

# Test Results



8605 SW Creekside Place  
Beaverton, OR 97008  
Phone: 503-466-2445 Fax: 503-466-1636  
info@zrtlab.com www.zrtlab.com

2014 04 08 001 S



Samples Arrived: 04/08/2014  
Date Closed: 04/10/2014

Samples Collected: Saliva: 04/04/14 07:00  
Saliva: 04/04/14 11:30  
Saliva: 04/04/14 19:00  
Saliva: 04/04/14 23:30

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Menses Status: Pre-Menopausal - Irregular  
Gender: Female

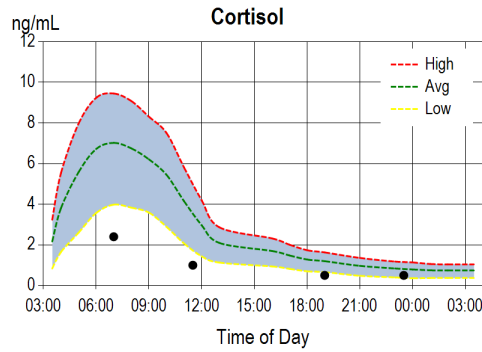
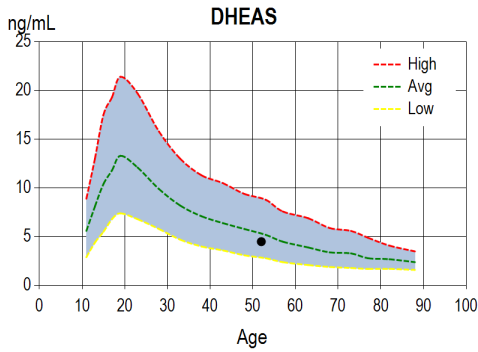
Last Menses: 03/30/2014  
DOB: 7/18/1961 (52 yrs ) Patient Ph#: 555 555 5555

BMI: 29.4  
Height: 67 in  
Weight: 188 lb  
Waist: Unspecified

Test Name	Result	Units	Range
DHEAS (saliva)	4.5	ng/mL	2-23 (Age Dependent)
Cortisol (saliva)	2.4	L ng/mL	3.7-9.5 (morning)
Cortisol (saliva)	1.0	L ng/mL	1.2-3.0 (noon)
Cortisol (saliva)	0.5	L ng/mL	0.6-1.9 (evening)
Cortisol (saliva)	0.5	ng/mL	0.4-1.0 (night)

### Therapies

150mg oral Progesterone (compounded) (1 Days Last used); 75mcg oral Levothyroxine (T4) (Pharmaceutical) (1 Days Last used); 50mcg Aerosol Nasonex (mometasone furoate monohydrate) (Pharmaceutical) (1 Days Last used); 1000IU oral Vitamin D (unknown type) (OTC) (1 Days Last used)



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.

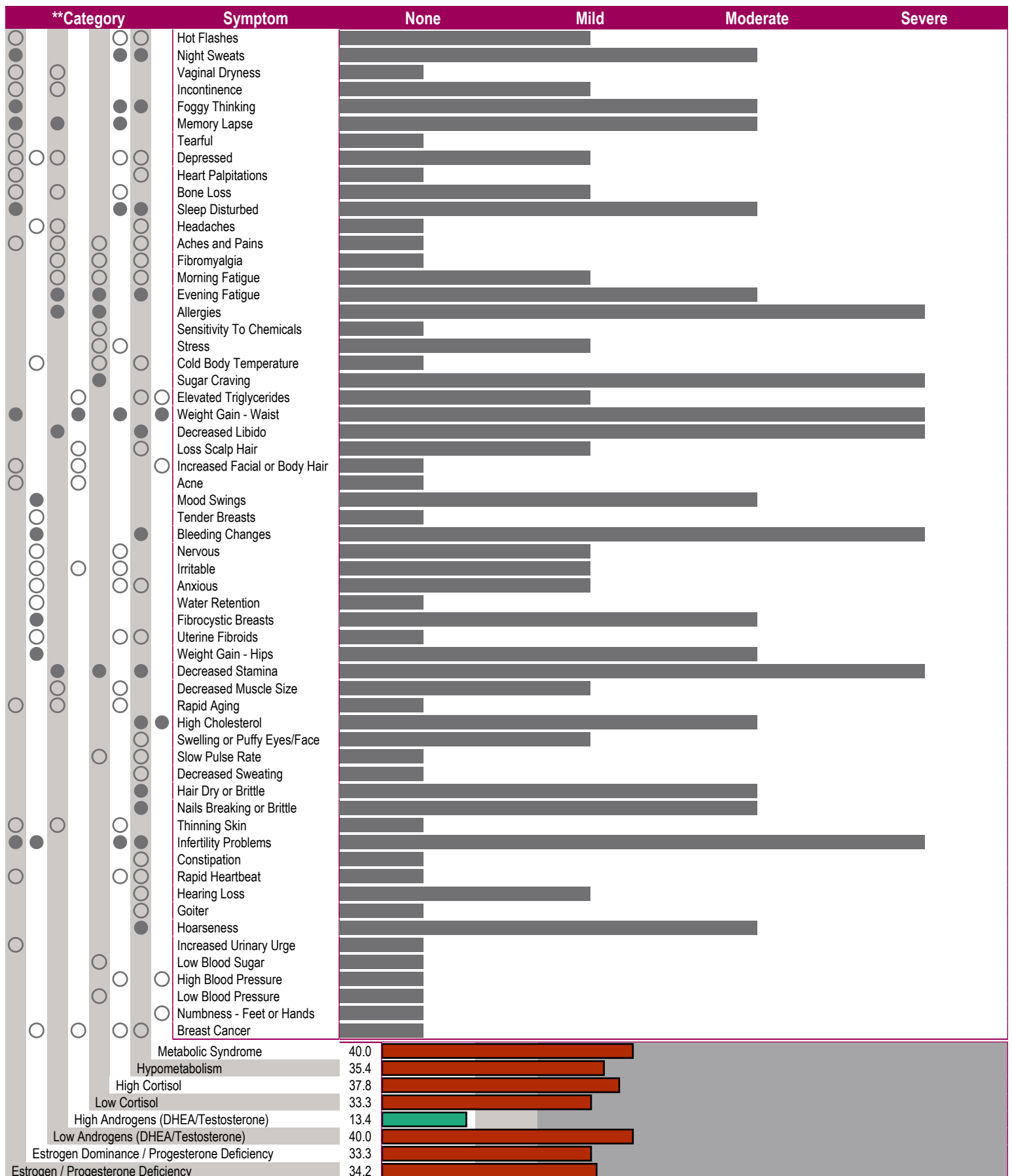
David T. Zava  
David T. Zava, Ph.D.  
(Laboratory Director)

CLIA Lic # 38D0960950  
Composed by: 1164145324 at 5/14/2014 4:14:32 PM

**ZRT Laboratory Reference Ranges**

Disclaimer: Supplement type and dosage are for informational purposes only and are not recommendations for treatment. For a complete listing of reference ranges, go to [www.zrtlab.com/reference-ranges](http://www.zrtlab.com/reference-ranges).

Test Name	Women
DHEAS (saliva) - ng/mL	2-23 (Age Dependent)
Cortisol (saliva) - ng/mL	3.7-9.5 (morning); 1.2-3.0 (noon); 0.6-1.9 (evening); 0.4-1.0 (night)



\*\*Category refers to the most common symptoms experienced when specific hormone types (eg estrogens, androgens, cortisol) are out of balance, i.e., either high or low.

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*David T. Zava*  
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**Lab Comments**

DHEAS is within low-normal expected age range. Chronic low DHEAS may suggest adrenal fatigue, particularly if cortisol is also low and symptoms are indicative of low adrenal function. 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 symptoms of androgen deficiency are problematic.

Cortisol is low throughout most of the day (exception night cortisol is normal), consistent with self-reported symptoms of adrenal fatigue. Adrenal exhaustion is usually caused by some form of stressor such as emotional/psychological stress, sleep deprivation, low protein diet, nutrient deficiencies (particularly low vitamins C and B5), physical insults (surgery, injury, diseases, inflammatory conditions), chemical exposure, low cortisol precursors (pregnenolone, progesterone) and pathogenic infections (bacterial, viral, fungal). Symptoms commonly associated with adrenal fatigue and associated chronic low cortisol include fatigue, allergies (immune dysfunction), chemical sensitivity, cold body temp, and sugar craving. Low cortisol is often associated with symptoms of thyroid deficiency as normal physiological levels of cortisol are essential for optimal thyroid function. Adequate sleep and rest, gentle exercise, 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. Caution: Thyroid or androgen therapies may further lower cortisol levels and exacerbate symptoms of cortisol deficiency. These therapies are not likely to be successful if cortisol is not first adjusted to normal levels. For additional information about strategies for supporting adrenal gland function and reducing stress(ors) that deplete cortisol, 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; "Awakening Athena" by Kenna Stephenson, MD.