

DU Essential Hormone Profile

Comments:

Results are suspect.

good clearance = good results

Creatinine: 140 mg/dL



Kidney clearance of hormones

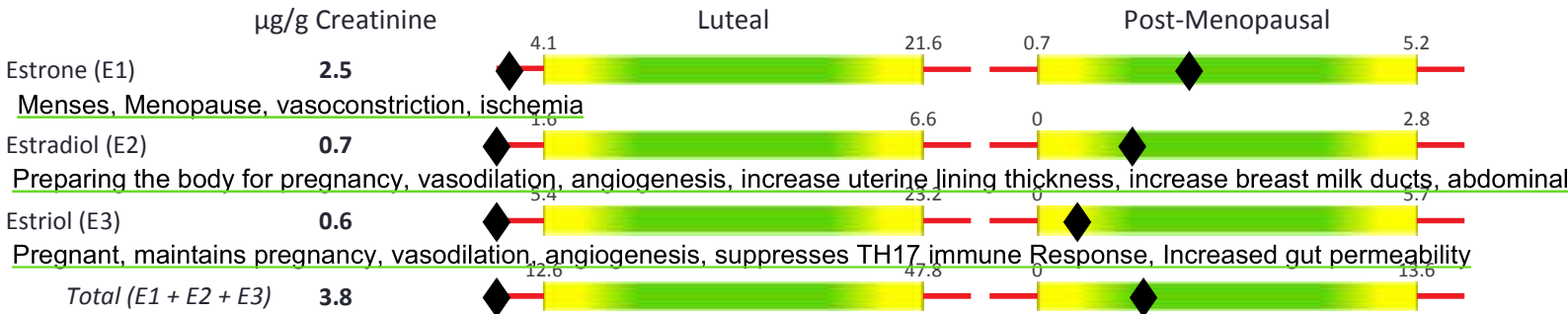
Low < poor clearance = Used to determine clearance of hormones.

Estrogens

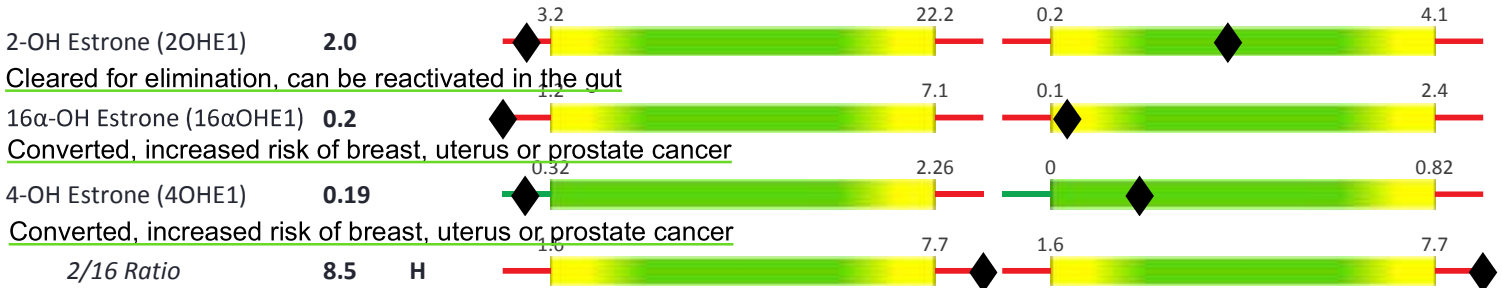
Reference Ranges

Postmenopausal women on hormones, or cycling women collecting during the luteal phase, refer to the luteal reference range.

Postmenopausal women not taking hormones, refer to the postmenopausal reference range



Phase I Metabolites



Phase II Metabolites



Other Reference Ranges

	Estrone	Estradiol	Estriol	Estrogen Total	Pregnanediol
Follicular	2.0-39	1.0-23	3.0-48	7.0-110	0-2500
Mid-Cycle	11.0-46	4.0-45	20-130	38-221	N/A



DU Essential Hormone Profile

Accession #:

Test Code: 4992

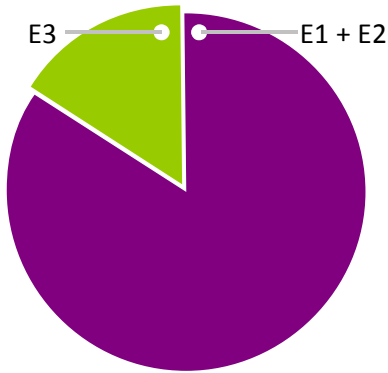
Patient Name:

Estrogen Ratios

Estrogen Ratios Hormones are not a mathematical equation.

Estrogen Quotient: 0.2
E3/(E1+E2)

Patient Result



Reference Range

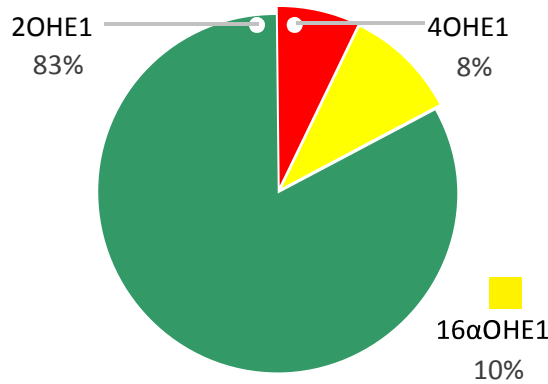
>1



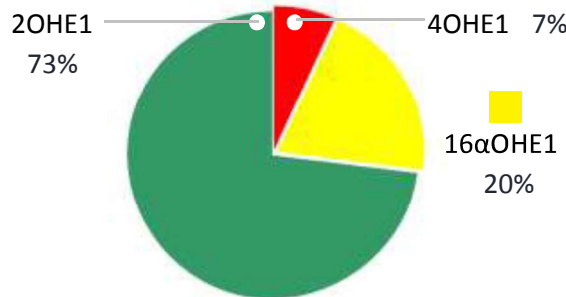
Patients with an EQ>1 have a higher survival rate after breast cancer, and may be at decreased risk for developing breast cancer. EQ often declines as women enter menopause.

Estrogen Hydroxylation

Patient Result



Reference Range



2-OHE1, a Phase I liver metabolite of estrone, is considered protective. 16α-OHE1 is a Phase I metabolite of estrone that has some duality: it is potentially carcinogenic and it is important for building bone. Therefore, very high levels and very low levels are both undesirable. High levels suggest a need for measures to improve estrogen detoxification. Low levels may increase risk of osteopenia.

4-OHE1 is a highly carcinogenic Phase I metabolite. Low levels are desirable.

Methylation Ratio: 0.18
2-Methoxyestrone/2OHE1

Patient Result



Reference Range

0.2 - 0.65



A comparison of 2-Methoxyestrone with 2OHE1 allows insight into methylation pathways. If the methylation ratio is on the low end of the reference range, consider adding supplements to improve methylation. If needed, consider further testing for methylation defects.

Progesterone

µg/g Creatinine

Reference Ranges

5β-Pregnanediol

206



Testosterone metabolite, marker for ovulation, PCOS



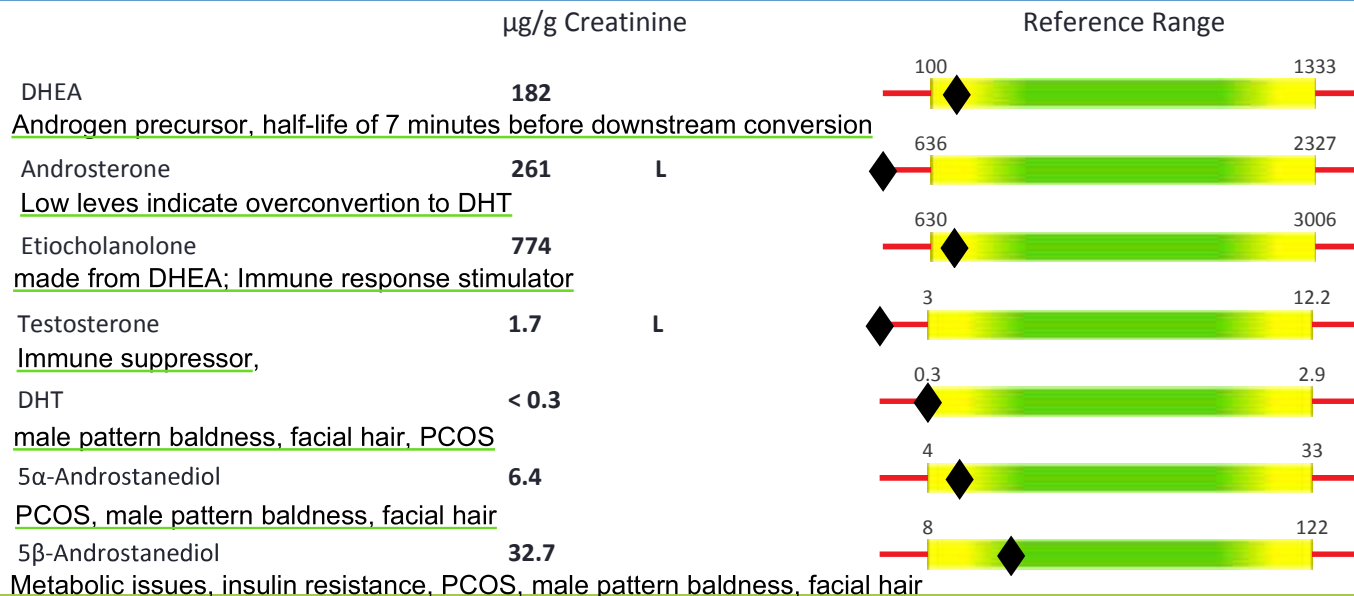
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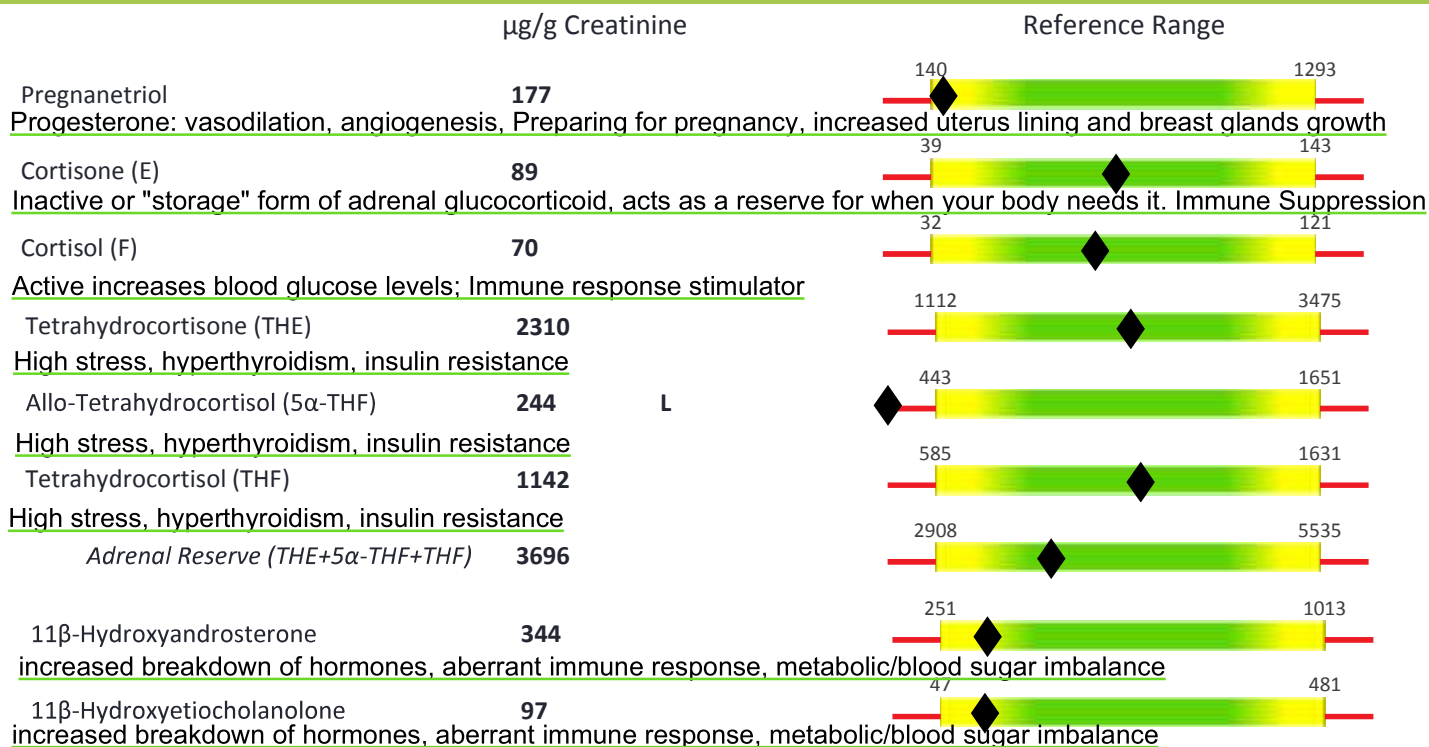
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Patient Name:

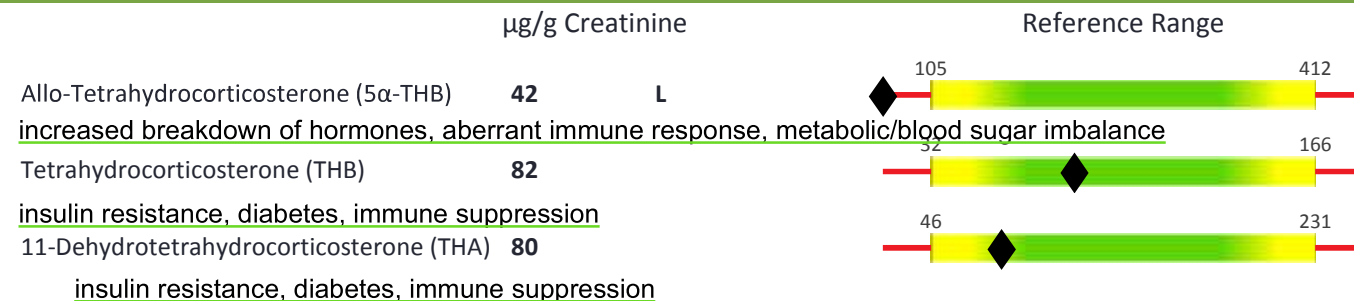
Androgens



Glucocorticoids



Mineralocorticoids



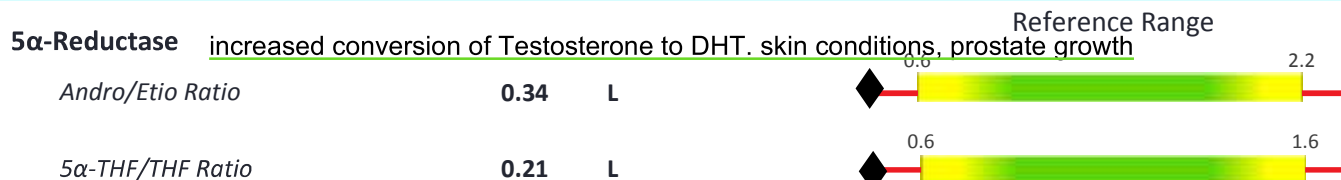
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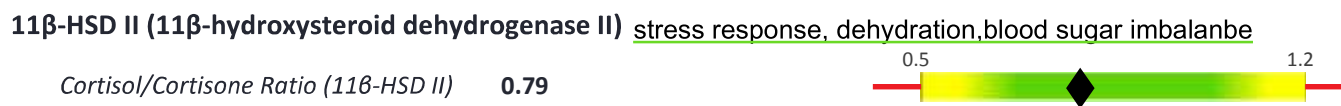
Test Code: **4992**

Patient Name:

Enzyme Activity Phenotype Assessment



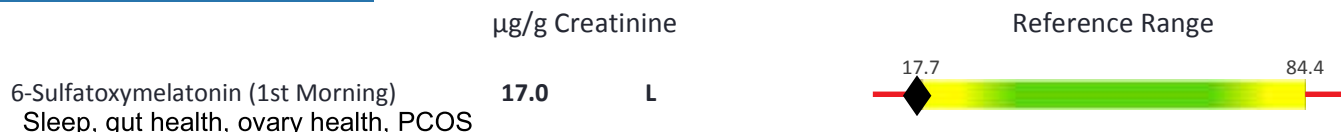
Elevated 5α-reductase activity is associated with Polycystic Ovarian Syndrome (PCOS) and hirsutism in women, Benign Prostatic Hyperplasia (BPH) and premature baldness in men, and obesity and insulin resistance in both genders. Low 5α-reductase activity may result in reduced conversion of testosterone to DHT and undervirilization in males.



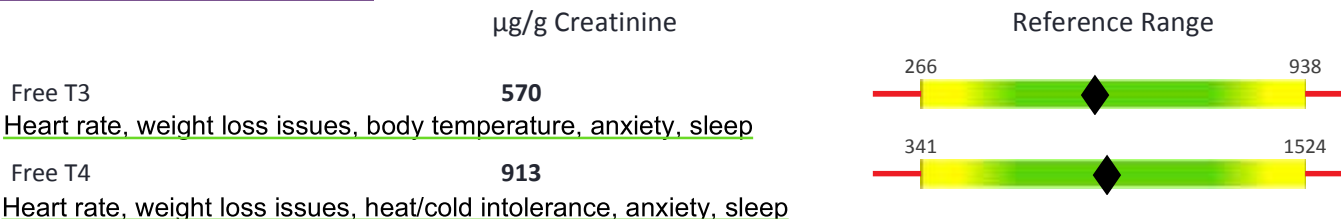
11β-HSD II is predominantly a renal enzyme. It inactivates cortisol in order to prevent competitive binding to mineralocorticoid receptors. Its activity can be measured by the ratio of cortisol/cortisone. An elevated ratio (toward right on the graph) indicates suppressed enzyme activity, and may be clinically related to stress, hypertension, high dose licorice, cortisol administration, or insulin resistance.

Other Analytes

Melatonin



Thyroid



Organic Acids

