TEST REPORT

Live Well Testing

 # 2019 05 08 524 S

Ordering Provider:
Live Well Testing

Samples Received
05/08/2019

Report Date
05/16/2019

Samples Collected
Saliva - 05/05/19 05:30
Saliva - 05/05/19 10:30
Saliva - 05/05/19 15:30
Saliva - 05/05/19 20:30

Patient Name: Michael F Kline
Patient Phone Number: 516 318 5403

Gender	Height	Waist
Male	6 ft 3 in	36 in
DOB	**Weight**	**BMI**
12/9/1980 (38 yrs)	210 lb	26.2

TEST NAME	RESULTS | 05/05/19	RANGE
Salivary Steroids		
Cortisol	5.6	3.7-9.5 ng/mL (morning)
Cortisol	2.5	1.2-3.0 ng/mL (noon)
Cortisol	1.6	0.6-1.9 ng/mL (evening)
Cortisol	1.1 H	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. H = High. L = Low.

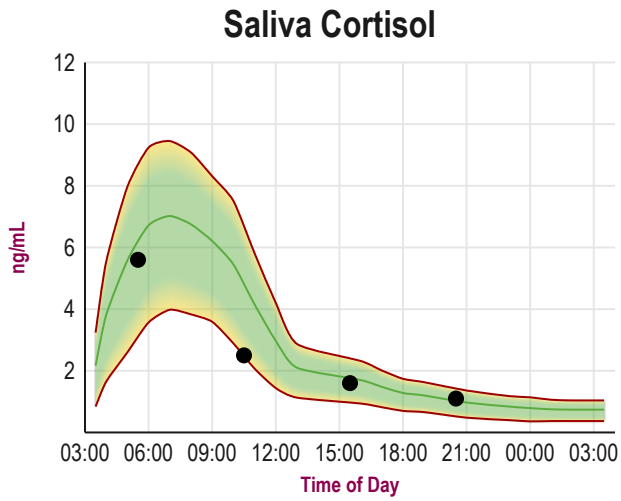
Therapies

0.125mg 3x/week oral Anastrozole (aromatase inhibitor) (Pharmaceutical) (2 Days Last Used); IM (SC) Injection Testosterone - Cypionate (Pharmaceutical) (1 Days Last Used); Sertraline; IM (SC) Injection hCG (Pharmaceutical) (34 Hours Last Used)

Graphs

Disclaimer: Graphs below represent averages for healthy individuals not using hormones. Supplementation ranges may be higher. Please see supplementation ranges and lab comments if results are higher or lower than expected.

Average ▼▲ Off Graph



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, Ph.D.
Laboratory Director

Alison McAllister, ND.
(Ordering Provider unless otherwise specified on page 1)

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.

TEST NAME	MEN
Cortisol	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)

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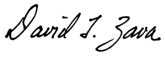

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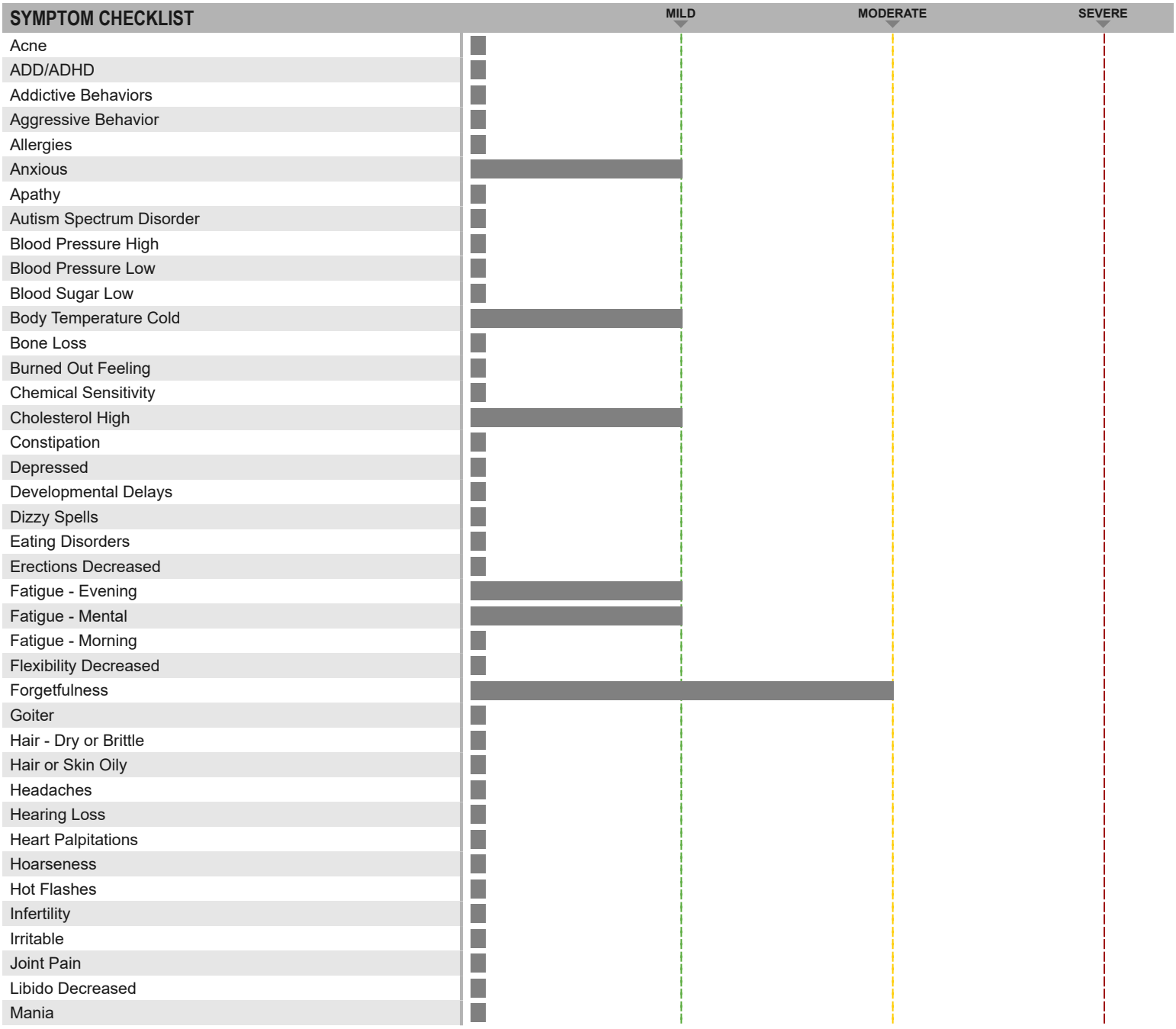
Disclaimer: Symptom Categories below show percent of symptoms self-reported by the patient compared to total available symptoms for each category. For detailed information on category breakdowns, go to www.zrtlab.com/patient-symptoms.

SYMPTOM CATEGORIES	RESULTS | 05/05/19
Estrogen / Progesterone Deficiency	10%
Estrogen Dominance / Progesterone Deficiency	1%
Low Androgens (DHEA/Testosterone)	7%
High Androgens (DHEA/Testosterone)	4%
Low Cortisol	8%
High Cortisol	14%
Hypometabolism	9%
Metabolic Syndrome	3%



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SYMPTOM CHECKLIST	MILD	MODERATE	SEVERE
Mental Sharpness Decreased			
Muscle Size Decreased			
Muscle Soreness			
Nails Breaking or Brittle			
Neck or Back Pain			
Nervous			
Night Sweats			
Numbness - Feet or Hands			
OCD			
Panic Attacks			
Prostate Cancer			
Prostate Problems			
Pulse Rate Slow			
Rapid Aging			
Rapid Heartbeat			
Ringing In Ears			
Skin Thinning			
Sleeping Difficulty			
Stamina Decreased			
Stress			
Sugar Cravings			
Sweating Decreased			
Swelling or Puffy Eyes/Face			
Triglycerides Elevated			
Urinary Urge Increased			
Urine Flow Decreased			
Weight Gain - Breast or Hips			
Weight Gain - Waist			

Lab Comments

Cortisol is within expected range throughout most of the day but rises to a high level at night. High night cortisol indicates some form of adrenal stressor (emotional/physical-surgery, injury or disease causing inflammation/dietary-starvation/low blood glucose from dysglycemia/microbial-bacterial, fungal, or viral infections). Acute effects of a high cortisol are usually associated with agitation-irritability, anxiety, and sleep disturbances. However, when the stressor has been chronic over a prolonged period of time (months/years) this leads to conditions such as weight gain in the waist, muscle and bone loss, depression, and immune suppression. Dysfunction of other hormones is closely associated with chronic excess cortisol. For example, tissue resistance to insulin, caused by chronically high cortisol, leads to insulin resistance/metabolic syndrome which is associated with weight gain in the waist, dyslipidemia (unhealthy blood lipid profiles) and high blood pressure, which in turn increase the risk for diseases such as diabetes, cardiovascular disease, and cancer. Chronic high cortisol suppresses immune function, lowering natural defenses against infection and disease. Because chronic stressors and associated high night cortisol can have serious long term adverse effects on health and well being, it is important to develop strategies to identify and eliminate or reduce the stressors. For additional information about adrenal dysfunction and strategies for adrenal support and lowering stress/cortisol levels the following books and journal articles are worth reading: "Adrenal Fatigue", by James L. Wilson, N.D., D.C., Ph.D.; "The Cortisol Connection", by Shawn Talbott, Ph.D.; "The End of Stress As We Know It" by Bruce McEwen; "Phosphatidylserine", by Paris Kidd, Ph.D.; "The influence of Phosphatidylserine supplementation on mood and heart rate when faced with an acute stressor", Benton et al., Nutritional Neuroscience 4; 169-178, 2001.

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