

# Test Results



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2017 06 05 447 S

Samples Arrived: 06/05/2017  
 Date Closed: 06/08/2017

Samples Collected:

Saliva: 05/30/17 08:00  
 Saliva: 05/30/17 12:00  
 Saliva: 05/30/17 17:00  
 Saliva: 05/30/17 23:30



Ordering Provider:

Canary Club  
 422 Larkfield Center Ste 255  
 Richard L Shames, MD  
 Santa Rosa, CA 95403

BMI: 27.3  
 Height: 5 ft 10 in  
 Weight: 190 lb  
 Waist: 36 in

Gender: Male DOB: (59 yrs)

Test Name	Result	Range
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**Salivary Steroids**

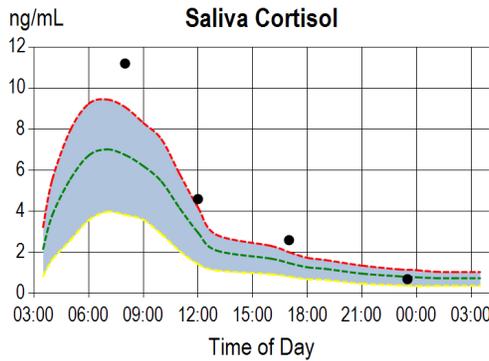
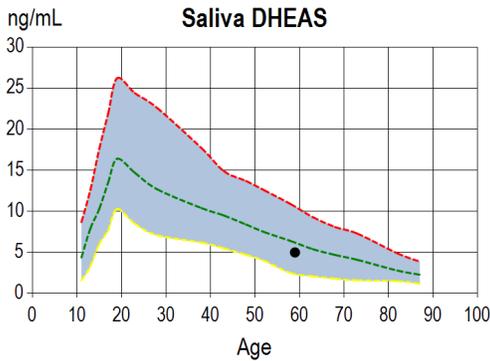
DHEAS	5.0	2-23 ng/mL (Age Dependent)
Cortisol	11.2 H	3.7-9.5 ng/mL (morning)
Cortisol	4.6 H	1.2-3.0 ng/mL (noon)
Cortisol	2.6 H	0.6-1.9 ng/mL (evening)
Cortisol	0.7	0.4-1.0 ng/mL (night)

<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**

None Indicated

Disclaimer: Graphs below represent hormone levels in testers not using hormone supplementation and are provided for informational purposes only. Please see comments for additional information if results are higher or lower than expected. Graph key High Avg Low



The above results and comments are for informational purposes only and are not to be construed as medical advice. Please consult your healthcare practitioner for diagnosis and treatment.

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

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

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**ZRT Laboratory Reference Ranges**

Disclaimer: Supplement type and dosage are for informational purposes only and are not recommendations for treatment. For a complete listing of reference ranges, go to [www.zrtlab.com/reference-ranges](http://www.zrtlab.com/reference-ranges).

Test Name	Men
DHEAS - ng/mL	2-23 ng/mL (Age Dependent)
Cortisol - ng/mL	3.7-9.5 ng/mL (morning); 1.2-3.0 ng/mL (noon); 0.6-1.9 ng/mL (evening); 0.4-1.0 ng/mL (night)

**Category	Symptom	None	Mild	Moderate	Severe
	Burned Out Feeling				
	Apathy				
	Difficulty Sleeping				
	Increased Forgetfulness				
	Decreased Mental Sharpness				
	Depressed				
	Mental Fatigue				
	Irritable				
	Nervous				
	Anxious				
	Morning Fatigue				
	Evening Fatigue				
	Decreased Stamina				
	Decreased Muscle Size				
	Sore Muscles				
	Increased Joint Pain				
	Decreased Flexibility				
	Neck or Back Pain				
	Weight Gain - Breast or Hips				
	Weight Gain - Waist				
	Elevated Triglycerides				
	Sugar Craving				
	Heart Palpitations				
	Dizzy Spells				
	Headaches				
	Ringing In Ears				
	Cold Body Temperature				
	Allergies				
	Sensitivity To Chemicals				
	Decreased Erections				
	Decreased Libido				
	Prostate Problems				
	Decreased Urine Flow				
	Increased Urinary Urge				
	Hot Flashes				
	Night Sweats				
	Bone Loss				
	Stress				
	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				
	Low Blood Sugar				
	High Blood Pressure				
	Low Blood Pressure				
	Numbness - Feet or Hands				
	Oily Skin or Hair				
	Acne				
	Aggressive Behavior				
	Prostate Cancer				
	Metabolic Syndrome	0.0			
	Hypometabolism	0.0			
	High Cortisol	0.0			
	Low Cortisol	0.0			
	High Androgens (DHEA/Testosterone)	0.0			
	Low Androgens (DHEA/Testosterone)	0.0			
	Estrogen Dominance / Progesterone Deficiency	0.0			
	Estrogen / Progesterone Deficiency	0.0			

\*\*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**

DHEAS is within mid-normal expected age range. DHEAS is highest during the late teens to early twenties (10-20 ng/ml) and drops steadily with age to the lower end of range by age 70-80.

Cortisol is elevated in the morning and throughout the day, but drops to the normal range at night before bed. In a normal individual without significant stressors, cortisol is highest in the morning shortly after awakening and steadily drops throughout the day, reaching the lowest level during sleep in the very early morning about 2 am. Cortisol is normally very low throughout sleep starting to rise several hours before waking and peaking 30 minutes after waking. This pattern of cortisol's rise and fall is referred to as the circadian rhythm. Changes in each tested cortisol level or a change in the pattern suggests a loss of proper adrenal response. Elevated cortisol usually reflects a stressor. The most common adrenal stressors that can raise cortisol levels include: mental/emotional trauma, physical insults (e.g. pain, diseases), chemical exposure (environmental pollutants, excessive medications), and blood sugar imbalance. Acute situational stressors (e.g., work, vigorous exercise or poor dietary choices) can also raise cortisol levels, which is a normal response to the stressor. However, if the stressors persist, the adrenal glands either continue to meet the demands of the stressor with high cortisol output, or the signal becomes downregulated in the face of chronic stimulation, wherein cortisol levels fall below normal. For additional information about adrenal dysfunction and strategies for adrenal support the following books are recommended: "Adrenal Fatigue" by James L. Wilson, ND, DC, PhD; "The End of Stress as We Know It" by Bruce McEwen.