



METABOLISM TEST REPORT

Patient Name Jane Doe	Patient ID JD600702	Non-smoker	BMI 30.6	Waist 28 in
DOB 9/7/1976 (43 yrs)	Report Date and Time 5/27/2020 18:00	Medications None		
Gender F	Received Date and Time 5/11/2020 15:00			
Menopausal Status Postmenopausal	Specimen Collection Date and Time Saliva Morning 5/7/2020 09:30 Blood Spot 5/7/2020 09:30	Provider ID: 0000 Dr. T 17387 63 rd Ave Lake Oswego, OR 97035 Ph: XXX-XXX-XXXX		

YOUR TEST RESULTS

Normal Range Low or High Range Your Levels

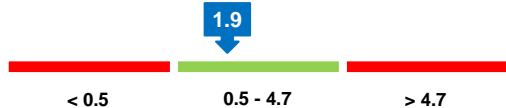
Testosterone (pg/mL)



Cortisol Morning (ng/ml)



TSH (μIU/ mL)



What do your hormone results mean?

TESTOSTERONE

Testosterone has important role in maintaining bone strength, muscle mass and energy level. In women, testosterone contributes to sex drive or libido. Menopause causes significant decline in the testosterone levels. In men, testosterone is responsible for growth and development of sexual characteristics, facial and body hair, increased sexual drive and sperm production.

Low testosterone levels can result in conditions like hair loss, reduced muscle mass, hot flashes, depression and increased breast size. High testosterone levels have been linked with aggressive behavior, acne, low sperm count, liver disease and heart muscle damage.

CORTISOL

In addition to being called as “the stress hormone”, cortisol helps in proper glucose metabolism, converting sugars into energy. High cortisol levels in men have been associated with hyperglycemia, weight gain, compromised immune function and high blood pressure. Cortisol imbalance is known to result in conditions like irritability, fatigue, depression, foggy thinking, weight gain and bone loss. Stress reducing activities including meditation and breathing exercise have been recommended to relieve stress levels and avoid premature aging.

Thyroid-Stimulating Hormone

In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels are elevated. In primary hyperthyroidism, TSH levels are low. The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal.

Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.