



# Adrenal Hormone Report; saliva



Order: SAMPLE REPORT



Client #: 12345

Doctor: John Smith, MD

Doctors Data Inc

3755 Illinois Ave

St. Charles, 60175 IL

Patient: Sample Patient

Age: 50 DOB: 01/01/1967

Sex: Female

Menopausal Status: Post-Menopausal

Sample Collection Date/Time

Date Collected 01/01/2017

Morning 01/01/2017 0800

Noon 01/01/2017 1200

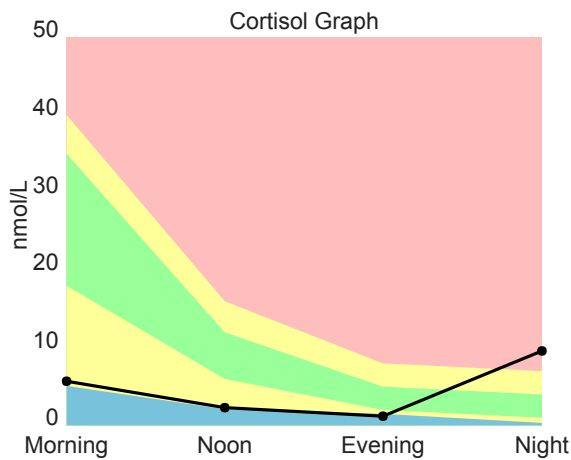
Evening 01/01/2017 1700

Night 01/01/2017 2100

Date Received 01/04/2017

Date Reported 01/06/2017

| Analyte          | Result | Unit   | L | WR | H | Optimal Range | Reference Interval |
|------------------|--------|--------|---|----|---|---------------|--------------------|
| Cortisol AM30    | 5.7    | nmol/L |   | ◆  |   | 14.0 - 25.0   | 5.1 - 30.0         |
| Cortisol Noon    | 2.3    | nmol/L |   | ◆  |   | 5.0 - 10.0    | 2.1 - 14.0         |
| Cortisol Evening | 1.2    | nmol/L | ↓ |    |   | 2.0 - 5.0     | 1.5 - 8.0          |
| Cortisol Night   | 9.6    | nmol/L |   |    | ↑ | 1.0 - 4.0     | 0.33 - 7.0         |
| DHEA*            | 326    | pg/mL  |   |    | ↑ |               | 106 - 300          |



## Hormone Comments:

- The elevated night cortisol level and diurnal pattern are consistent with hypothalamic pituitary axis (HPA) dysregulation (Phase 1), although cortisol or glucocorticoid derivative supplementation cannot be excluded. Query use of steroidal inhalers or topical creams. Note: Elevated cortisol levels may indirectly contribute to breast neoplasia. In addition, high night cortisol levels are associated with low melatonin levels, which may contribute to increased breast cancer risk.
- The elevated DHEA and testosterone are suggestive of metabolic syndrome (insulin resistance), although exogenous exposure cannot be excluded. Serum vitamin D, hemoglobin A1c and insulin testing may be warranted.

Adrenal Phase: 1



### Notes:

L (blue)= Low (below range), WR (green)= Within Range (optimal), WR (yellow)= Within Range (not optimal) H (red)= High (above range)

\*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



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| Analyte                   | Result | Unit  | L | WR | H | Reference Interval | Supplementation Range** |
|---------------------------|--------|-------|---|----|---|--------------------|-------------------------|
| Estrone (E1)*             | 5.9    | pg/mL |   | ◆  |   | < 47               |                         |
| Estradiol (E2)            | 2.1    | pg/mL |   | ◆  |   | 0.5 - 3.2          | 1.5 - 7.2               |
| Estriol (E3)*             | <5.0   | pg/mL |   | ◆  |   | < 66               | 67 - 708                |
| EQ (E3 / (E1 + E2)) Ratio | 0.63   |       | ↓ |    |   | > 1.0              |                         |
| Progesterone (Pg)         | 24     | pg/mL |   | ◆  |   | 18 - 126           | 500 - 3000              |
| Pg/E2 Ratio               | 11.7   |       | ↓ |    |   | 200 - 600          |                         |
| Testosterone              | 73     | pg/mL |   |    | ↑ | 6.0 - 49           | 30 - 60                 |
| DHEA*                     | 326    | pg/mL |   |    | ↑ | 106 - 300          |                         |



Hormone Comments:

- 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 to estradiol (Pg/E2) ratio and reported symptoms, including breast tenderness and fibrocystic changes, are consistent with progesterone insufficiency (estrogen dominance). Supplementation with topical progesterone to correct this relative deficiency and oppose the proliferative effects of estradiol is a consideration.
- The elevated DHEA and testosterone are suggestive of metabolic syndrome (insulin resistance), although exogenous exposure cannot be excluded. Serum vitamin D, hemoglobin A1c and insulin testing may be warranted.

Notes:

L (blue)= Low (below range), WR (green)= Within Range (optimal), WR (yellow)= Within Range (not optimal) H (red)= High (above range)

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.

Methodology: Enzyme Immunoassay