/or T3 are low and symptoms of thyroid deficiency are problematic.

Thyroid peroxidase (TPO) antibodies are low indicating that Hashimoto's autoimmune thyroiditis is unlikely.