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Reported : 05/30/2008

Accession #

Age: 42

Received : 05/20/2008
 Completed: 05/29/2008

PRIMARY PLUS FAMILY MEDICINE, LLC
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Results For:
 Specimen Collected: 05/18/2008

eFHP Expanded Female Hormone Panel

Day of Cycle	Day	1	5	8	11	13	15	16	21	23	26	28
Estradiol	pg/ml	8	9	11	11	17	13	10	13	11	11	12
Progesterone	pg/ml	82	27	45	30	67	86	93	314	274	76	53

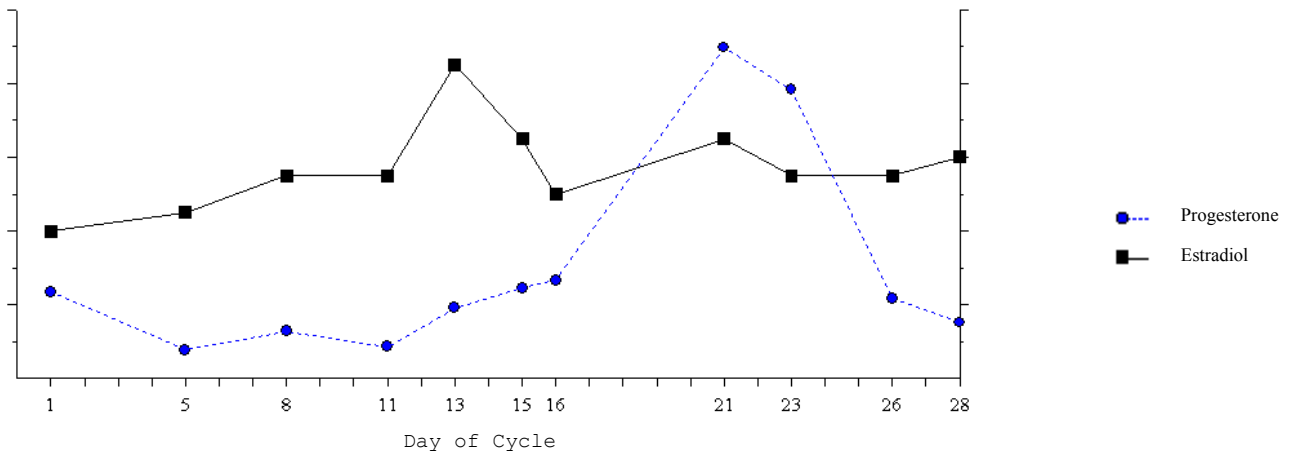
Cycle Information	Start	04/21/2008
	End	05/18/2008
	Length	27
	Average	28

Ranges	Phase	Estradiol	Progesterone
	Follicular	5 - 13 pg/ml	20 - 100 pg/ml
	Preovulatory	10 - 30 pg/ml	
	Luteal	7 - 20 pg/ml	65 - 500 pg/ml

Estradiol Axis

Female Hormone Profile

Progesterone Axis



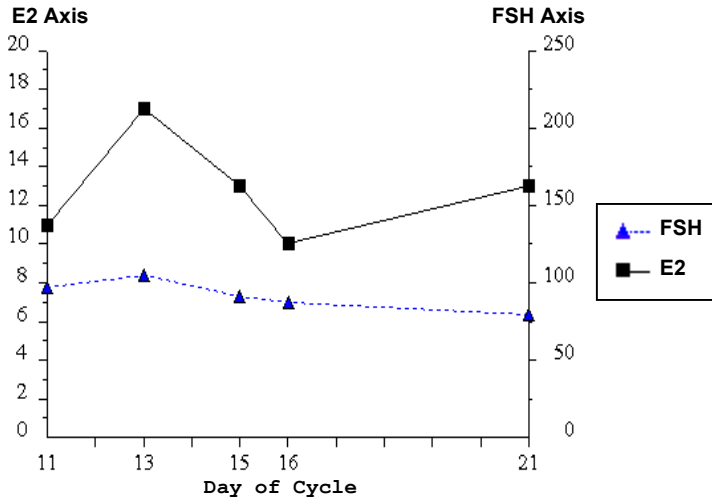
Test	Description	Result	Ref Values
DHEA	Dehydroepiandrosterone	2 Depressed DHEA	Adults (M/F): 3-10 ng/ml
TTF	Free Testosterone	13 Normal	Borderline: 5-7 pg/ml Normal: 8-20 pg/ml

Accession:

Continue Results For:

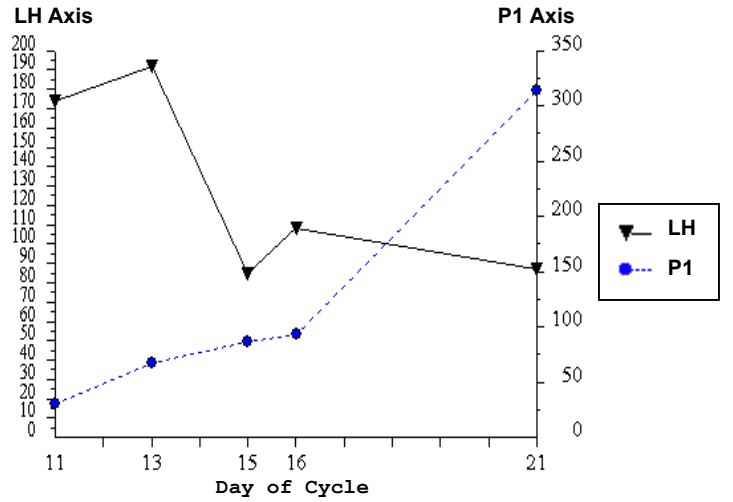
FSH and E2 Surge Analysis

Day of cycle		11	13	15	16	21
Estradiol	pg/ml	11	17	13	10	13
FSH	uIU/ml	97	105	91	87	79



LH and P1 Surge Analysis

Day of cycle		11	13	15	16	21
Progesterone	pg/ml	30	67	86	93	314
LH	uIU/ml	174	192	85	108	87



The FSH Surge must attain a certain level (amplitude) to mediate maturity and selection of the dominant follicle, and promote optimal conversion of androgen to estrogen.

Patient Value: **1.22** Range: 2.3 - 4.7

The FSH Output reflects the pituitary capacity to release FSH in the periovulatory time window. This biomarker is an index for the NET effect of all higher centers and other hormones combined on FSH production. The FSH output tends to increase with age and also varies with diet, stress level, hormone and medication use ...

Patient Value: **459.00** Range: Variable

The Follicle Response Index is a biomarker of the quality of follicular response to FSH stimulation. Lower values reflect reduced ovarian sensitivity to FSH. The lowest sensitivity occurs at menopause and on.

Patient Value: **1.38** Range: 0.5 - 2.3

The LH Surge must attain a certain threshold to induce, and trigger ovulation to stimulate the formation of a viable corpus luteum for progesterone production.

Patient Value: **2.05** Range: 3.3 - 6.6

The LH Output reflects the pituitary capacity to release LH at ovulation time and in the early luteal phase. The timing and output of LH reflects the net effect of all influences (diet, stress, hormones, age ... etc) on this gonadotropin.

Patient Value: **646.00** Range: Variable

The Corpus Luteum Response Index reflects the degree of corpus luteum responsiveness to LH measured as luteal progesterone output. Corpus size, differentiation + sensitivity determine the response. LH increases with age as ovarian response blunts.

Patient Value: **32.56** Range: 8 - 27

LOW GRADE DHEA AUGMENTATION THROUGHOUT CYCLE WORTH CONSIDERATION.
 A MODERATE RELATIVE ESTROGEN DOMINANCE MAY EXIST.
 CONSIDER USE OF GRADUATED PROGESTERONE SUPPLEMENTS FROM AROUND DAY 20 THROUGH END OF CYCLE.

TYPICAL EXAMPLE OF ORAL MICRONIZED PROGESTERONE AUGMENTATION - AM & PM
 DAY 20 B.I.D. 35-50 MG
 DAYS 21 TO 23 B.I.D. 50-75 MG
 DAYS 24 TO 25 B.I.D. 35-50 MG
 DAYS 26 TO 27 B.I.D. 25-35 MG

Diagnosis Code: 627.2

Please Note: All examples of patient treatment or therapy are for illustrative and/or educational purpose. Use this report in context of the clinical picture before initiating hormone or other therapies.

COURTESY INTERPRETATION of test and technical support are available upon request, to Physician Only

Diagnos-Techs, Inc.

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Accession #

Pre Menopause Female Hormone Panel

Qualitative Patient Report For:

This Report not Applicable in Cases of Deviation off Recommended Collection Schedule, or Hormone Overdosing.

Description:

This hormone panel maps the changes in estrogen and progesterone through out your cycle. It also provides your cycle average for both DHEA and Testosterone hormones. The expanded version of the panel, when ordered, will provide you with additional information on how well your brain hormones, FSH and LH, are regulating your ovaries.

What do my results tell me? Your results provide information about 3 important aspects of your hormone cycle.

I. Time Elements

* Your cycle length was reported as 27 days.

* The first part of the cycle before egg release was 14 days.

In this phase (Follicular) the egg matures and the various tissues are primed with estrogen from the ovary to prepare for progesterone exposure in the second half of the cycle.

* Your estrogen priming is normal.

* Ovulation: Your cycle showed an ovulation between days 13 and 15. Ovulation is the release of an egg

Your Luteal Phase, 2nd half of cycle, starts with ovulation

The luteal phase of your cycle was Normal with a duration of 13 days.

Notes: In the 2nd half of your cycle several things happen:

- The ovaries are prompted by the brain to produce progesterone.
- The uterus lining changes under the influence of progesterone.
- The recruitment of underdeveloped eggs for the next cycle takes place.
- The balance of progesterone to estrogen plays an important role in cognitive, mood, sleep and other functions.

II. Your Individual Hormones

Your Progesterone State

Following ovulation the amount of progesterone released in the second half of your cycle was on the low side.

Your Estrogen State

The estrogen production by your ovaries is normal. The tissue exposure to estrogen in the first half of the cycle (Estrogen priming) appears normal thus allowing a more optimal progesterone effect to follow in the second half of your cycle.

Your DHEA Level

The DHEA value on your report is derived from several samples you submitted, and can be considered a cycle average.

Your average DHEA value is 2 ng/ml. Reference Range: 3-10 ng/ml

Your Testosterone Level

The testosterone value reported reflects the average concentration of several specimens submitted.

Your average testosterone value is 13 pg/ml. The borderline range is 5-7 pg/ml, normal is 8-20 pg/ml.

III. Progesterone To Estrogen Balance

The balance of hormones is in favor of estrogenic activity with insufficient progesterone influence.

Moderate estrogen dominance is apparent in this cycle. In general, estrogen dominance increases with the amount of stress and body fat and is affected by genetic predisposition.

Course of Action

Your health care provider may use the Data in the quantitative report section to construct your treatment plan.

Please note most hormone treatments have gradual and cumulative effects. Synchronizing the treatment plan with your hormone patterns as shown in this report helps insure a logical, gentle and body-harmonized approach.