

Patient Information

Name: Female, Hormone
DOB : 01/01/1990
Gender: Female
Phone Number: 6787366374
Ethnicity: Not Specified

Accession #: B233140009
Sample Type : Serum,
Collected: 11/09/2023 14:50:00 CST
Received: 11/10/2023 14:51:41 CST
Result Date:

Facility Information

Facility Name: Precision Point Diagnostics
Provider Name : TMIT Physician
Address: 9 Dunwoody Park, Dunwoody, GA, 30338
Lab Director: Michael Heck, PhD
CLIA #: 1D2251528

MRN:
Comments:

Detailed Results Summary by Panel
FEMALE HORMONE PANEL

TEST	RESULT	UNITS	Flag	Reference
Follicle stimulating hormone(hFSH)	4.3	mIU/mL	Low	4.7-21.5
Associated with feminizing and masculinizing ovarian tumors when FSH production is inhibited because of: increased estrogen secretion, failure of the hypothalamus to function properly (Kallmann syndrome), pituitary LH or FSH deficiency; neoplasm of the testes, or the adrenal glands that influence the secretion of estrogens or androgens; Polycystic ovary syndrome, hemochromatosis, (increased iron in the body), or anorexia.				
~ If FSH is lower than expected this can indicate pituitary issues. Pituitary stimulants include Vitex, iodine, and Ashwagandha.				
Luteinizing Hormone (hLH)	4.6	mIU/mL		2.4-100
FEMALE MID-FOLLICULAR: 2.12 - 10.89 FEMALE MID-CYCLE PEAK: 19.18 - 103.03 FEMALE MID-LUTEAL: 1.20 - 12.86 FEMALE PREMENOPAUSAL: 5.00 - 25.00 FEMALE POST-MENOPAUSAL: 10.87 - 58.64				
Progesterone (Prog)	11.0	ng/mL		0-20
FEMALE (PRE-OVULATION): =1ng/mL FEMALE (MID-CYCLE): 5 - 20ng/mL FEMALE (POST-MENOPAUSAL): =1ng/mL PREGNANCY (FIRST TRIMESTER): 11.2 - 90.0ng/mL PREGNANCY (SECOND TRIMESTER): 25.6 - 89.4ng/mL PREGNANCY (THIRD TRIMESTER): 48 - 300ng/mL				
Sensitive Estradiol (SNSE2)	34.0	pg/mL	Low	40-400
Low levels of estradiol are associated with ovarian hypofunction (ovarian agenesis, primary ovarian malfunction), intrauterine death, preeclampsia hypopituitarism, hypofunction of the adrenal cortex, menopause, and anorexia nervosa.				
~ Lower levels of estrogen can contribute to fatigue, depression, cognitive decline, poor bone density, and weakened connective tissue. Estrogen improves levels of HDL cholesterol. Estrogen can be supported by giving it or precursors such as DHEA. Phytoestrogens may be considered such as hops, Trifolium, Black Cohosh, and licorice. Adrenal support will often be helpful.				
Dehydroepiandrosterone sulfate (DHE-S)	36.3	µg/dL		32-380
Sex Hormone Binding Globulin(SHBG)	91.0	nmol/L	High	13-90
High SHBG is associated with liver disease, hyperthyroidism, and eating disorders. In females, using estrogen in medicine, such as hormone replacement therapy, birth control pills. In males, SHBG is associated with the reduced production of sex hormones.				
Testosterone (Testo)	16.0	ng/mL	Low	20-68
Low testosterone in females is correlated with menopause. ~ When testosterone is low, rule out hypogonadism (pituitary failure), Klinefelter syndrome, hypopituitarism (primary and secondary), orchidectomy, hepatic cirrhosis, Down syndrome, delayed puberty, and poor production.				
~ Low Normal testosterone can be due to a number of causes that will affect treatment choices. Stress that lowers testosterone can be effectively addressed with Ashwagandha, Maca, and Malaysian Ginseng. Nutrients that increase testosterone include zinc and arginine. Precursors like DHEA can be used as well. Low testosterone can contribute to muscle aches and pains, depression, and certain autoimmune conditions. ~ Low Normal testosterone can be due to a number of causes that will affect treatment choices. Stress that lowers testosterone can be effectively addressed with Ashwagandha. Nutrients that increase testosterone include zinc and arginine. Precursors like DHEA can be used as well. Malaysian Ginseng, Maca, and Shalijet also increase testosterone levels. Low testosterone can contribute to muscle aches and pains, depression, and certain autoimmune conditions.				

Max

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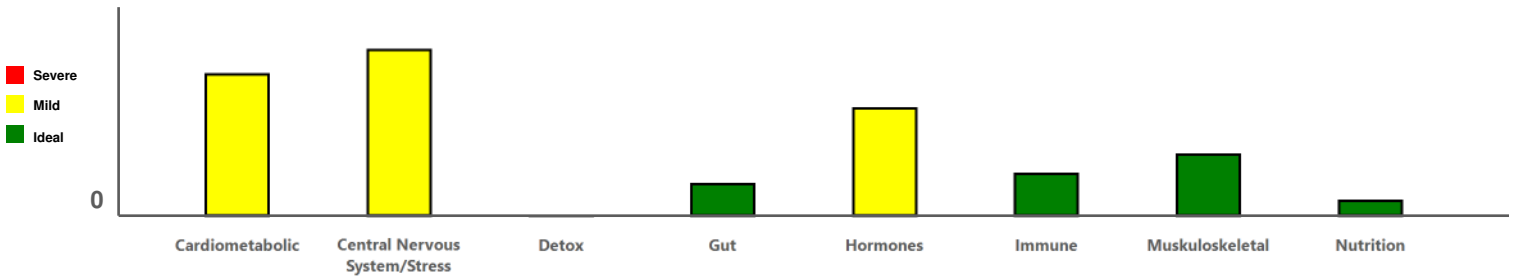
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