



Labrix Clinical Services Inc.

Report Number: 99-99999	Patient Info: Sally A. Sample	Samples	Date/Time Collected
Provider: Labrix Clinical Service, Inc. 619 Madison St.; Suite 106 Oregon City, OR 97045	Age: 41 Gender: F Menopausal Status: Not Available 123 SW Street Ave. Portland, OR 97219 Phone: (503) 123-1234	Cortisol Morning Cortisol Noon Cortisol Evening Cortisol Night Date Samples Arrived Date Results Reported	11/11/2004 0500 11/11/2004 1100 11/11/2004 1710 11/11/2004 2020 11/16/2004 11/23/2004

SAMPLE

Hormone Test	Result	Units	L	WR	H	Expected Range
Estradiol	4.300	pg/ml				(1) <3.2 post-menopausal; (2) 0.8-10.8 pre-menopausal; (3) 1.5-10.0 estrogen replacement therapy; (4) <2.5 males
Progesterone	>7000	pg/ml				(1) 18-51 post-menopausal; (2) 127-446 pre-menopausal-luteal; (3) 500-3000 progesterone topical cream; (4) <51 male
Ratio of Pg/E2	1627.91				X	(1) 200-600 females; (2) 200-300 males;
Testosterone	63.200	pg/ml			X	(1) 30.1-142.5 males; (2) 4.5-49 females;
DHEA	143.800	pg/ml		X		(1) 137-336 males; (2) 106-300 females
Cortisol Morning	88.282	nmol/L			X	(1) 5.1-40.2;
Cortisol Noon	15.837	nmol/L			X	(1) 2.1-15.7;
Cortisol Evening	7.965	nmol/L		X		(1) 1.8-12.1;
Cortisol Night	35.317	nmol/L			X	(1) 0.9-9.2;

Interpretations:

- The elevated cortisol levels and diurnal pattern are consistent hypothalamic pituitary axis (HPA) dysregulation. Excessive cortisol or glucocorticoid derivative supplementation cannot be excluded. High night cortisol levels are associated with increased risk of breast neoplasia.
- Progesterone level is consistent with excessive dosage or sample contamination. Excessive progesterone is known to increase cortisol production.
- The high testosterone is consistent with metabolic syndrome (insulin resistance) or excess supplementation. Fasting blood sugar and insulin levels may be warranted.

Jay H. Mead MD FASCP
Medical Director

