



Report Number:
09-999

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

Patient Info:
Amber Sample

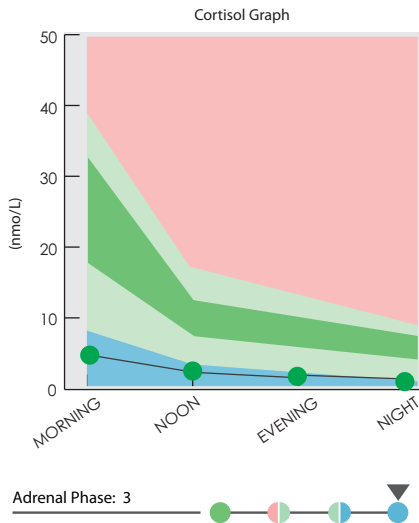
Age: 56 **Gender:** F

Menopausal Status:
Hysterectomy (ovaries not removed)

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

Sample Collection	Date/Time
Morning	02/25/2012 0730
Noon	02/25/2012 1130
Evening	02/25/2012 1500
Night	02/25/2012 1940
Samples Arrived	02/25/2012
Results Reported	02/28/2012

Test	Result	Units	L	WR	H	Reference Ranges
Estrone [E1]	9.34	pg/ml		◆		5.8-34.2 post menopausal
Estradiol [E2]	1.53	pg/ml		◆		1.0-3. 2 post menopausal
Estriol [E3]	10.72	pg/ml		◆		<30.0 female, non-pregnant
EQ (E3/(E1 + E2))	0.99		↓			>1.0; optimal: >1.5
Progesterone	987.38	pg/ml		◆		500-3000 supplementation
Ratio of Pg/E2	645.39				↑	200-600
Testosterone	64.39	pg/ml			↑	4.5-49
HORMONES						
DHEA	24.49	pg/ml	↓			106-300
Cortisol Morning	5.45	pg/ml		◆		5.1-40.2; Optimal Range: 18-35*
Cortisol Noon	3.12	pg/ml		◆		2.1-15.7; Optimal Range: 6-12*
Cortisol Evening	2.09	pg/ml		◆		1.8-12.; Optimal Range: 4-8*
Cortisol Night	1.67	pg/ml		◆		0.9-9.2; Optimal Range: 2-6*
ADRENALS						



Hormone Interpretations:

- Estrone, estradiol and estriol are within the reference ranges, however the Estrogen Quotient (EQ) is low. 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. Estriol supplementation is a consideration to balance this quotient and reduce associated risks.
- Progesterone and estradiol appear well balanced with current supplementation regimen. The high testosterone 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.
- The suboptimal 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.

Notes:

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

* DHEA, Testosterone and Estriol results are for investigational use only

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

Jay H. Mead MD FASCP
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Medical Director