

TEST REPORT

Jane Getuwell, MD

2018 10 11 333 S

Ordering Provider:
Jane Getuwell, MD

Samples Received
10/11/2018

Report Date
10/13/2018

Samples Collected
Saliva - 10/08/18 06:40
Saliva - 10/08/18 12:20
Saliva - 10/08/18 17:40
Saliva - 10/08/18 22:10

Patient Name: Adrenal Stress
Patient Phone Number: 555 555 5555

Gender Female	Last Menses 08/23/2018	Height 5 ft 7 in	Waist 38 in
DOB 4/3/1971 (47 yrs)	Menses Status Pre-Menopausal - Irregular	Weight 178 lb	BMI 27.9

TEST NAME	RESULTS 10/08/18	RANGE
Salivary Steroids		
DHEAS	3.5	2-23 ng/mL (Age Dependent)
Cortisol	2.4 L	3.7-9.5 ng/mL (morning)
Cortisol	1 L	1.2-3.0 ng/mL (noon)
Cortisol	0.5 L	0.6-1.9 ng/mL (evening)
Cortisol	0.5	0.4-1.0 ng/mL (night)

<DL = Less than the detectable limit of the lab. N/A = Not applicable; 1 or more values used in this calculation is less than the detectable limit. H = High. L = Low.

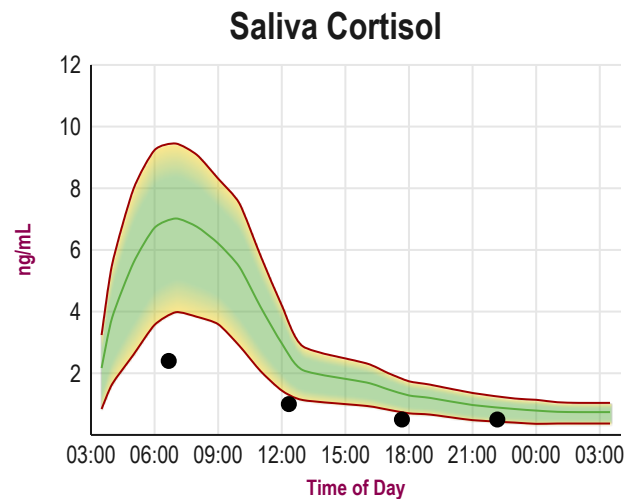
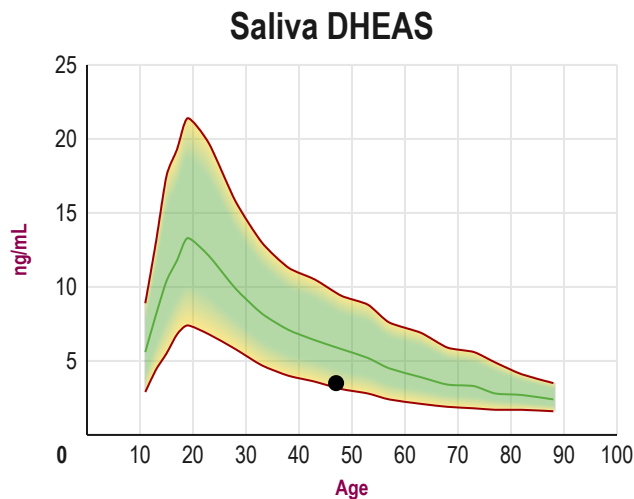
Therapies

None

Graphs

Disclaimer: Graphs below represent averages for healthy individuals not using hormones. Supplementation ranges may be higher. Please see supplementation ranges and lab comments if results are higher or lower than expected.

— Average ▼▲ Off Graph



TEST REPORT | Patient Reported Symptoms

Adrenal Stress
2018 10 11 333 S

Disclaimer: Symptom Categories below show percent of symptoms self-reported by the patient compared to total available symptoms for each category. For detailed information on category breakdowns, go to www.zrtlab.com/patient-symptoms.

SYMPTOM CATEGORIES	RESULTS 10/08/18
Estrogen / Progesterone Deficiency	33%
Estrogen Dominance / Progesterone Deficiency	32%
Low Androgens (DHEA/Testosterone)	38%
High Androgens (DHEA/Testosterone)	13%
Low Cortisol	23%
High Cortisol	40%
Hypometabolism	35%
Metabolic Syndrome	40%

SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Aches and Pains			
Acne			
Allergies			
Anxious			
Bleeding Changes			
Blood Pressure High			
Blood Pressure Low			
Blood Sugar Low			
Body Temperature Cold			
Bone Loss			
Breast Cancer			
Breasts - Fibrocystic			
Breasts - Tender			
Chemical Sensitivity			
Cholesterol High			
Constipation			
Depressed			
Fatigue - Evening			
Fatigue - Morning			
Fibromyalgia			
Foggy Thinking			
Goiter			
Hair - Dry or Brittle			
Hair - Increased Facial or Body			
Hair - Scalp Loss			
Headaches			
Hearing Loss			
Heart Palpitations			
Hoarseness			
Hot Flashes			
Incontinence			
Infertility			
Irritable			
Libido Decreased			
Memory Lapse			
Mood Swings			
Muscle Size Decreased			
Nails Breaking or Brittle			
Nervous			
Night Sweats			
Numbness - Feet or Hands			

CLIA Lic # 38D0960950
10/17/2018 4:06:23 PM

The above results and comments are for informational purposes only and are not to be construed as medical advice. Please consult your healthcare practitioner for diagnosis and treatment.

David T. Zava

David T. Zava, Ph.D.
Laboratory Director

Alison McAllister ND

Alison McAllister, ND.
(Ordering Provider unless otherwise specified on page 1)

SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Pulse Rate Slow			
Rapid Aging			
Rapid Heartbeat			
Skin Thinning			
Sleep Disturbed			
Stamina Decreased			
Stress			
Sugar Cravings			
Sweating Decreased			
Swelling or Puffy Eyes/Face			
Tearful			
Triglycerides Elevated			
Urinary Urge Increased			
Uterine Fibroids			
Vaginal Dryness			
Water Retention			
Weight Gain - Hips			
Weight Gain - Waist			

Lab Comments

DHEAS is within low-normal expected age range. Chronic low DHEAS may suggest HPA axis dysfunction, particularly if cortisol is also low and symptoms are indicative of low adrenal function. Lower DHEAS is expected with aging but may be more problematic in individuals with metabolic syndrome/insulin resistance. DHEAS is highest during the late teens to early twenties (10-20 ng/ml) and drops steadily with age to the lower end of range by age 70-80. Consider adrenal adaptogens or DHEA supplements if testosterone is low and symptoms of androgen deficiency are problematic. DHEAS is a neuroactive steroid in the brain, which likely accounts for DHEA therapy increasing "feelings of wellbeing" in individuals with low DHEAS and low mood.

Salivary cortisol is low to low-normal throughout the day suggesting low adrenal reserve and HPA axis dysfunction, assuming no use of synthetic glucocorticoids. Adrenal exhaustion (hypocortisolism) usually is caused by stressors, a cortisol precursor deficiency (pregnenolone and progesterone), use of synthetic glucocorticoids for inflammatory conditions, and/or nutritional deficiencies (low vitamins C and B5, low protein diet). The most common stressors that can eventually cause adrenal exhaustion include persistent and prolonged: psychological stress (emotional), sleep deprivation, physical insults (surgery, injury, diseases), chemical exposure (environmental pollutants, excessive medications), and pathogenic infections (bacterial, viral, fungal). Depletion of cortisol by a chronic stressor often leads to symptoms such as fatigue, allergies (immune dysfunction), chemical sensitivity, cold body temp, and sugar craving. Adequate sleep, gentle exercise, naps, meditation, proper diet (adequate protein), natural progesterone, adrenal extracts, herbs, and nutritional supplements (vitamins C and B5) are some of the natural ways to help support adrenal function (consult with a health care provider for proper types and dosing). Use of synthetic glucocorticoids (e.g. Prednisone) for treating inflammatory conditions will also suppress endogenous cortisol synthesis by the adrenal glands. Synthetic glucocorticoids are usually more potent than cortisol, causing feedback inhibition on ACTH synthesis in the brain and consequent lower cortisol synthesis by the adrenal glands. For additional information about strategies for supporting adrenal health and reducing stress(ors), the following books are worth reading: "Adrenal Fatigue", by James L. Wilson, N.D., D.C., Ph.D.; "The Cortisol Connection", by Shawn Talbott, Ph.D.; "The End of Stress As We Know It" by Bruce McEwen; "The Role of Stress and the HPA Axis in Chronic Disease Management" by Thomas Guillems, PhD.