

# Female Sex Hormone Balance Profile

Clinician/Order Information	Sample Information	
Test Provider	Accession# 0324-0002314	
<b>DOB: 12/22/1971</b> Age: 52 Health Clinic, Inc	Collected: 4/2/2024	
	Received: 4/4/2024	
+1 215-892-1230	Reported: 4/9/2024 1:28:02 PM	
Order date: 3/13/2024	Collection time: 1st	
	5:00 AM	
	Clinician/Order Information Test Provider Health Clinic, Inc +1 215-892-1230 Order date: 3/13/2024	

Analyte	Unit	Observation	Results	Reference Range
Alpha-Pregnanediol	ng/mg CR		118.56	26.00 - 338.00
Alpha-Pregnanediol (w/ Oral Pg)	ng/mg CR	Low	118.56	257.00 - 2389.00
Beta-Pregnanediol	ng/mg CR		1549.37	201.00 - 1669.00
Beta-Pregnanediol (w/ Oral Pg)	ng/mg CR	Low	1549.37	1600.00 - 12474.00
Total Estrogen Load	ng/mg CR	Low	20.28	30.00 - 130.00
Estrone	ng/mg CR	Low	1.33	1.70 - 8.50
Estradiol	ng/mg CR		0.99	.80 - 3.30
Estriol	ng/mg CR	Low	1.12	2.80 - 11.20
2-Hydroxyestrone	ng/mg CR		3.9	2.00 - 8.40
16a-Hydroxyestrone	ng/mg CR	<b>Below Detection Limit</b>	-	<=1.43
4-Hydroxyestrone	ng/mg CR	<b>Below Detection Limit</b>	-	<=1.20
Testosterone	ng/mg CR	High	11.5	2.30 - 7.80
Dihydrotestosterone	ng/mg CR	<b>Below Detection Limit</b>	-	<=3.20
Average DHEA-S	ng/mg CR	Low	2.72	38.00 - 507.00
Free DHEA	ng/mg CR	Low	2.72	6.10 - 17.30
Waking Cortisol	ng/mg CR		21.2	7.00 - 31.00



## **Progesterone Markers**



#### **Estrogen Markers**

	Units	Observation	Target	Ranges
Total Estrogen Load	ng/mg CR	Low	2 <mark>0.2</mark> 8	
Estrone (E1)	ng/mg CR	Low	1.7 1.33	8.5
Estradiol (E2)	ng/mg CR		0.8	3.3
Estriol (E3)	ng/mg CR	Low	2.8 1 <mark>.12</mark>	11.2



#### **Estrogen Metabolism Markers**





The methylation ratio is low indicating methylation support is needed. When 2-OHE1 is very low (under 0.9), this ratio has limited interpretive value and can be ignored. Low methylation can be caused by low levels of donor methyl groups or genetic mutations in the COMT, MTHFR and other methylation markers. Phase II support, including methyl-donor supplements and dietary considerations (paleo-like), can increase methylation. If the patient is taking methyl donor supplements, make certain B-vitamins are included, when increasing methylation, to help eliminate excess methyl groups and prevent methyl trapping (most often seen in patients with compromised COMT activity).

Performed by Physicians Lab 4850 T-Rex Ave, Suite 150, Boca Raton, FL 33431 CLIA Lic. # 10D2147002



### **Total Estrogen Load**



The Total Estrogen Load considers the binding affinity of each estrogen analyte at the receptor. Due to the high estrogenic strength of 16-aOHE1, low 2:16 ratios can contribute to higher than expected total estrogen levels ,even when E1, E2 and E3 are normal/low. Improving the 2:16 ratio and increasing Phase I metabolism will likely lower 16a-OHE1 and the Total Estrogen Load. To examine the balance between total estrogen components, compare the "actual" chart on the left to the "expected" chart on the right, representing the pathways of estrogen metabolism and their relative ratio to one another. Next, examine the Progesterone: Estrogen ratio to assess the balance between estrogen and progesterone for the best clinical outcomes.

Performed by Physicians Lab 4850 T-Rex Ave, Suite 150, Boca Raton, FL 33431 CLIA Lic. # 10D2147002







aromatase activity resulting in increased estrogens. If estrogen levels are higher than expected, consider lowering aromatase activity through increased zinc, celery, Resveratrol, cruciferous vegetables or other aromatase inhibitors.

5α-Reductase Activity



5-alpha-reductase (5aR) activity appears normal but may not be clinically relevant if other 5a levels are much higher, or lower, than 5b levels. Confirm this value by comparing 5a-pregnanediol to 5b-pregnanediol, testosterone to 5a-DHT, and cortisol to a-THFs in this report. 5-alpha-reductase also plays a role in aromatase activity. Optimal balance exists when the ratio is nearest 1 (center). If the patient is at the high or low end of normal (yellow zone), they are approaching an imbalance.

Performed by Physicians Lab 4850 T-Rex Ave, Suite 150, Boca Raton, FL 33431 CLIA Lic. # 10D2147002





# **HPA-Axis Markers**





## **Patient Result History**

Analyte	Unit	4/9/2024   (0324-0002314)						
		Observation	Results	Reference Range				
Creatinine	mg/dL		87.84	30.00 - 300.00				
Estrogen and Progesterone Markers								
Alpha-Pregnanediol	ng/mg CR		118.56	26.00 - 338.00				
Alpha-Pregnanediol (w/ Oral Pg)	ng/mg CR	Low	118.56	257.00 - 2389.00				
Beta-Pregnanediol	ng/mg CR		1549.37	201.00 - 1669.00				
Beta-Pregnanediol (w/ Oral Pg)	ng/mg CR	Low	1549.37	1600.00 - 12474.00				
Alpha-Pregnanediol / Beta-Pregnanediol Ratio	Ratio	Low	0.36	.50 - 1.50				
Total Estrogen Load	ng/mg CR	Low	20.28	30.00 - 130.00				
Estrone	ng/mg CR	Low	1.33	1.70 - 8.50				
Estradiol	ng/mg CR		0.99	.80 - 3.30				
Estriol	ng/mg CR	Low	1.12	2.80 - 11.20				
2-Hydroxyestrone	ng/mg CR		3.9	2.00 - 8.40				
16a-Hydroxyestrone	ng/mg CR	Below Detection Limit	-	<=1.43				
4-Hydroxyestrone	ng/mg CR	<b>Below Detection Limit</b>	-	<=1.20				
E Quotient	Ratio	Low	0.48	>=1.00				
2-Methoxyestrone	ng/mg CR	Low	1.95	3.10 - 15.80				
2:16 Ratio (2-0HE1/16α-0HE1)	Ratio	Unable to Calculate	-	>=4.00				
Methylation Ratio	Ratio	Low	49.91	>=60.00				
	Androgen M	/larkers						
Testosterone	ng/mg CR	High	11.5	2.30 - 7.80				
Dihydrotestosterone	ng/mg CR	Below Detection Limit	-	<=3.20				
Testosterone Metabolites	ng/mg CR		49.32	21.90 - 70.10				
Testosterone/Metabolite Ratio	Ratio	High	2.12	.50 - 1.50				
Androsterone	ng/mg CR		270.9	147.00 - 593.00				
Etiocholanolone	ng/mg CR		143.29	120.00 - 421.00				
5-alpha-Androstanediol	ng/mg CR		8.51	2.80 - 14.20				
5-beta-Androstanediol	ng/mg CR		40.81	14.00 - 54.00				
Free DHEA	ng/mg CR	Low	2.72	6.10 - 17.30				
Average DHEA-S	ng/mg CR	Low	2.72	38.00 - 507.00				
5α-Reductase Activity	Ratio		1.38	.50 - 1.50				
Androstenedione	ng/mg CR	Below Detection Limit	-	.00 - 1.20				
HPA - Axis Markers								
Waking Cortisol	ng/mg CR		21.2	7.00 - 31.00				
Waking Cortisone	ng/mg CR		41.6	26.00 - 75.00				

