

# TEST REPORT

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# D2026 05 11 428 S

Ordering Provider:  
Getuwell  
Dr. Getuwell

Samples Received  
05/11/2026  
Report Date  
05/13/2026

Samples Collected  
Saliva - 05/07/26 06:00  
Saliva - 05/07/26 12:30  
Saliva - 05/07/26 18:00  
Saliva - 05/07/26 21:00

Patient Name: Saliva Adrenal Stress  
Patient Phone Number:

Gender	Last Menses	Height	Waist
Female	Unspecified	5 ft 6 in	35 in
DOB	Menses Status	Weight	BMI
1/1/1965 (61 yrs)	Postmenopausal	150 lb	24.2

TEST NAME	RESULTS   05/07/26	RANGE
<b>Salivary Steroids &amp; Other Analytes (LC-MS/ECLIA)</b>		
DHEAS	<0.80 L	1.08-8.33 ng/mL
Cortisol	4.8	2.88-7.12 ng/mL (morning)
Cortisol	2.5	1.11-2.74 ng/mL (noon)
Cortisol	0.8	0.61-1.33 ng/mL (evening)
Cortisol	0.4	0.25-0.64 ng/mL (night)

<dI = 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

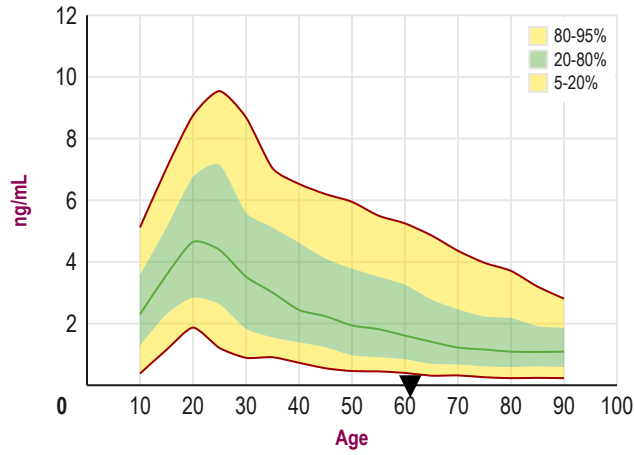
None Indicated

Graphs

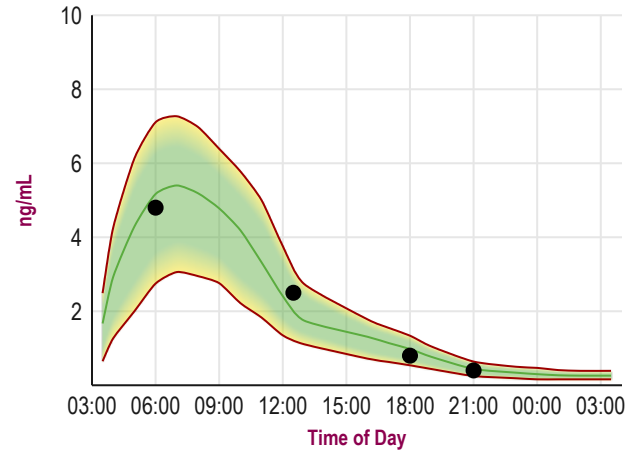
**Disclaimer:** Graphs below represent averages for healthy individuals not using hormones. Supplementation ranges may be higher. Please see supplementation ranges and lab comments if results are higher or lower than expected.

— Average ▼▲ Off Graph

Saliva DHEAS



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](http://www.zrtlab.com/patient-symptoms).

SYMPTOM CATEGORIES		RESULTS   05/07/26
Estrogen / Progesterone Deficiency	14%	
Estrogen Dominance / Progesterone Deficiency	17%	
Low Androgens (DHEA/Testosterone)	23%	
High Androgens (DHEA/Testosterone)	20%	
Low Cortisol	11%	
High Cortisol	18%	
Hypometabolism	16%	
Metabolic Syndrome	29%	

SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Aches and Pains			
Acne			
ADD/ADHD			
Addictive Behaviors			
Allergies			
Anxious			
Autism Spectrum Disorder			
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			
Developmental Delays			
Eating Disorders			
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			
Mania			

SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Memory Lapse	█		
Mood Swings	██████████		
Muscle Size Decreased	██████████		
Nails Breaking or Brittle	██████████		
Nervous	█		
Night Sweats	█		
Numbness - Feet or Hands	██████████		
OCD	█		
Panic Attacks	█		
PreMenstrual Dysphoric Disorder	█		
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. 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 (4x diurnal immunoassay) is within normal range throughout the day and symptoms of cortisol imbalance are minimal.

For additional information about strategies for supporting adrenal health and reducing stressors that may lead eventually to a cortisol imbalance and symptoms of low and/or high 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; "The Gospel of Women's Health" by Kenna Stephenson, MD; "The Role of Stress and the HPA Axis in Chronic Disease Management" by Thomas Guilliams, PhD.