

TEST NAME	RESULTS 09/09/18	RANGE
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<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.

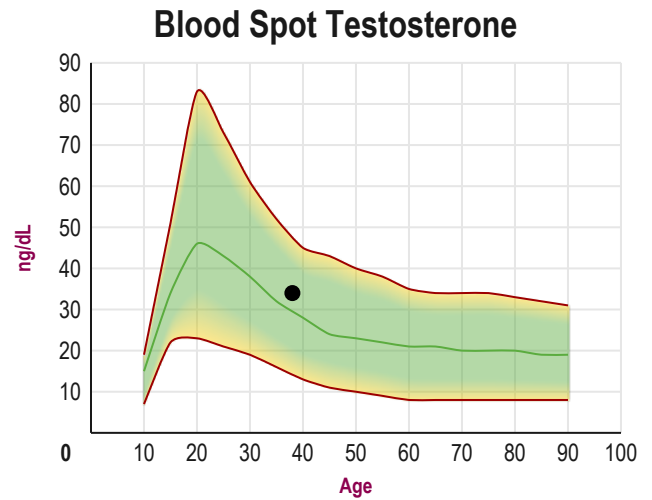
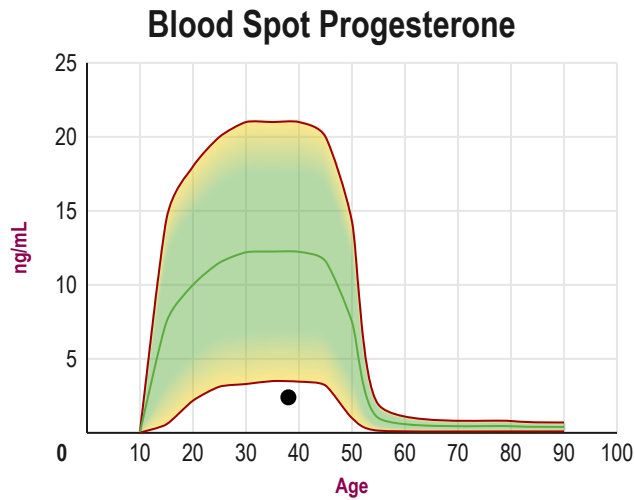
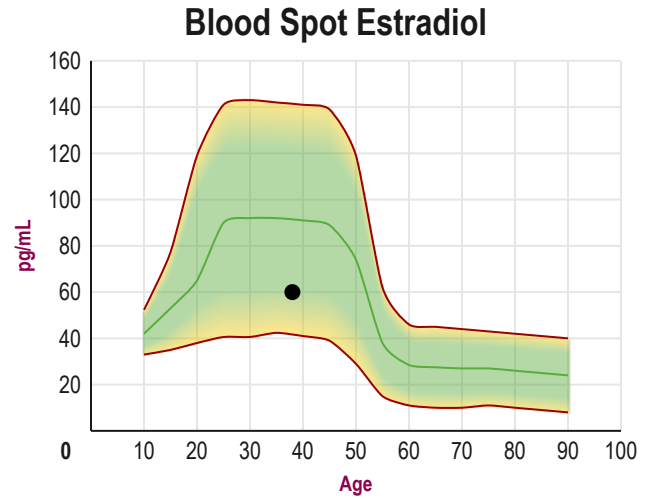
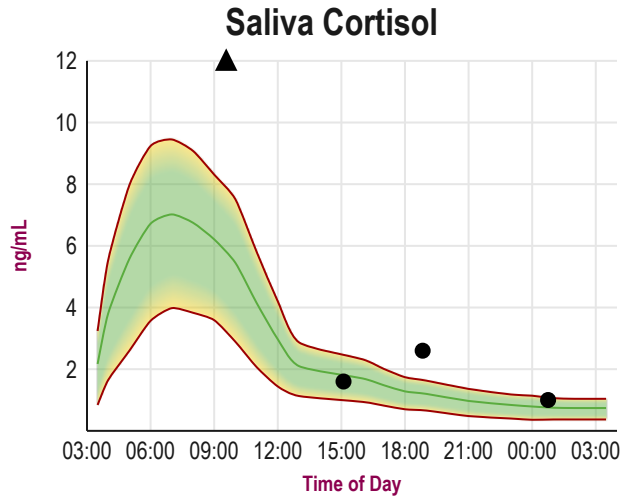
Therapies

Desvenlafaxine Prozac Ziprasidone Lamotragine (Lamictal)

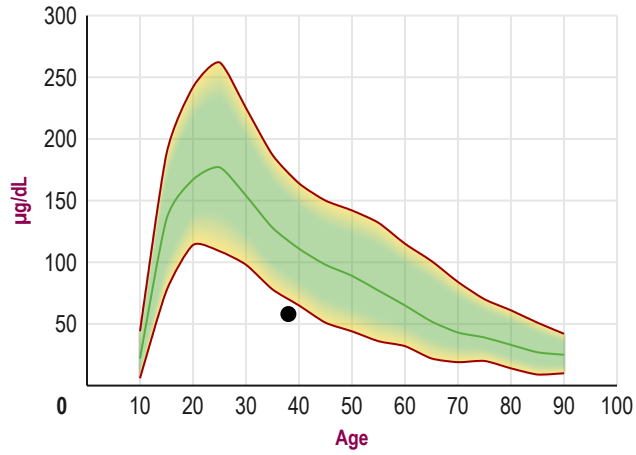
Graphs

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



Blood Spot DHEAS



symptoms. In the circulation, SHBG binds about 37 percent of estradiol, while the remainder binds to albumin; less estrone (16%) and very little estriol (1%) bind to SHBG. Many of the synthetic estrogens, such as ethinyl-estradiol used in oral contraceptives show little binding affinity for SHBG, rendering them more bioavailable and potent than estradiol.

DHEAS (blood spot) is low-normal range, suggesting low adrenal reserves. Low DHEAS is often associated with low testosterone (DHEA is a testosterone precursor) and symptoms of androgen deficiency (fatigue, depression, vaginal dryness, low libido, loss of muscle mass, bone loss, memory lapses). Self-reported symptoms indicate androgen deficiency, consistent with low DHEAS. Consider DHEA therapy if cortisol is within normal range. DHEA therapy can cause a transient suppression of cortisol and exacerbate symptoms of cortisol deficiency if cortisol is low.

LH is higher than expected range for a premenopausal woman. High LH could indicate cystic ovaries (usually associated with high testosterone and symptoms of androgen excess-loss of scalp hair, facial/body hair, acne) or premature ovarian failure.

FSH was collected on day 4 and FSH level is greater than 12. The day 4 FSH represents the ovarian reserve, or, the number of eggs (quantity) available for fertilization. Ideal FSH level are optimal if less than 9, but are considered satisfactory if less than 12. FSH does not reflect egg quality or the health of those eggs. Thus, it's possible to have low quantity, but high quality. Because of this, a high FSH does not say that pregnancy is impossible, but it does suggest that it may be less likely. Because FSH fluctuates from cycle to cycle, two tests should be done on two different cycles. The highest, or worse value, is considered the most accurate at determining egg quantity (i.e. number). A day 3 FSH level greater than 30 represents a postmenopausal level and generally suggests that pregnancy is unlikely to happen without medical assistance. A day 3 FSH in combination with the age of the woman is valuable for making decisions regarding fertility options. IVF or egg donor IVF may be suggested for women with consistently high FSH values. For more information, see For more information about fertility see www.resolve.org and http://familybuilding.resolve.org/site/DocServer/If_You_Have_A_Day_3_Elevated_FSH_Level.pdf?docID=454

Thyroid hormones (free T4, free T3, and TSH) and thyroid peroxidase antibodies (TPO) are within normal ranges; however, symptoms of thyroid deficiency persist. This suggests that T3 is not functioning normally at the tissue level (i.e., functional thyroid deficiency). Stress is listed as moderate/severe on the requisition form. This often is associated with high cortisol or catecholamines (norepinephrine), which can desensitize target tissues to the actions of T3. Poor response of target tissues to normal circulating levels of T3 may also be caused by heavy metals (particularly mercury), and/or other steroid hormone imbalances (high estradiol, low progesterone, low testosterone). If steroid imbalances are detected by saliva or blood testing, they should be corrected before attempting thyroid therapy. Full evaluation of adrenal cortisol production throughout the day should be performed before attempting thyroid therapy since normal cortisol levels are required for normal thyroid function. Thyroid therapy in individuals with low cortisol levels could result in exacerbation of thyroid deficiency symptoms.