LABRIX

Sample Test Results

Report Number:
09-999

Provider:
Center for Acme Health
76453 SW Hormone Ave
Overland Park, KS 66212

Patient Info:
Amber Sample
Age: 56 **Gender:** F
Menopausal Status:
Hysterectomy (ovaries not removed)

654321 SW Balanced ST
KANSAS CITY, MO 64515
Phone: Not available

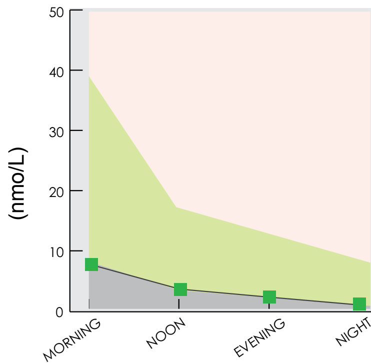
Samples	Date/Time
Morning	02/25/2011 0730
Noon	02/25/2011 1130
Evening	02/25/2011 1500
Night	02/25/2011 1940
Samples Arrived	02/25/2011
Results Reported	02/28/2011

Saliva Hormone Test	Result	Units	L	WR	H	Reference Ranges
Estrone [E1]	**9.3**	pg/ml		X		**(1) 7.2-40.6 pre; (2) 5.8-34.2 post**
Estradiol [E2]	**4.5**	pg/ml			X	**(1) 1.0-3.2 post-menopausal; (2) 1.0-10.8 pre-menopausal; (3) 1.5-10.0 replacement therapy; (4) <2.5 males**
Estriol [E3]	**5.6**	pg/ml		X		**(1) <30.0 females non-pregnant**
EQ (E3/(E1 + E2))	**.41**					**(1) low: <1.0; WR: >1.0; optimal: >1.5**
Progesterone	**2182.3**	pg/ml		X		**(1) 18-51 post-menopausal; (2) 127-446 pre-menopausal-luteal; (3) 500-3000 supplementation; (4) <94 males**
Ratio of Pg/E2	**124.7**		X			**(1) 200-600 females; (2) 200-300 males;**
Testosterone	**65**	pg/ml			X	**(1) 30.1-142.5 males; (2) 4.5-49 females; (3) 30-60 therapy females; (4) 250-350 therapy males;**
DHEA	**23.3**	pg/ml	X			**(1) 137-336 males; (2) 106-300 females;**
Cortisol Morning	**5.4**			X		**(1) 5.1-40.2; Optimal Range: 18-35***
Cortisol Noon	**3.1**			X		**(1) 2.1-15.7; Optimal Range: 6-12***
Cortisol Evening	**2.0**			X		**(1) 1.8-12.; Optimal Range: 4-8***
Cortisol Night	1.6			X		**(1) 0.9-9.2; Optimal Range: 2-6***

** DHEA, Testosterone and Estriol results are for investigational use only* *L=Low (below reference range)* *WR=Within Range (within reference range)* *H= High (above reference range)*

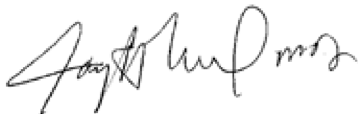
* Apply only when all four cortisols are measured. Clinical interpretations may override these generalized optimal reference ranges.

Cortisol Graph



Interpretations:

- Estrone, estradiol and estriol are within the reference ranges, however the Estrogen Quotient (EQ) is low which is associated with an increased risk of estrogen related cancers including breast, endometrial and ovarian. Estriol supplementation is a consideration to balance this quotient and reduce associated risks.
- Progesterone to estradiol (Pg/E2) ratio and reported symptoms are consistent with residual estrogen dominance. Dosage adjustments may be warranted to correct this ratio.
- The high testosterone is consistent with reported facial and body hair, and 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.
- While DHEA levels are expected to decline with age (adrenopause), the DHEA level measured here is below the normal age related DHEA decline one would expect. Note: Supplementation with DHEA may increase testosterone and/or estradiol levels.
- Diurnal cortisol pattern and reported symptoms are consistent with established (Phase 3) adrenal gland fatigue (hypoadrenia), although concomitant thyroid and/or iodine insufficiency cannot be ruled out.



Jay H. Mead MD FASCP
Labrix Clinical Services, Inc.
Medical Director