



Order: Sample Report HOR02

Client #: 38596

Sample Report HOR02 Age: 62 DOB: 07/08/1957

Sex: Male

Body Mass Index (BMI): 27.6

 Sample Collection
 Date/Time

 Date Collected
 07/10/2019

 AM30
 07/10/2019 05:30

 Noon
 07/10/2019 13:45

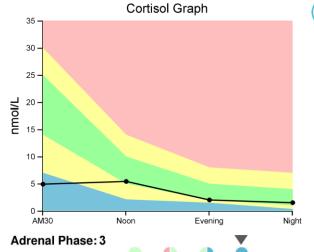
 Evening
 07/10/2019 18:00

 Night
 07/10/2019 22:30

 Date Received
 07/16/2019

 Date Reported
 07/19/2019

Analyte	Result	Unit	L	WRI	H Optimal Range	Reference Interval
Cortisol AM30	4.9	nmol/L	+		14.0 – 25.0	7.0 – 30.0
Cortisol Noon	5.4	nmol/L			5.0 – 10.0	2.1 – 14.0
Cortisol Evening	2.0	nmol/L		<b>\rightarrow</b>	2.0-5.0	1.5 – 8.0
<b>Cortisol Night</b>	1.5	nmol/L			1.0-4.0	0.33-7.0
DHEA*	199	pg/mL		<b>\rightarrow</b>		137 – 336



# **Hormone Comments:**

• The diurnal cortisol pattern is consistent with established (Phase 3)HPA axis (adrenal gland) dysfunction.

## Notes:

RI= Reference Interval, L (blue)= Low (below RI), WRI (green)= Within RI (optimal), WRI (yellow)= Within RI (not optimal), H (red)= High (above RI) The current samples are routinely held three weeks from receipt for additional testing.

\*This test was developed and its performance characteristics determined by Doctor's Data, Inc. The FDA has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.

Methodology: Enzyme Immunoassay

Analyzed by DOCTOR'S DATA, INC. • 3755 Illinois Avenue, St. Charles, IL 60174-2420 USA • LAB DIR: Erlo Roth, MD • CLIA ID: 14D0646470





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Analyte	Result	Unit	L	WRI	н	Reference Interval	Supplementation Range**
Estradiol (E2)	1.8	pg/mL		<b>\rightarrow</b>		< 2.5	
Progesterone (Pg)	45	pg/mL				< 94	500 – 3000
Pg/E2 Ratio	25.0		1			200-300	
Testosterone	62	pg/mL		<b>\rightarrow</b>		30 – 143	110 – 500
DHEA*	199	pg/mL				137 – 336	



## **Hormone Comments:**

- The low Pg/E2 ratio is consistent with progesterone insufficiency (estrogen dominance), which may increase the risk of prostate gland enlargement and cancer. Supplementation with topical progesterone to correct this relative deficiency is a consideration.
- Testosterone level may be adequate depending upon clinical presentation.

### Notes:

RI= Reference Interval, L (blue)= Low (below RI), WRI (green)= Within RI (optimal), WRI (yellow)= Within RI (not optimal), H (red)= High (above RI) The current samples are routinely held three weeks from receipt for additional testing.

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.

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\*\*If supplementation is reported then the supplementation ranges will be graphed. The supplementation ranges depicted are for informational purposes only and were derived from a cohort of adult men and women utilizing physiologic transdermal bioidentical hormone therapy.

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