

Dr.SAMPLE REPORT TEST HEALTH CENTRE 123 TEST STREET BURWOOD VIC 3125

SAMPLE REPORT 09-May-1990 Female

16 HARKER STREET BURWOOD VIC 3125

LAB ID: 3814050

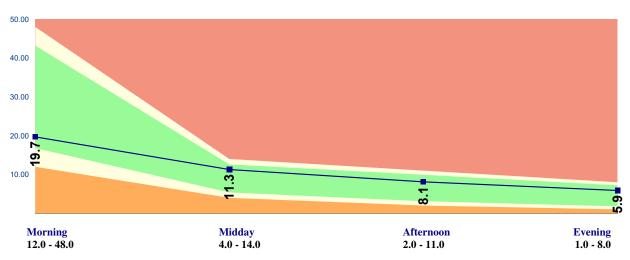
UR NO.:

Collection Date: 09-May-2022 Received Date: 09-May-2022



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ADRENOCORTEX STRESS PROFILE



Cortisol Reference Range - nmol/L

Above Borderline Normal Below **Colour Key Ranges: Cortisol Values** Result Range 19.7 12.0 - 48.0 nmol/L **Cortisol Profile, Morning** Low Reference High 11.3 nmol/L **Cortisol Profile, Midday** 4.0 - 14.0Low Reference High 8.1 **Cortisol Profile, Afternoon** 2.0 - 11.0 nmol/L Low High Reference 5.9 **Cortisol Profile, Evening** 1.0 - 8.0nmol/L Low Reference High 45.0 11.0 - 76.0 nmol/L **Cortisol Daily, Total** Low Reference High Result **DHEAS Values** Range 34.1*H 2.5 - 27.0 nmol/L **DHEAS Profile Morning** High Low Reference 1.73*H **RATIO DHEAS/CORTISOL AM** 0.20 - 0.60Low Reference High

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Adrenocortex Stress Comments

LOW NORMAL MORNING SALIVA CORTISOL LEVEL:

Saliva morning cortisol level is below mean range and suggestive of adrenal insufficiency. This suggests a degree of adrenal hypofunction,

maladaption/abnormal pacing with abnormal HPAA. If all four cortisol readings are also low, suspect adrenal fatigue. Suggest supplementation with DHEA and standard adrenal support.

Investigate melatonin and GABA levels.

MIDDAY CORTISOL LEVEL IS WITHIN RANGE:

Midday Cortisol level is adequate and within range.

LATE AFTERNOON CORTISOL LEVEL IS WITHIN RANGE:

Late afternoon cortisol level is adequate and within range.

EVENING CORTISOL LEVEL WITHIN RANGE:

Saliva evening cortisol level is normal and within range.

ELEVATED DHEAS LEVEL:

Saliva DHEAs level is elevated/supplemented. Slight elevation without supplementation may be due to adrenal stress response.

Hyper response, inappropriate ACTH with imbalanced response from adrenals.

SALIVA DHEAs/CORTISOL RATIO - HIGH

An increase in DHEAs/Cortisol ratio, was found in patients suffering from panic

Suspect: An abnormal physiological response to stress, with shifting of the steroidogenic pathway to DHEA at the expense of cortisol.

Consider the following options:

Lifestyle changes:

Stress reduction: chronic stress can fatigue the adrenals Rest, exercise, prayer, meditation, relaxation exercises.

Dietary changes:

Balance blood sugar: Lower calorie, high protein, high complex carbohydrate and high fiber diet.

Nutritional supplements: High-grade multivitamin and mineral. Additional Vitamin C, Vitamin B5, Vitamin B6, and zinc, as indicated.

Herbal Support*:

"Adaptogenic" herbs: American or Korean ginseng (Panax spp.), Siberian ginseng (Eleuthrococcus senticosus), Withania (Withania somnifera)

Miscellaneous herbs:

Licorice (Glycyrrhiza glabra) to prolong the half-life of cortisol, Sarsaparilla (Smilax spp.) is a cortisol precursor

Glandular Support*:

Adrenal, pituitary, others as indicated

Hormone replacement therapy*:

Cortisol, DHEA, pregnenolone, as indicated

*For herbal, glandular & hormone replacement therapy, it is important to preserve or restore circadian rhythm by dosing in morning. May give 1/3 to 1/2 of morning dose at noon. Dosing later than noon is not advised.

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Consider measuring testosterone and/or estradiol levels and intervene if necessary.

SALIVA DHEAS Ranges:

Premenopausal, no oral contraceptives: 2.5 - 27.0 nmol/L Premenopausal, with oral contraceptives: 2.0 - 8.0 nmol/L Postmenopausal: 1.8 - 18.5 nmol/L

IMMUNOLOGY				
SALIVA	Result	Range	Units	
Secretory IgA	286.0	102.0 - 471.0	ug/mL	



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Tests ordered: SADREN,sIgA FINAL REPORT on 11 May 2022 (*) Result outside normal reference range

(H) Result is above upper limit of reference rang