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Accession # **0012345**
Sample Result
 1234 Physicians Lab
 Boca Raton, FL 33431

Process Date:2018-07-28

Time of Urination:
 2018-07-26 06:00AM
 2018-07-26 10:00AM
 2018-07-26 02:00PM
 2018-07-26 06:00PM
 2018-07-26 10:00PM

Ordering Physician:
Tamara Densmore, MD

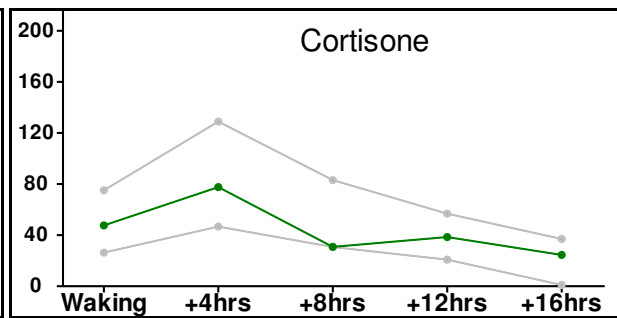
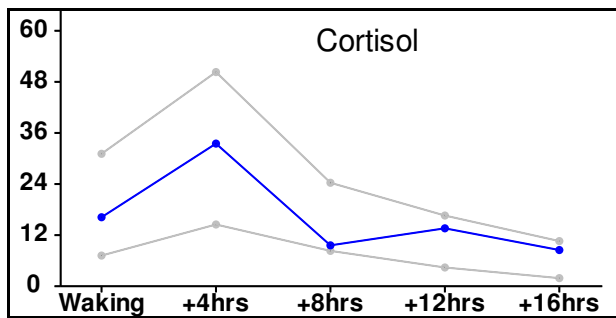
DOB: **1960-11-24**
 Gender: **Female**
 Age: **57**

1ST DAY OF LAST MENSES	DAYS BETWEEN PERIODS	MENSTRUAL CYCLES	HYSTERECTOMY	WHEN?	OVARIES REMOVED	WHEN?	PREGNANT?
n/a	n/a	None	No	n/a	None	n/a	No

CATEGORY	TYPE	DELIVERY	HOW LONG USED
Hormone	Progesterone	Cream_Gel	12+
	Estriol	Cream_Gel	12+
	Estradiol	Cream_Gel	12+
	Adrenal Supplement	Oral	12+

PROFILE	TEST	RESULT	UNITS	TARGET RANGE
1-2)Estrogen & Progesterone (Urine)	Alpha-Pregnanediol (Updated 7/2018 - Non-Supplemented or Cream Progesterone - 24HOUR - (FMV range = 45 - 1750))	105.5	ng/mg CR	35-656
	Beta-Pregnanediol (Updated 7/2018 - Not Taking Oral Progesterone - 24HOUR)	285.2	ng/mg CR	160-2775
	Alpha-Preg/ Beta-Preg Ratio (Only review this ratio when Oral Progesterone is NOT prescribed)	Balanced 0.80	Ratio	0.5-1.5
	Alpha-Preg/ Beta-Preg Ratio (Oral Pg) (Only review this ratio when Oral Progesterone IS prescribed)	Imbalance 1.70	Ratio	0.5-1.5
	Total Estrogen Load (Updated range 7/2018)	Elevated 127.4	ng/mg CR	35-122.8
	Total Estrogen/Progesterone ratio (Only review this ratio when Oral Progesterone is NOT prescribed)	Imbalance 5.20	Ratio	0.5-1.5
	Total Estrogen/Progesterone ratio (Only review this ratio when Oral Progesterone IS prescribed)	Imbalance 81.20	Ratio	0.5-1.5
	Estrone (Updated 7/2018)	1.7	ng/mg CR	1.7-8.5
	Estradiol (New Range - 6/2018)	Low 0.5	ng/mg CR	1.2-4.2
3)Phase I Estrogen Metabolism (Urine)	Estriol (New Range- 06/2018)	Elevated 111.9	ng/mg CR	2.8-11.2
	2-Hydroxyestrone (New Range- 06/2018)	Low 1.8	ng/mg CR	2-8.4
	16-Alpha-hydroxyestrone (New Range- 06/2018)	0.2	ng/mg CR	0-3.8
	2:16 Ratio	Favorable 8.1	Ratio	>5
4)Phase II Estrogen Metabolism (Urine)	E Quotient (E3/(E1+E2)) (Only important when 2:16 ratio is Low: E Quotient should be >1 when 2:16 ratio is low)	Optimal 51.7		>=1
	4-Hydroxyestrone (New Range- 06/2018)	<0.244	ng/mg CR	<1.2
	2-Methoxyestrone (New Range- 06/2018)	8.3	ng/mg CR	2.2-10
5)Androgen Markers (Urine)	Methylation Ratio (Updated 7/2018)	Favorable 453.0	Ratio	>60
	Testosterone (NEW - Testosterone Pellet Therapy Range)	Low 2.3	ng/mg CR	4.2-13.3
	Dihydrotestosterone (New Range- 06/2018)	0.8	ng/mg CR	<3.2
	Total Testosterone Metabolites (5a-androstanediol + 5b-androstanediol + 5a-DHT)	Low 22.7	ng/mg CR	23.9-119.6

	Testosterone: Metabolite Ratio (Elevated = Increased Metabolism ---- Low = Decreased Metabolism)	Balanced 1.00	Ratio	0.5-1.5
6)Assess 5a-Reductase Activity (Urine)	Etiocholanolone (Updated 7/2018)	Low 49.0	ng/mg CR	74-380
	Androsterone (Updated 7/2018)	178.8	ng/mg CR	167-580
	5-alpha-reductase activity (Androsterone/Etiocholanolone)	Incr'd 5aR 2.0	ng/mg CR	0.5-1.5
7)Cortisol and Metabolites (Urine)	Total DHEA (DHEA + DHEA-S + Androstenedione + Etiocholanolone + Androsterone)	475.6	mg	405-1388.8
	Cortisol Waking	16.2	ng/mg CR	7.2-31.1
	Cortisol waking+4hrs	33.5	ng/mg CR	14.5-50.3
	Cortisol waking+8hrs	9.6	ng/mg CR	8.3-24.3
	Cortisol waking+12hrs	13.6	ng/mg CR	4.4-16.6
	Cortisol waking+16hrs	8.5	ng/mg CR	1-10.6
	Total Cortisol Metabolites (Updated 7/2018 a-THF + THE + THF)	1489.0	ng/mg CR	820-1950
	Cortisol: Metabolite Ratio (Elevated = Increased Metabolism ---- Low = Decreased Metabolism)	Balanced 0.80	Ratio	0.5-1.5
	Cortisone Waking	47.6	ng/mg CR	26.3-75.1
	Cortisone waking+4hrs	77.6	ng/mg CR	46.7-128.9
	Cortisone waking+8hrs	30.8	ng/mg CR	30.7-83.1
	Cortisone waking+12hrs	38.5	ng/mg CR	20.8-56.8
	Cortisone waking+16hrs	24.5	ng/mg CR	1-37
8)Anabolic & Catabolic Balance	Total 17-Ketosteroids (DHEA + Androsterone(A) + Etiocholanolone(E) + 11-Keto-A + 11-Hydroxy-A +11-Hydroxy-E + 16a-hydroxy-A)	913.4	ng/mg CR	829-2000
	Total 17-Hydroxysteroids (Pregnanetriol + a-THF + THS + THE + THF)	1680.0	ng/mg CR	1000-2370
	Anabolic/Catabolic Ratio (17-ketosteroids/17-hydroxysteroids)	Balanced 0.7	Ratio	0.5-1.5





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Symptom	Metabolic Syndrome	Hyper-thyroidism	Hypo-thyroidism	Hypo-metabolism	High Cortisol	Low Cortisol	High Androgens	Low Androgens	Estrogen Dominance or Progesterone Deficiency	Estrogen Deficiency or Progesterone Dominance	GH Deficiency
Abundant light-colored urine						LOW			LOW		
Acne							LOW				LOW
Elevated Triglycerides	LOW		LOW		LOW		LOW	LOW			
Gains Weight Easily	LOW				LOW	LOW		LOW	LOW		
High Cholesterol	LOW		LOW								
Increased Appetite					LOW						LOW
Increased Sex Drive							LOW				
Joint Pain					LOW		LOW		LOW	LOW	
Memory Lapse					LOW			LOW	LOW		
Night Sweats				LOW	LOW						LOW
Painful Intercourse									LOW		
Poor Memory											LOW
Strange Dreams					LOW						
Stress	LOW		LOW		LOW						
Unable To Lose Fat After Diet	LOW						LOW				
Unable To Lose Fat After Exercise	LOW						LOW				
Vaginal Dryness								LOW			LOW
Weight Gain - Hips				LOW	LOW				LOW		
Weight Gain - Waist	LOW			LOW	LOW		LOW				LOW



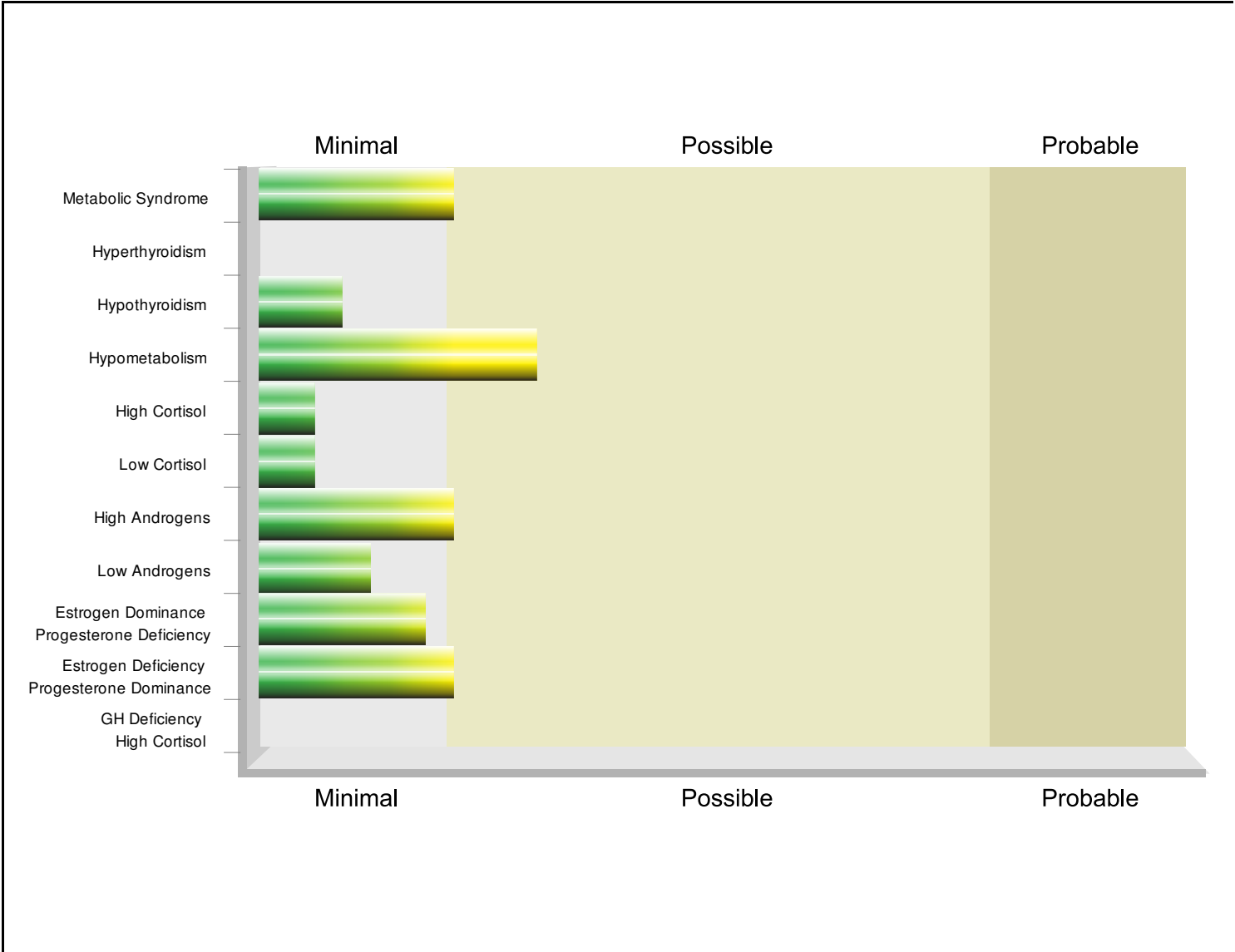
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This document contains private and confidential health information protected by state and federal law.



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Assessing hormones in urine is so much more valuable and informative than other testing methods due to the ability to examine more pathways of metabolism. This abbreviated interpretive guide is designed to break down the larger training documents (available by clicking the links below) into simple steps. Additional information, research, references and treatment recommendations are referenced at each step and can be found in the more detailed, comprehensive training documents. Testing Urinary hormones and urinary metabolites provide a more comprehensive assessment of hormone balance. For more detailed help, please call our customer service department at 877-316-8686.

- [UHP4 Reference Ranges](#)
- [DRG - Interpreting Comprehensive Hormones](#)
- [Assessing Testosterone-Androgens in Urine](#)
- [Assessing HPA-Axis in Urine](#)
- [Assessing Estrogen-Progesterone in Urine](#)

A note about NEW Cortisol Ranges:

An optimal target for patients of average height and average weight is generally in the center of the target range. Based on target range data, about 60% of patients tested have cortisol levels that fall within the target range.

A note about Cortisone Ranges:

The pattern for diurnal cortisone should follow the pattern of diurnal cortisol on the graph. Cortisone is an "inactive" form of or cortisol that can be converted back to cortisol. Having too much Cortisone, relative to Cortisol, can indicate that the adrenal glands are making enough cortisol but that cortisol is being converted to cortisone. On the other hand, if there is too little Cortisone, relative to Cortisol, this can indicate that the adrenals are making too little cortisol (when cortisol is low - low normal). A patient with normal cortisol and elevated cortisone can experience symptoms of too little cortisol due to the pattern of cortisol converting to its "inactive" cortisone form at an elevated rate.