



Report Number:
-S0084

Provider:
Sample Reports
16255 SE 130th Ave
Clackamas, OR 97230

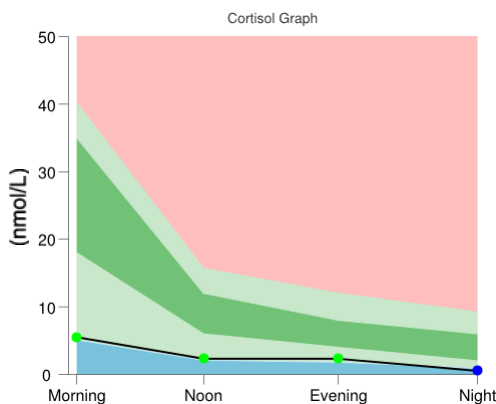
Patient Info:
PB Sample

Age:56 Gender:F

Menopausal Status:
Post-Menopause

Sample Collection	Date/Time
Morning	03/06/2015 0600
Noon	03/06/2015 1243
Evening	03/06/2015 1843
Night	03/06/2015 2043
Samples Arrived	03/13/2015
Results Reported	03/16/2015

	Saliva Hormone Test	Result	Units	L	WR	H	Reference Range
HORMONES	Estrone (E1)	14.79	pg/ml		◆		<47.0 post menopausal
	Estradiol (E2)	3.12	pg/ml		◆		1.0-3.2 post menopausal (1.5-10.8 supplementation)
	Estriol (E3)	202.81	pg/ml			▲	<66.0 (67.0-708.0 supplementation)
	EQ (E3 / (E1 + E2))	11.32			◆		low <1.0; WR >=1.0; optimal >1.5
	Progesterone (Pg)	547.77	pg/ml		◆		500-3000 supplementation
	Ratio of Pg/E2	175.29			▼		200-600 pre; post with supplementation
	Testosterone	53.99	pg/ml			▲	6.1-49.0 female (30.0-60.0 supplementation)
	DHT		pg/ml				
ADRENALS	DHEA	59.33	pg/ml	▼			106.0-300.0 female
	Cortisol Morning	5.50	nmol/L		◆		5.1-40.2; optimal range: 18-35*
	Cortisol Noon	2.32	nmol/L		◆		2.1-15.7; optimal range: 6-12*
	Cortisol Evening	2.31	nmol/L		◆		1.8-12; optimal range: 4-8*
	Cortisol Night	0.52	nmol/L	▼			0.9-9.2; optimal range: 2-6*



Hormone Interpretations:

- The EQ is optimal. Estriol is less potent than the other estrogens and when present in sufficient quantities (as indicated by an optimal EQ) it plays an antagonistic role, and may govern the proliferative effects of estrone and estradiol.
- Progesterone to estradiol (Pg/E2) ratio and reported symptoms are consistent with estrogen dominance. Supplementation with topical progesterone to correct this relative deficiency is a consideration.
- Suboptimal testosterone may relate to increased risk of osteoporosis, low libido, vaginal dryness and heart disease.
- DHEA level is consistent with the expected decline with age (adrenopause). The low DHEA level may warrant supplementation for optimal well-being. Note: Supplementation with DHEA may increase testosterone and/or estradiol levels.
- Diurnal cortisol pattern and reported symptoms are consistent with evolving (Phase 2) adrenal gland dysfunction (hypoadrenia), although concomitant thyroid and/or iodine insufficiency cannot be ruled out.

Notes:

L=Low(below range) WR=Within Range (within range) H=High (above range)

DHEA, Testosterone, Estrone and Estriol results are for investigational use only.

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

**The Pg/E2 ratio is an optimal range established based on clinical observation. Progesterone supplementation is generally required to achieve this level in men and postmenopausal women.

Adrenal Phase: 2



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