Test Results

ZRT LABORATORY

8605 SW CreekSide Place
Beaverton, OR 97008
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Samples Arrived: 09/22/2017
Date Closed: 09/22/2017

Samples Collected:

Blood Spot: 09/20/17 08:00

Ordering Provider:

Getuwell
8605 SW Creekside Pl
Beaverton, OR 97008

Carrie Cardio
1 Heart Way
Beaverton, OR 97007

BMI: 30.0
Height: 5 ft 4 in
Weight: 175 lb
Waist: Unspecified

Menses Status: Hysterectomy (ovaries removed)
Gender: Female

Last Menses: Unspecified
DOB: 8/4/1959 (58 yrs)   Patient Ph#: 555 555 5555

Test Name	Result		Range
Blood Spot CardioMetabolic Markers			
Insulin	**19.1**	H	1-15 µIU/mL (optimal 2-6)
hsCRP	**3.1**	H	<3 mg/L
Hemoglobin A1c	**6.6**	H	<6%
Triglycerides	**215**	H	<150 mg/dL
Cholesterol	**260**	H	<200 mg/dL
HDL	**42**		40 mg/dL or higher
LDL Cholesterol	**175**	H	<130 mg/dL (optimal <100)
VLDL	**43**	H	<30 mg/dL

<dL = Less than the detectable limit of the lab.
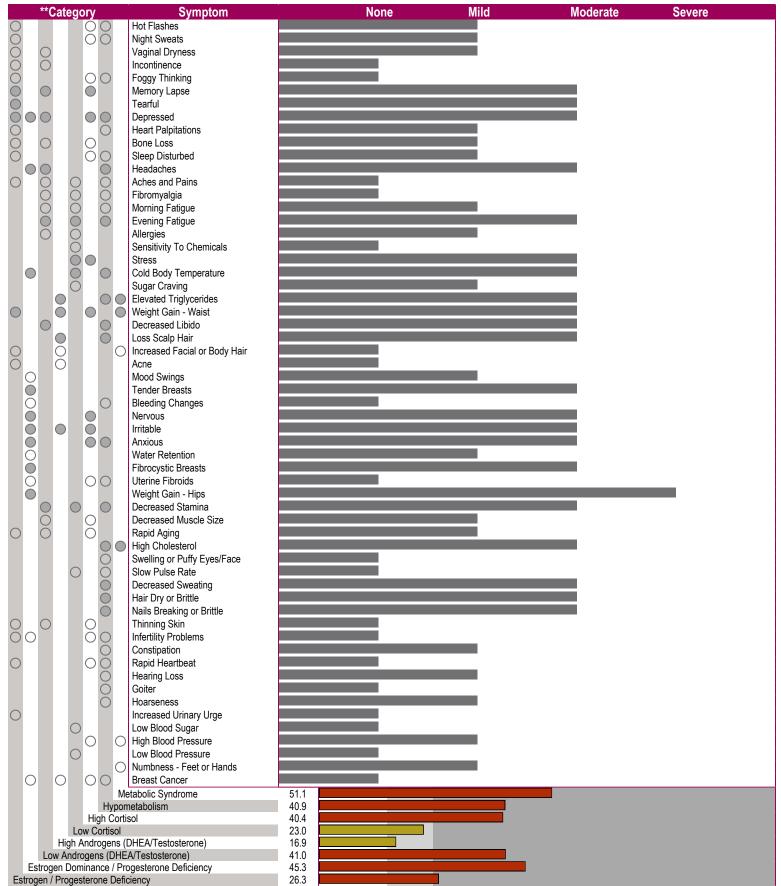*N/A = Not applicable; 1 or more values used in this calculation is less than the detectable limit.*

Therapies

0.625mg oral Premarin (conjugate estrogens) (Pharmaceutical) (1 Days Last Used); 400IU oral Vitamin D (unknown type) (OTC) (1 Days Last Used)

David T. Zava
David T. Zava, Ph.D.
(Laboratory Director)

A McAllister ND
Alison McAllister, ND
(Ordering Provider unless otherwise specified on pg1)

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Category	Symptom	None	Mild	Moderate	Severe
	Hot Flashes				
	Night Sweats				
	Vaginal Dryness				
	Incontinence				
	Foggy Thinking				
	Memory Lapse				
	Tearful				
	Depressed				
	Heart Palpitations				
	Bone Loss				
	Sleep Disturbed				
	Headaches				
	Aches and Pains				
	Fibromyalgia				
	Morning Fatigue				
	Evening Fatigue				
	Allergies				
	Sensitivity To Chemicals				
	Stress				
	Cold Body Temperature				
	Sugar Craving				
	Elevated Triglycerides				
	Weight Gain - Waist				
	Decreased Libido				
	Loss Scalp Hair				
	Increased Facial or Body Hair				
	Acne				
	Mood Swings				
	Tender Breasts				
	Bleeding Changes				
	Nervous				
	Irritable				
	Anxious				
	Water Retention				
	Fibrocystic Breasts				
	Uterine Fibroids				
	Weight Gain - Hips				
	Decreased Stamina				
	Decreased Muscle Size				
	Rapid Aging				
	High Cholesterol				
	Swelling or Puffy Eyes/Face				
	Slow Pulse Rate				
	Decreased Sweating				
	Hair Dry or Brittle				
	Nails Breaking or Brittle				
	Thinning Skin				
	Infertility Problems				
	Constipation				
	Rapid Heartbeat				
	Hearing Loss				
	Goiter				
	Hoarseness				
	Increased Urinary Urge				
	Low Blood Sugar				
	High Blood Pressure				
	Low Blood Pressure				
	Numbness - Feet or Hands				
	Breast Cancer				

Category	Value
Metabolic Syndrome	51.1
Hypometabolism	40.9
High Cortisol	40.4
Low Cortisol	23.0
High Androgens (DHEA/Testosterone)	16.9
Low Androgens (DHEA/Testosterone)	41.0
Estrogen Dominance / Progesterone Deficiency	45.3
Estrogen / Progesterone Deficiency	26.3

**Category* refers to the most common symptoms experienced when specific hormone types (eg estrogens, androgens, cortisol) are out of balance, i.e., either high or low.

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Lab Comments

High fasting insulin indicates insulin resistance or a non-fasting sample (note: fasting insulin assumes no food or beverages, other than water, for at least 10 hours prior to blood collection). Insulin resistance predisposes to significantly increased lifetime risk for developing more serious health conditions such as metabolic syndrome (high blood pressure, excessive weight gain inthe waist, elevated blood lipids), diabetes, and cardiovascular disease. Exercise, stress reduction, weight reduction, dietary modification, and creating a better hormonal balance with natural hormone replacement therapy have been shown to be effective natural ways of treating insulin resistance and should be discussed with your doctor. In women, extreme hormonal imbalances (includes estrogens, progesterone, testosterone, and cortisol), either too low or too high (usually caused by excessive supplementation), can result in insulin resistance. Testing for these steroid hormones in saliva and correcting any imbalances (ie, supplementation when too low and dose reduction or use of herbs, diet and exercise when too high), in combination with lifestyle changes (exercise, improved diet, stress reduction), should be considered as part of a treatment strategy to prevent long term adverse health risks.

High Sensitivity C-Reactive Protein (hs-CRP) is slightly elevated (3-5 mg/L). Slightly higher CRP is common and expected with use of oral estradiol supplementation. Elevated hs-CRP is a marker of inflammation and contributor to pro-inflammatory and pro-thrombotic elements of cardiovascular disease risk. Elevated hs-CRP is associated with increased risk of heart attacks, ischemic stroke and peripheral arterial disease. Individuals with elevated hs-CRP are often insulin resistant (associated with elevated triglycerides), which increases risk for development of diabetes. Lifestyle changes such as exercise, weight loss, and smoking cessation help lower hs-CRP.

HbA1c is elevated. HbA1c is a measure of red blood cell hemoglobin glycation. Because red blood cells have about a 120 day life span, a high HbA1c reflects mean hyperglycemia (elevated glucose) for the previous 3 months. In people without diabetes, a normal HbA1c value is somewhere between 3.5% and 5.5%. The American Diabetic Association recommends that HbA1c is normal if it is between 4% and 6%. People with diabetes have higher HbA1c values because their bodies have difficulty managing their blood sugar levels (hyperglycemia). A healthy goal for most people with diabetes is to keep HbA1c under 7% (or the goal set for you by your doctor). With persistently high levels of HbA1c, there is increased risk of developing problems suchas eye disease, kidney disease, nerve damage, heart disease, and stroke. The recommendation is to measure HbA1c every 3-6 months, and treat to a target level of < 7%. If these recommendations are successfully followed in most people with diabetes, long-term complications, especially microvascular complications, can be significantly reduced.

Triglycerides are elevated. Triglycerides are a type of fat in the bloodstream that is taken up by tissues and used as a primary energy source. Triglycerides are derived from fats consumed in food and synthesized in the body from carbohydrates (sugars). Triglycerides are stored by tissues and released into the bloodstream in response to hormonal signals. Elevated triglycerides (hypertriglyceridemia) above 200 mg/dL are associated with increased risk for heart disease and stroke. Hypertriglyceridemia above 150 mg/dL signals insulin resistance/metabolic syndrome and is often found in untreated type 2 diabetes. Calorie restriction, lowering simple carbohydrates in the diet, and exercise are natural ways to lower triglycerides and reduce risk for cardiovascular disease and diabetes.

Cholesterol is within a range (>240 mg/dL) considered by most health experts as high risk for cardiovascular disease.Cholesterol should be evaluated in parallel with other lipid risk factors, which include triglycerides, LDL and HDL cholesterol.

High levels of triglycerides and LDL cholesterol further increase risk, whereas high HDL cholesterol decreases risk. the current NCEP-ATP III recommendations for LDL cholesterol are <100 optimal, 100-129 near optimal, and 130 and above becomes the high range. The ADA and American College of Cardiology Foundation's consensus statement recommended a cutoff of 100mg/dL for LDL in patients at high risk who have 2 or more additional risk factors for CVD. For additional information see http://en.wikipedia.org/wiki/Cholesterol HDL cholesterol is within the ranges most health experts consider as low risk for cardiovascular disease. However, HDL-cholesterol should be evaluated in parallel with LDL and triglycerides, which also are risk factors.

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