

TEST REPORT

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D2024 04 01 512 SB

Ordering Provider:
Getuwell

Samples Received
04/01/2024

Report Date
04/17/2024

Samples Collected
Saliva - 03/17/24 06:50
Saliva - 03/17/24 10:40
Saliva - 03/17/24 16:15
Saliva - 03/17/24 20:50
Blood Spot - 03/24/24 07:00

Patient Name: Comprehensive Male Profile II
Patient Phone Number:

Gender Male	Height 5 ft 3 in	Waist 34 in
DOB 1/1/1971 (53 yrs)	Weight 190 lb	BMI 33.7

TEST NAME	RESULTS 03/17/24	RANGE
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Salivary Steroids

Cortisol	1.8 L	3.7-9.5 ng/mL (morning)
Cortisol	2.3	1.2-3.0 ng/mL (noon)
Cortisol	1.0	0.6-1.9 ng/mL (evening)
Cortisol	0.4	0.4-1.0 ng/mL (night)

Blood Spot Steroids & Other Analytes (LC-MS/MS)

Estradiol	63 H	14-32 pg/mL
Estrone	18	<15-48 pg/mL
Progesterone	1.1 H	<0.1-0.9 ng/mL
Testosterone	336 L	521-5137 ng/dL TRT
DHEAS	188	26-342 µg/dL

Blood Spot

SHBG	46	15-50 nmol/L
Ratio: T/SHBG	0.3 L	0.5-2.1
PSA	4.0	<4 ng/mL (optimal 0.5-2)

Blood Spot Thyroids

TSH	2.2	0.5-3.0 µU/mL
Free T3	4.3 H	2.4-4.2 pg/mL
Free T4	2.1	0.7-2.5 ng/dL

CLIA Lic # 38D0960950
4/17/2024 5:05:00 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)

TEST NAME	RESULTS 03/17/24	RANGE
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Blood Spot Thyroids

TPOab	9	0-150 IU/mL (70-150 borderline)
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<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

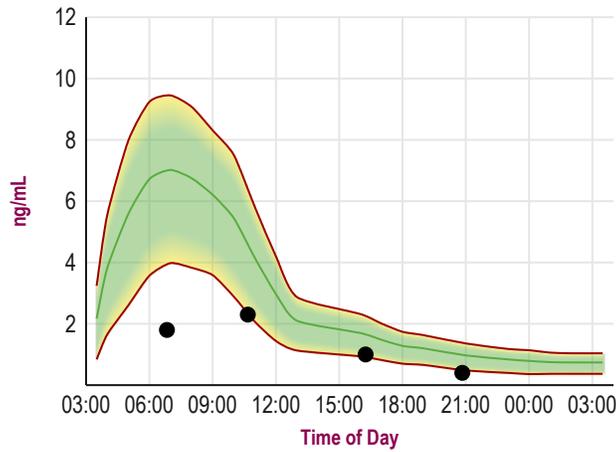
50mg troche Testosterone (compounded) (12 Hours Last Used);30mg oral NP Thyroid (T4/T3) (Pharmaceutical) (22 Hours Last Used)

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

Saliva Cortisol



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 03/17/24
Estrogen / Progesterone Deficiency	10%	<div style="width: 10%; background-color: #4CAF50;"></div>
Estrogen Dominance / Progesterone Deficiency	2%	<div style="width: 2%; background-color: #4CAF50;"></div>
Low Androgens (DHEA/Testosterone)	10%	<div style="width: 10%; background-color: #4CAF50;"></div>
High Androgens (DHEA/Testosterone)	25%	<div style="width: 25%; background-color: #C00000;"></div>
Low Cortisol	15%	<div style="width: 15%; background-color: #FFD700;"></div>
High Cortisol	15%	<div style="width: 15%; background-color: #FFD700;"></div>
Hypometabolism	16%	<div style="width: 16%; background-color: #FFD700;"></div>
Metabolic Syndrome	20%	<div style="width: 20%; background-color: #FFD700;"></div>

SYMPTOM CHECKLIST	RESULTS		
	MILD	MODERATE	SEVERE
Acne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addictive Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Sugar Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Temperature Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burned Out Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizzy Spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erections Decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue - Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue - Mental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue - Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility Decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goiter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair - Dry or Brittle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair or Skin Oily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoarseness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Flashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infertility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libido Decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Mental Sharpness Decreased	██████████		
Muscle Size Decreased	██		
Muscle Soreness	██		
Nails Breaking or Brittle	██		
Neck or Back Pain	██		
Nervous	██████████		
Night Sweats	██████████		
Numbness - Feet or Hands	██████████		
OCD	██		
Panic Attacks	██		
Prostate Cancer	██		
Prostate Problems	██		
Pulse Rate Slow	██		
Rapid Aging	██		
Rapid Heartbeat	██████████		
Ringing In Ears	██		
Skin Thinning	██		
Sleeping Difficulty	██		
Stamina Decreased	██		
Stress	██████████		
Sugar Cravings	██		
Sweating Decreased	██		
Swelling or Puffy Eyes/Face	██		
Triglycerides Elevated	██████████		
Urinary Urge Increased	██		
Urine Flow Decreased	██		
Weight Gain - Breast or Hips	██		
Weight Gain - Waist	██		

Lab Comments

Estradiol (blood spot) is higher than range for a male, indicating excessive conversion of androgens to estrogens. Testosterone conversion to estradiol can result from increased levels of aromatase, which is found in adipose tissue and induced by cortisol. Estrone, the inert downstream metabolite of estradiol, is within normal reference range for a male, indicating very little metaolism of the high estradiol to estrone.

Progesterone (blood spot) is slightly higher than expected range, which usually due to progesterone supplementation (none indicated) or exposure to a partner using topical progesterone (more likely).

Testosterone (blood spot) is lower than expected reference range following troche/sublingual testosterone therapy. This suggests that the testosterone has cleared closer to the patient's lower baseline level at time of testing. Troche/sublingual delivery of testosterone results in rapid uptake and increase in capillary blood level of testosterone within about 1 hr and rapid drop to baseline within about 8-24 hr. Testosterone falls to baseline depending on dose and individual rate of clearance. Low testosterone in men is commonly seen beginning in the fourth decade of life, and is associated with symptoms of aging referred to as andropause. The expected blood (blood spot, serum, or plasma) levels for testosterone in a male range from 250 to 1200 ng/dL; however, when values drop below about 350-400 ng/dL symptoms of andropause are more frequent. Testosterone is an important anabolic hormone that helps to maintain both physical and mental health: it prevents fatigue, helps to maintain a normal sex drive, increases the strength of all structural tissues (skin, bone, muscles, heart) and prevents depression and mental fatigue. Testosterone deficiency is associated with symptoms such as erectile dysfunction, decreased sex drive, and decreased mental and physical ability, apathy, loss of muscle mass, and insulin resistance /metabolic syndrome. Stress management, exercise, proper nutrition, dietary supplements (particularly adequate zinc and selenium), and androgen replacement therapy have all been shown to raise testosterone levels in men and help counter andropause symptoms.

SHBG (Sex Hormone Binding Globulin) is within range but in the upper part of the range for a male suggesting that the overall estrogen burden in this individual is likely high. SHBG is a relative index of overall exposure to all forms of estrogens (endogenous, pharmaceutical, xeno-estrogens). As the estrogen levels increase there is a proportional increase in SHBG. However, when thyroid hormone (T3) is low or is functioning less efficiently at the cellular level, estrogen induction of SHBG is diminished. Functional thyroid deficiency is often caused by other hormonal imbalances such high estrogens, low progesterone, low testosterone and low or high cortisol. Since SHBG serves to bind estrogens in the bloodstream, rendering them less bioavailable to target tissues, a reduction in the SHBG level caused by low thyroid function, can result in a higher level of bioavailable estrogens. Hepatic production of SHBG is also lowered in obese individuals with insulin resistance, which results in

higher levels of biologically active estrogens. In the circulation SHBG binds about 37 percent of estradiol, while the remainder binds to albumin. Less estrone (16%) and very little estriol (1%) bind to SHBG; therefore, SHBG will have the greatest impact on the bioavailability of estradiol, the most potent of the three estrogens.

DHEAS (blood spot) is within high-normal range. DHEAS is highest during the late teens to early twenties and then declines progressively with age to the lower levels of the range in healthy men and women. DHEAS is expected to be within the lower range in older individuals. Higher DHEAS levels in individuals older than 40 is usually associated with DHEA supplementation, but is not uncommon in well trained athletes. High DHEAS can be associated with symptoms of androgen excess (e.g. loss of scalp hair, increased facial/body hair, acne).

PSA (Prostate Specific Antigen) is slightly above optimal range. A high PSA is usually caused by BPH (Benign Prostatic Hypertrophy), prostate cancer, prostate inflammation or infection, and prostate or perineal trauma. Ejaculation within 48-72 hr of blood collection may also cause a slight elevation in PSA. Prostate surgery can cause a significant rise in PSA outside the normal range and testing for PSA is not recommended for at least three weeks post surgery. Periodic repeat testing for PSA is recommended.

Free T4 is within normal range. Minimal or no symptoms are reported. Please evaluate the TSH as T4 levels will remain within normal range despite high TSH levels.

Free T3 is high, suggesting T3 supplementation (none indicated) or hyperthyroidism (Grave's disease). Chronic high T3 is usually associated with low TSH and symptoms such as goiter, eye changes, pretibial myxedema, nervousness, anxiety, heart palpitations or tachycardia, insomnia, frequent bowel movements, weight loss, excessive sweating, heat intolerance, oligomenorrhea/amenorrhea, increased appetite, tremors, bone loss and/or increased blood pressure.

TSH is within normal range; however, this does not exclude the possibility of a functional thyroid deficiency if symptoms of thyroid deficiency are problematic.

Thyroid peroxidase (TPO) antibodies are low indicating that Hashimoto's autoimmune thyroiditis is unlikely.