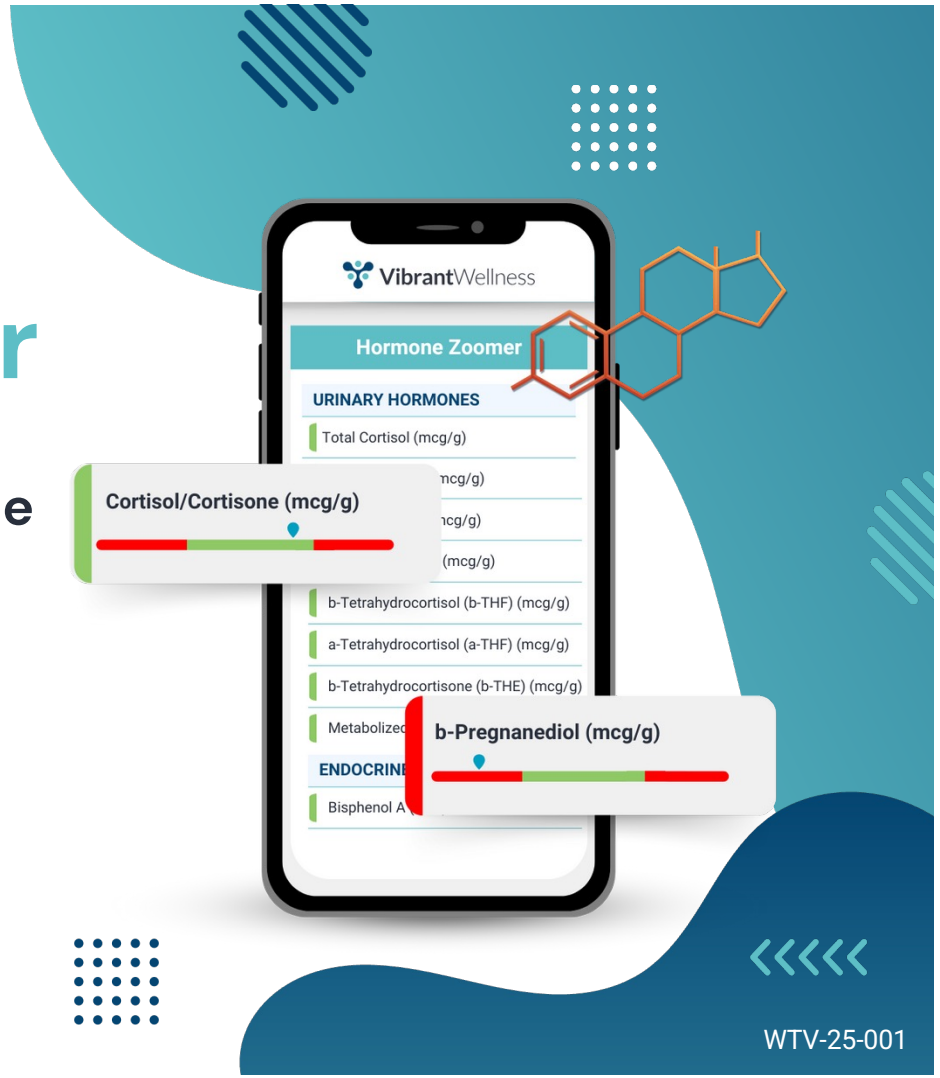
VIBRANT CLINICAL TRAINING

Hormone Zoomer

Measuring adrenal hormones, sex hormones & metabolites alongside endocrine disruptors, oxidative stress, and bone health markers



VibrantWellness

May 9th, 2025



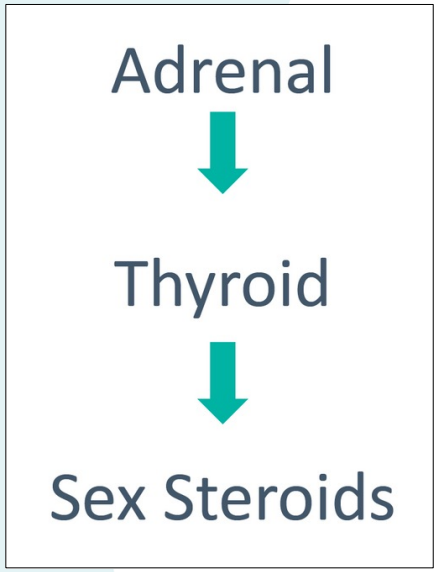
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Agenda

- Overview of Hormone Zoomer
- The Vibrant Advantage
- Gold Standard Technology
- Sample Report Walkthrough
- Complementary Testing
- Key Takeaways

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Hormones Control Many Bodily Processes



- Metabolism
- Homeostasis of BP, BG, electrolytes, temp
- Growth & development
- Sexual function
- Reproduction
- Sleep-wake cycle
- Mood

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Symptoms of Hormonal Imbalance

- Weight gain
- Poor stamina
- Poor muscle tone
- Osteoporosis
- Fatigue
- Hair loss
- Hot flashes
- Night sweats
- Insomnia
- Low libido
- Infertility
- Amenorrhea
- Menorrhagia
- Dysmenorrhea
- Anxiety
- Depression
- Brain fog
- Mood swings

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Hormone Patient Demographics

Women

- Menstrual symptoms
- Fertility issues
- Perimenopause
- Menopause
- Hormone Replacement Therapy

Men

- Low testosterone
- Low libido
- Fatigue
- Anxiety/Depression

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Serum, Saliva, or Urine?

Method	Baseline Hormones	Diurnal Cortisol/HPA Axis Curves	Hormone Metabolites	Oral/Pellet/ Patch HRT	Transdermal Progesterone	Sublingual HRT
Serum	✓			✓[a]		✓[c]
Saliva	✓	✓		✓[a]	✓	
Urine	✓	✓	✓	✓[a,b]		

[a] *Need to account for timing of testing in relation to oral HRT intake to assess dosing. Consider combining methodologies for the most comprehensive representation.*

[b] *Oral progesterone is not measured directly in urine testing, progesterone metabolites are measured.*

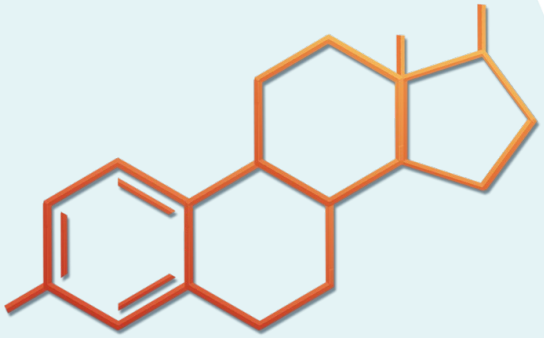
[c] *Need to account for timing of testing in relation to sublingual HRT.*

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Hormone Zoomer

Measuring adrenal hormones & metabolites, diurnal cortisol, cortisone, and melatonin, and sex hormones & metabolites alongside endocrine disruptors, oxidative stress, and bone health markers.



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Hormone Zoomer
Markers List

Endocrine Disruptor Markers

- Bisphenol A (BPA)
- Atrazine
- Glyphosate
- Monoethyl Phthalate
- Mono-2-ethylhexyl Phthalate
- Mono-(2-ethyl-5-hydroxyhexyl) Phthalate
- Mono-(2-ethyl-5-oxohexyl) Phthalate
- Methylparaben
- Ethylparaben
- Butylparaben
- Propylparaben
- Triclosan
- Perchlorate

Bone Health Markers

- Deoxypyridinoline (DPD) Crosslinks
- Pyridinoline (PYD) Crosslinks

Oxidative Stress Marker

- 8-Hydroxy-2-deoxyguanosine (8OHdG)

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Urinary Hormone Markers

Adrenal Hormones

- Deoxycorticosterone
- Corticosterone
- DHEA
- DHEA-S
- Total Cortisol
- Total Cortisone
- β-Tetrahydrocortisol (β-THF)
- α-Tetrahydrocortisol (α-THF)
- β-Tetrahydrocortisone (β-THE)

Diurnal Cortisol

- Free Cortisol (1st Morning)
- Free Cortisol (2nd Morning)
- Free Cortisol (Evening)
- Free Cortisol (Night)
- Free Cortisol (Pooled)

Diurnal Cortisone

- Free Cortisone (1st Morning)
- Free Cortisone (2nd Morning)
- Free Cortisone (Evening)
- Free Cortisone (Night)
- Free Cortisone (Pooled)

Estrogen

- Estradiol (E2)
- Estrone (E1)
- Estriol (E3)
- 2-OH Estradiol
- 2-OH Estrone
- 4-OH Estradiol
- 4-OH Estrone
- 16α-OH Estrone
- 2-MeO Estradiol
- 2-MeO Estrone
- 4-MeO Estradiol
- 4-MeO Estrone
- Total Estrogen

Ratios

- 2-OH E1/4-OH E1
- E3/(E1+E2)
- 2-OH (E1 + E2)/16α-OH E1
- 2-MeO E1/2-OH E1
- 4-MeO E1/4-OH E1
- 4-MeO E2/4-OH E2
- β-Pregnanediol/E2
- T/Epi-T
- Cortisol/Cortisone
- Metabolized Cortisol (THF+THE)

Diurnal Melatonin

- Melatonin (1st Morning)
- Melatonin (2nd Morning)
- Melatonin (Evening)
- Melatonin (Night)
- Melatonin (Pooled)

Creatinine

- Creatinine (1st Morning)
- Creatinine (2nd Morning)
- Creatinine (Evening)
- Creatinine (Night)
- Creatinine (Pooled)

Progesterone

- β-Pregnanediol
- α-Pregnanediol
- Allopregnanolone
- 3α-Dihydroprogesterone
- 20α-Dihydroprogesterone

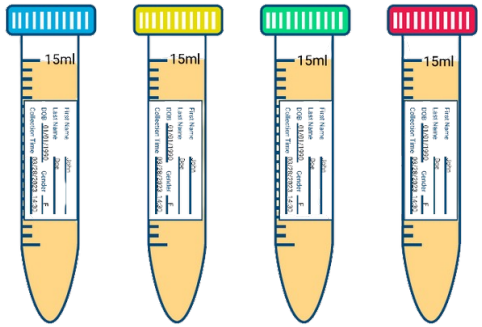
Testosterone

- Androstenedione
- Androsterone
- Etiocholanolone
- Testosterone (T)
- Epi-Testosterone (Epi-T)
- 5α-DHT
- 5α,3α-Androstanediol
- 5β-Androstanediol

At-Home Urine Test

Collect four urine tubes

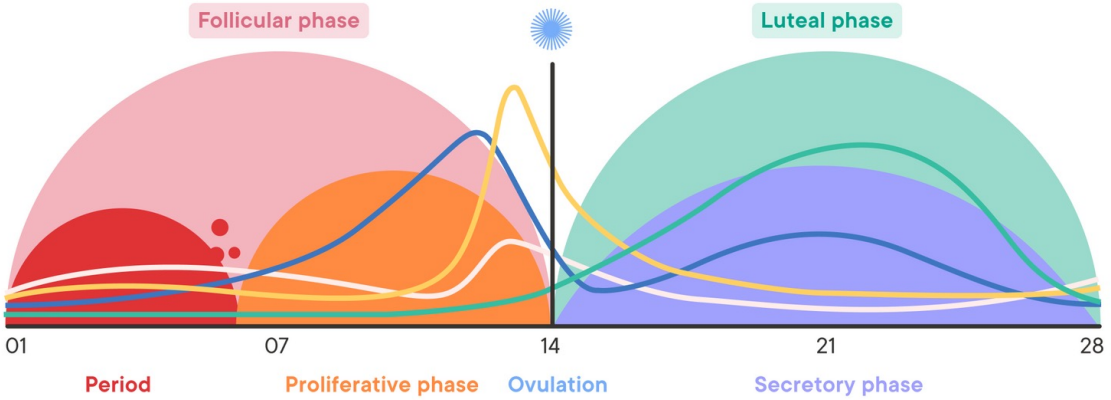
- **1st Morning (before 9 AM):** upon waking
- **2nd Morning:** 2 hours after waking
- **Evening (around 5 PM):** before dinner
- **Night (around 10 PM):** before bed



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Collection Date: Based on Menstrual Cycle



- **Men and Non-Menstruating Women:** Collect any day of the month.
- **Women With Regular Cycles:** Collect on day 19, 20, or 21 of the menstrual cycle
- **Women With Irregular Cycles:** Collect 5-7 days *before* expected onset of menses
- **Postmenopasal Women on HRT:** Collect midway between doses

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Preparation: What to Avoid

Important Note: *For optimal and clinically relevant results, samples should be collected under normative conditions ensuring consistency in collection procedures and tube handling. Patients should maintain their routine diet, medications, and supplements unless specifically instructed otherwise by their healthcare provider. This approach ensures accurate assessment based on their usual physiological state.*

Diet: For 48 hours before, avoid phytoestrogen-rich foods (e.g., soy, flaxseeds, licorice) and dopamine influences (e.g., bananas, avocados, fava beans). Limit caffeine and alcohol.



Supplements: Avoid tyrosine, quercetin, or Mucuna for 48 hours.

Hydration: Avoid fluids 2 hours before each sample collection. Maintain normal hydration—avoid overhydrating to prevent dilution.

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Preparation: Hormone Usage

The test is used to monitor HRT therapy. Continue hormone-related supplements unless you are specifically instructed by your provider.

- Hormone creams and gels can be used as usual.
- Patches, pellets and injections-based HRT, collections can be done midway of dosage.
- If you are instructed to stop HRT by your provider, please wait 72 hours before collecting the sample.

Restrictions: Oral DHEA, oral estrogen, oral progesterone and oral pregnenolone 24-72 hours prior to collection could impact the results and it is best to avoid in consultation with your provider.

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Questionnaire:

Female



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Questionnaire Data

BACKGROUND

Age	58	Last menstrual period	-	Regular menstral cycles	No
Sex	Female	Reproductive health stage	Post menopausal	Uterus present	Yes

BONE HEALTH AND TOXIN EXPOSURE

Bone density scan	Yes	If yes, scan result	Osteoporosis
Experienced any fractures	No	Exposed to toxic chemicals	No

SYMPTOM HISTORY

Hot flashes/night sweats	None	Sleep disturbances	None	Loss of muscle mass	Moderate
Mood swings/irritability	None	Joint pain	Moderate	Difficulty concentrating	None
Fatigue	Severe	Loss of libido	None	Urinary problems	None
Vaginal dryness	None				

MEDICAL BACKGROUND

MEDICAL HISTORY		COMORBIDITIES		FAMILY HISTORY	
Breast cancer	No	Cardiovascular disease	Yes	Cancer	No
Ovarian cancer	No	Liver disease	No	Breast cancer	Yes
Endometrial (uterine) cancer	No	Hypertension	No	Cardiovascular disease	No
Stomach cancer	No	Gallbladder complications	No	Cerebrovascular disease	No
Pancreatic cancer	No	Thyroid conditions	No	SLE or Autoimmune	No
Colon or rectal cancer	No	Obesity	Yes	Venous thrombus embolism	No
Any cancer not listed above	No	Type 2 diabetes	No	Thyroid disease	Yes
		Blood clots or venous thromboembolism	Yes	Hypertension	No
		Other	No	Other	No

TREATMENT CONSIDERATIONS

Hormone treatment preference	HRT	Sensitive skin	No	Peanut Allergy	Yes
Undergoing HRT and/or taking any medications	No	If yes, please list and provide necessary details:			

COMMENTS

None

Questionnaire:

Male



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Questionnaire Data

BACKGROUND

Date of Birth	1975-01-01	Bladder or prostate infection history in the last 12 months	NO
Biological sex	Male	Radical Prostatectomy	NO

BONE HEALTH AND TOXIN EXPOSURE

Bone density scan	YES	If yes, scan result	OSTEOPOROSIS
Experienced any fractures	NO	Exposed to toxic chemicals	NO

SYMPTOM HISTORY

Fatigue / Low Energy	None	Increased Body Fat / Weight Gain	None	Thinning or Loss of Hair	None
Decreased Sexual Desire (Libido)	Severe	Depression/Anxiety	None	Irritability or Mood Swings	None
Erectile Dysfunction	None	Poor sleep	None	Poor Concentration or Memory Problems	Moderate
Decreased Muscle Mass	Severe	Reduced physical performance	None		

MEDICAL BACKGROUND

MEDICAL HISTORY		COMORBIDITIES		FAMILY HISTORY	
Hypogonadism (low testosterone)	NO	Type 2 diabetes	YES	Cancer	N/A
		Liver disease	N/A	Prostate cancer/issues	N/A
		Obesity	N/A	Cardiovascular disease	YES
		Cardiovascular disease (heart attack, stroke, etc)	N/A	Cerebrovascular Disease	N/A
		Sleep apnea	N/A	SLE or Autoimmune	N/A
		Infertility issues	N/A	Venous Thrombus Embolism	N/A
		SLE or Autoimmune	N/A	Thyroid disease	N/A
		Prostate conditions (e.g., BPH, prostate cancer)	N/A	Hypertension	N/A
		Thyroid disease	N/A	Other	N/A
		Hypertension	N/A		
		Other	N/A		

TREATMENT CONSIDERATIONS

Hormone treatment preference	HRT	Sensitive skin (Affects certain forms of HRT)	NO
Undergoing HRT and/or taking any medications	NO	If yes, please list and provide necessary details:	-

ADDITIONAL INFORMATION

N/A

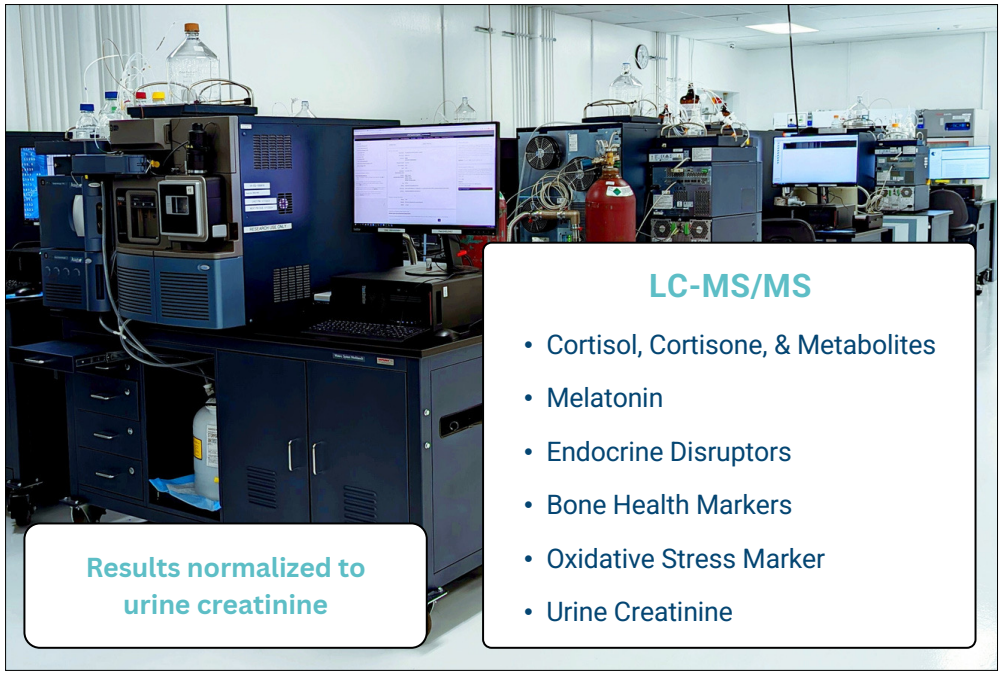
Gas Chromatography
Tandem Mass Spectrometry



GC-MS/MS

- Estrogens & Metabolites
- Progesterone Metabolites
- Testosterone & Metabolites

Liquid Chromatography
Tandem Mass Spectrometry



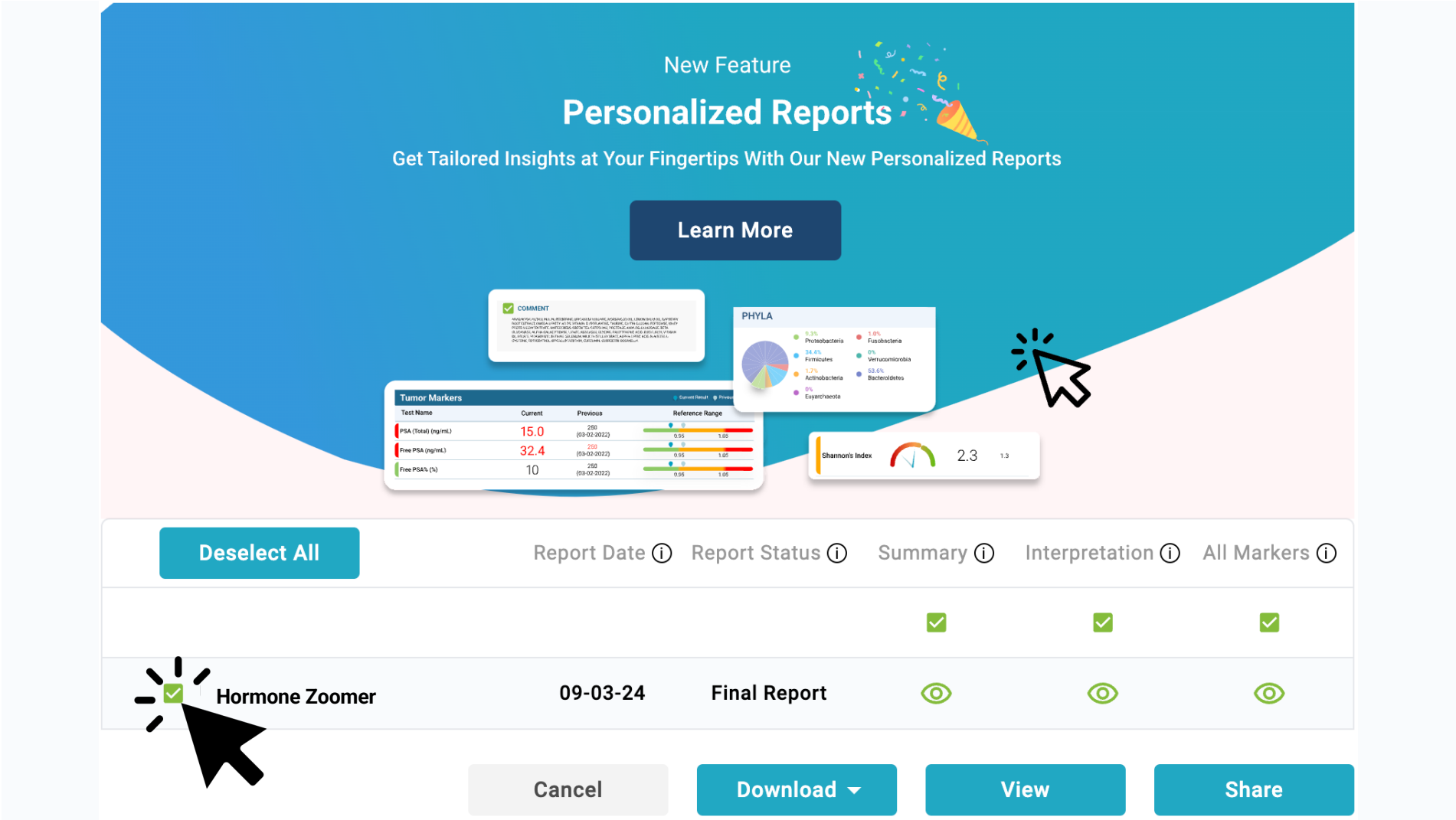
Results normalized to urine creatinine

LC-MS/MS

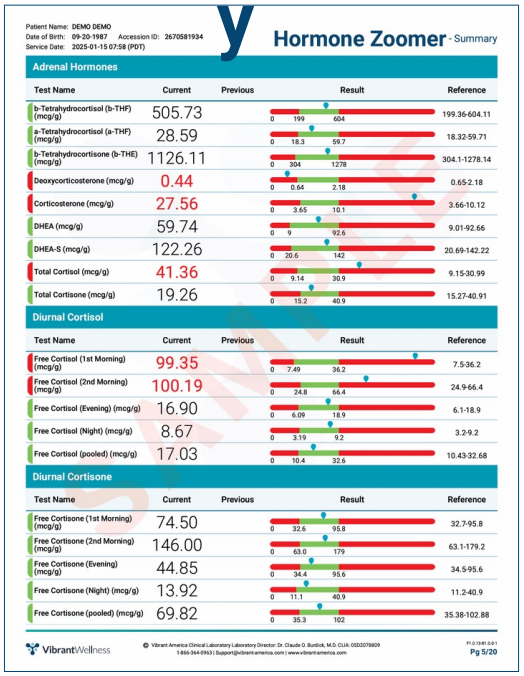
- Cortisol, Cortisone, & Metabolites
- Melatonin
- Endocrine Disruptors
- Bone Health Markers
- Oxidative Stress Marker
- Urine Creatinine

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New Feature
Personalized Reports
Get Tailored Insights at Your Fingertips With Our New Personalized Reports
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Tumor Markers
Test Name
Current
Previous
Reference Range
PSA (Total) (ng/mL)
15.0
Free PSA (ng/mL)
32.4
Free PSA% (%)
10
Shannon's Index
2.3
Deselect All
Report Date
Report Status
Summary
Interpretation
All Markers
Hormone Zoomer
09-03-24
Final Report
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Summar



Patient Name: DEMO DEMO
Date of Birth: 09-20-1987 Accession ID: 2670581934
Service Date: 2025-01-15 07:58 (PDT)

y Hormone Zoomer - Summary

Adrenal Hormones

Test Name	Current	Previous	Result	Reference
b-Tetrahydrocortisol (b-THF) (mcg/g)	505.73		0 199 604	199.36-604.11
a-Tetrahydrocortisol (a-THF) (mcg/g)	28.59		0 18.3 59.7	18.32-59.71
b-Tetrahydrocortisone (b-THE) (mcg/g)	1126.11		0 304 1278	304.1-1278.14
Deoxycorticosterone (mcg/g)	0.44		0 0.64 2.18	0.65-2.18
Corticosterone (mcg/g)	27.56		0 3.65 10.1	3.66-10.12
DHEA (mcg/g)	59.74		0 9 92.6	9.01-92.66
DHEA-S (mcg/g)	122.26		0 20.6 142	20.69-142.22
Total Cortisol (mcg/g)	41.36		0 9.14 30.9	9.15-30.99
Total Cortisone (mcg/g)	19.26		0 15.2 40.9	15.27-40.91

Diurnal Cortisol

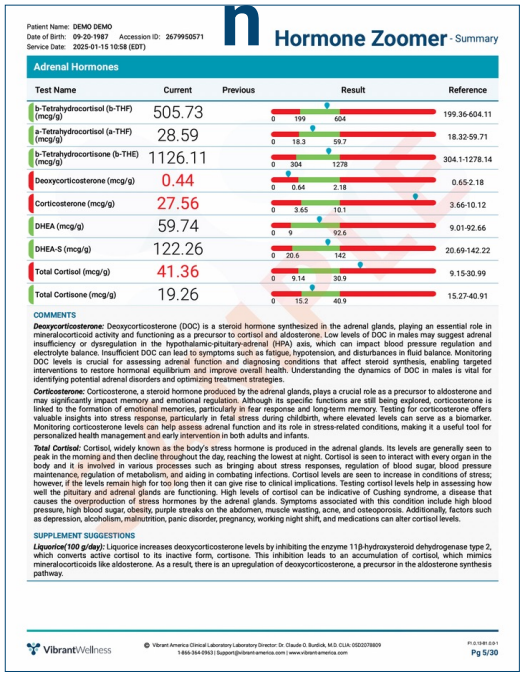
Test Name	Current	Previous	Result	Reference
Free Cortisol (1st Morning) (mcg/g)	99.35		0 7.49 36.2	7.5-36.2
Free Cortisol (2nd Morning) (mcg/g)	100.19		0 24.8 66.4	24.9-66.4
Free Cortisol (Evening) (mcg/g)	16.90		0 6.09 18.9	6.1-18.9
Free Cortisol (Night) (mcg/g)	8.67		0 3.19 9.2	3.2-9.2
Free Cortisol (pooled) (mcg/g)	17.03		0 10.4 32.6	10.43-32.68

Diurnal Cortisone

Test Name	Current	Previous	Result	Reference
Free Cortisone (1st Morning) (mcg/g)	74.50		0 32.6 95.8	32.7-95.8
Free Cortisone (2nd Morning) (mcg/g)	146.00		0 63.0 179	63.1-179.2
Free Cortisone (Evening) (mcg/g)	44.85		0 34.4 95.6	34.5-95.6
Free Cortisone (Night) (mcg/g)	13.92		0 11.1 40.9	11.2-40.9
Free Cortisone (pooled) (mcg/g)	69.82		0 35.3 102	35.38-102.88

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Interpretatio



Patient Name: DEMO DEMO
Date of Birth: 09-20-1987 Accession ID: 2679950571
Service Date: 2025-01-15 10:58 (EDT)

n Hormone Zoomer - Summary

Adrenal Hormones

Test Name	Current	Previous	Result	Reference
b-Tetrahydrocortisol (b-THF) (mcg/g)	505.73		0 199 604	199.36-604.11
a-Tetrahydrocortisol (a-THF) (mcg/g)	28.59		0 18.3 59.7	18.32-59.71
b-Tetrahydrocortisone (b-THE) (mcg/g)	1126.11		0 304 1278	304.1-1278.14
Deoxycorticosterone (mcg/g)	0.44		0 0.64 2.18	0.65-2.18
Corticosterone (mcg/g)	27.56		0 3.65 10.1	3.66-10.12
DHEA (mcg/g)	59.74		0 9 92.6	9.01-92.66
DHEA-S (mcg/g)	122.26		0 20.6 142	20.69-142.22
Total Cortisol (mcg/g)	41.36		0 9.14 30.9	9.15-30.99
Total Cortisone (mcg/g)	19.26		0 15.2 40.9	15.27-40.91

COMMENTS

Deoxycorticosterone: Deoxycorticosterone (DOC) is a steroid hormone synthesized in the adrenal glands, playing an essential role in mineralocorticoid activity and functioning as a precursor to cortisol and aldosterone. Low levels of DOC in males may suggest adrenal insufficiency or dysregulation in the hypothalamic-pituitary-adrenal (HPA) axis, which can impact blood pressure regulation and electrolyte balance. Insufficient DOC can lead to symptoms such as fatigue, hypotension, and disturbances in fluid balance. Monitoring DOC levels is crucial for assessing adrenal function and diagnosing conditions that affect steroid synthesis, enabling targeted interventions to restore hormonal equilibrium and improve overall health. Understanding the dynamics of DOC in males is vital for identifying potential adrenal disorders and optimizing treatment strategies.

Corticosterone: Corticosterone, a steroid hormone produced by the adrenal glands, plays a crucial role as a precursor to aldosterone and may significantly impact memory and emotional regulation. Although its specific functions are still being explored, corticosterone is linked to the formation of emotional memories, particularly in fear response and long-term memory. Testing for corticosterone offers valuable insights into stress response, particularly in fetal stress during childbirth, where elevated levels can serve as a biomarker. Monitoring corticosterone levels can help assess adrenal function and its role in stress-related conditions, making it a useful tool for personalized health management and early intervention in both adults and infants.

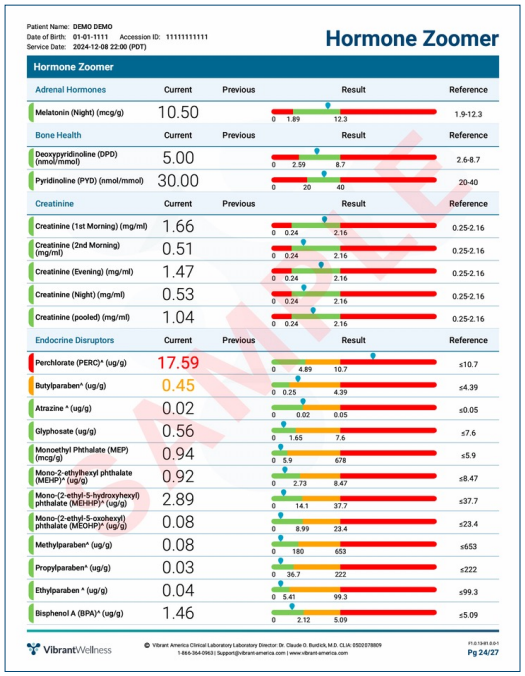
Total Cortisol: Cortisol, widely known as the body's stress hormone is produced in the adrenal glands. Its levels are generally seen to peak in the morning and then decline throughout the day, reaching the lowest at night. Cortisol is seen to interact with every organ in the body and it is involved in various processes such as bringing about stress responses, regulation of blood sugar, blood pressure maintenance, regulation of metabolism, and aiding in combating infections. Cortisol levels are seen to increase in conditions of stress; however, if the levels remain high for too long then it can give rise to clinical implications. Testing cortisol levels help in assessing how well the pituitary and adrenal glands are functioning. High levels of cortisol can be indicative of Cushing syndrome, a disease that causes the overproduction of stress hormones by the adrenal glands. Symptoms associated with this condition include high blood pressure, high blood sugar, obesity, purple streaks on the abdomen, muscle wasting, acne, and osteoporosis. Additionally, factors such as depression, alcoholism, malnutrition, panic disorder, pregnancy, working night shift, and medications can alter cortisol levels.

SUPPLEMENT SUGGESTIONS

Liquorice(100 g/day): Liquorice increases deoxycorticosterone levels by inhibiting the enzyme 11β-hydroxysteroid dehydrogenase type 2, which converts active cortisol to its inactive form, cortisone. This inhibition leads to an accumulation of cortisol, which mimics mineralocorticoids like aldosterone. As a result, there is an upregulation of deoxycorticosterone, a precursor in the aldosterone synthesis pathway.

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All Markers



Patient Name: DEMO DEMO
Date of Birth: 01-01-1111 Accession ID: 111111111111
Service Date: 2024-12-08 22:00 (PDT)

Hormone Zoomer

Hormone Zoomer

Adrenal Hormones	Current	Previous	Result	Reference
Melatonin (Night) (mcg/g)	10.50		0 1.89 12.3	1.9-12.3
Bone Health	**Current**	**Previous**	**Result**	**Reference**
Deoxypyridinoline (DPD) (nmol/mmol)	5.00		0 2.59 8.7	2.6-8.7
Pyridinoline (PYD) (nmol/mmol)	30.00		0 20 40	20-40
Creatinine	**Current**	**Previous**	**Result**	**Reference**
Creatinine (1st Morning) (mg/ml)	1.66		0 0.24 2.16	0.25-2.16
Creatinine (2nd Morning) (mg/ml)	0.51		0 0.24 2.16	0.25-2.16
Creatinine (Evening) (mg/ml)	1.47		0 0.24 2.16	0.25-2.16
Creatinine (Night) (mg/ml)	0.53		0 0.24 2.16	0.25-2.16
Creatinine (pooled) (mg/ml)	1.04		0 0.24 2.16	0.25-2.16
Endocrine Disruptors	**Current**	**Previous**	**Result**	**Reference**
Perchlorate (PERC)^ (ug/g)	17.59		0 4.89 10.7	≤10.7
Butylparaben^ (ug/g)	0.45		0 0.25 4.39	≤4.39
Atrazine ^ (ug/g)	0.02		0 0.02 0.05	≤0.05
Glyphosate (ug/g)	0.56		0 1.65 7.6	≤7.6
Monoethyl Phthalate (MEP) (mcg/g)	0.94		0 5.9 678	≤5.9
Mono-2-ethylhexyl phthalate (MEHP)^ (ug/g)	0.92		0 2.73 8.47	≤8.47
Mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP)^ (ug/g)	2.89		0 14.1 37.7	≤37.7
Mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP)^ (ug/g)	0.08		0 8.99 23.4	≤23.4
Methylparaben^ (ug/g)	0.08		0 180 653	≤653
Propylparaben^ (ug/g)	0.03		0 36.7 222	≤222
Ethylparaben ^ (ug/g)	0.04		0 5.41 99.3	≤99.3
Bisphenol A (BPA)^ (ug/g)	1.46		0 2.12 5.09	≤5.09

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VibrantWellness

Full Report

- Cover Page
- Introduction
- Questionnaire Data
- Summary with Interpretation
- All Markers

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VibrantWellness

Hormone Zoomer

Date of Birth: 06-06-1967
Gender: Female
Age: 58
Height: 66 inches
Weight: 140 lbs
Fasting:

Street Address:
Email:

FINAL REPORT

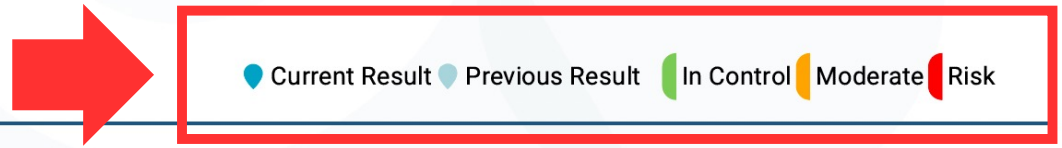
Accession ID: 2309556014

Provider Information

Practice Name: DEMO CLIENT, MD
Provider Name: DEMO CLIENT, MD
Phlebotomist: 0

Telephone: 000-000-0000
Address: 3521 Leonard Ct, Santa Clara, CA 95054

Report Information



Specimen Information

Sample Type	Collection Time	Received Time	Report	Final Report Date
Metal Free Urine	2024-12-09 00:00 (PDT)	2024-12-11 13:49 (PDT)	Hormone Zoomer - P2	2024-12-30 14:35 (PDT)
Urine 1st Morning	20 (PDT)	2024-12-11 13:49 (PDT)	Hormone Zoomer - P2	2024-12-30 14:35 (PDT)
Urine 2nd Morning	(PDT)	2024-12-11 13:49 (PDT)	Hormone Zoomer - P2	2024-12-30 14:35 (PDT)
Urine Evening	(PDT)	2024-12-11 13:49 (PDT)	Hormone Zoomer - P2	2024-12-30 14:35 (PDT)
Urine Night	2024 2-08 22:00 (PDT)	2024-12-11 13:49 (PDT)	Hormone Zoomer - P2	2024-12-30 14:35 (PDT)

Patient Name: **DEMO DEMO**
Date of Birth: **06-06-1967** Accession ID: **2309556014**
Service Date: **2024-12-08 22:00 (PDT)**

Hormone Zoomer

INTRODUCTION

Vibrant Wellness is pleased to present to you 'Hormone Zoomer, to help you make healthy lifestyle, dietary and treatment choices in consultation with your healthcare provider. It is intended to be used as a tool to encourage a general state of health and well-being.The Vibrant Hormone Zoomer is a test to measure urinary hormones including estrogens, androgens, progestogens, endocrine disruptors, bone health and oxidative stress. The panel is designed to give a complete picture of an individual's levels of hormones and metabolites along with toxins that can affect hormone functionality and risk markers for bone health metabolites in urine.

Methodology:

The Vibrant Hormone Zoomer Panel uses Liquid Chromatography Tandem Mass Spectrometry methodology (LC-MS/MS) for quantitative detection of Cortisol and Cortisone metabolites, Melatonin, Endocrine Disruptors, Bone Health, Creatinine and Oxidative Stress markers and Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) for quantitative detection of Estrogens, Progesterone and Androgen metabolites in urine samples.

Interpretation of Report:

The report begins with the list of all adrenal hormones and illustrations, followed by the sex hormones along with corresponding illustrations. The hormones section is followed by endocrine disruptors and bone health metabolites. Reference ranges for each analyte have been established using a cohort of gender and menstrual phase matched 1000 apparently healthy individuals. Classification of Red indicates a result that is outside the reference range and the classification of Green denotes a result that is within the reference range. Additionally, the previous value (if available) is also indicated to help check for improvements every time the test is ordered.

The Vibrant Wellness platform provides tools for you to track and analyze your general wellness profile. Testing for the Urinary Hormones panel is performed by Vibrant America, a CLIA certified lab CLIA#:05D2078809. Vibrant Wellness provides and makes available this report and any related services pursuant to the Terms of Use Agreement (the "Terms") on its website at www.vibrant-wellness.com. By accessing, browsing, or otherwise using the report or website or any services, you acknowledge that you have read, understood, and agree to be bound

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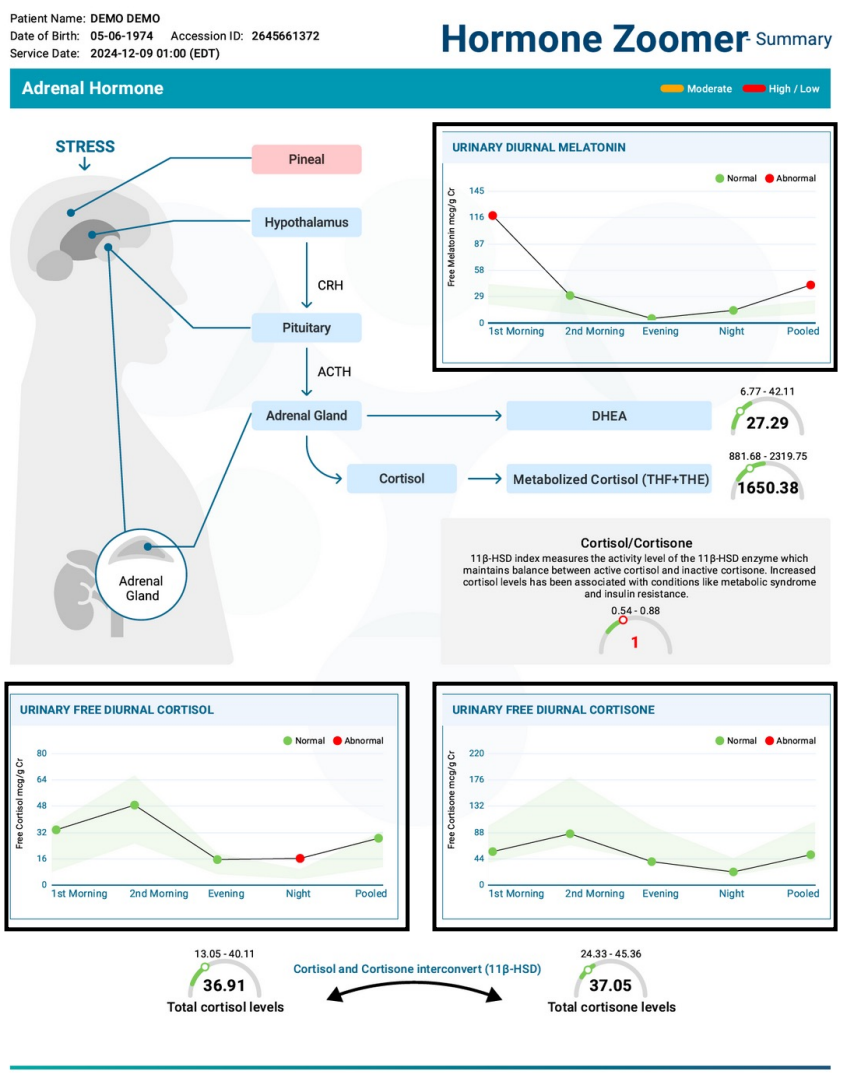
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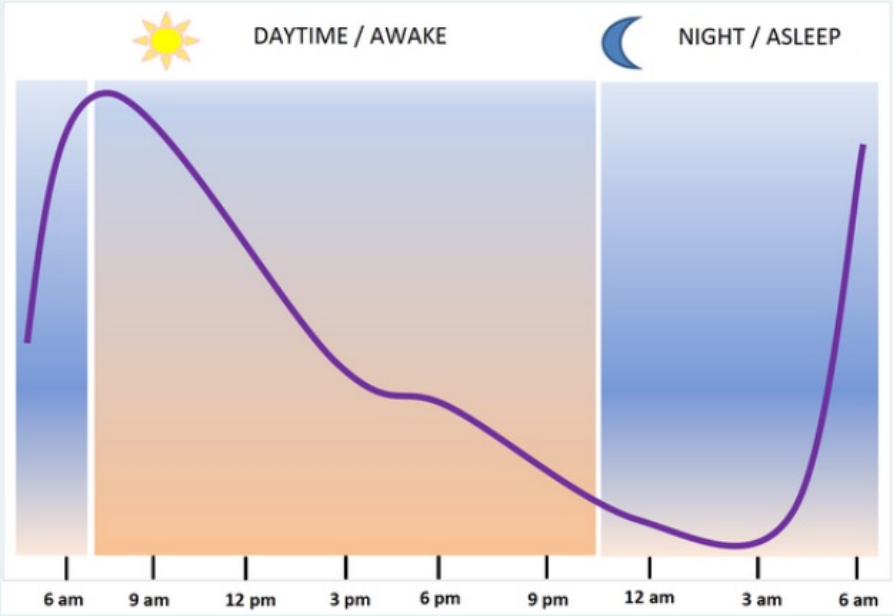
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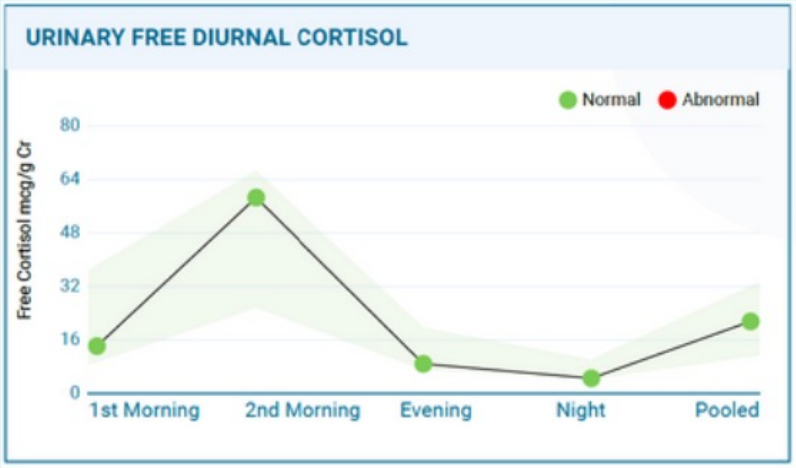
Please Note: It is important that you discuss any modifications to your diet, exercise, and nutritional supplementation with your healthcare provider before making any changes. The Vibrant America Clinical Support team can only provide basic and generalized interpretation of hormone biomarkers and pathways. It is the Vibrant ordering provider's responsibility to provide comprehensive interpretation and individualized treatment recommendations for hormone lab test results.

Diurnal Hormone Graphs



Diurnal Cortisol: Circadian Rhythm





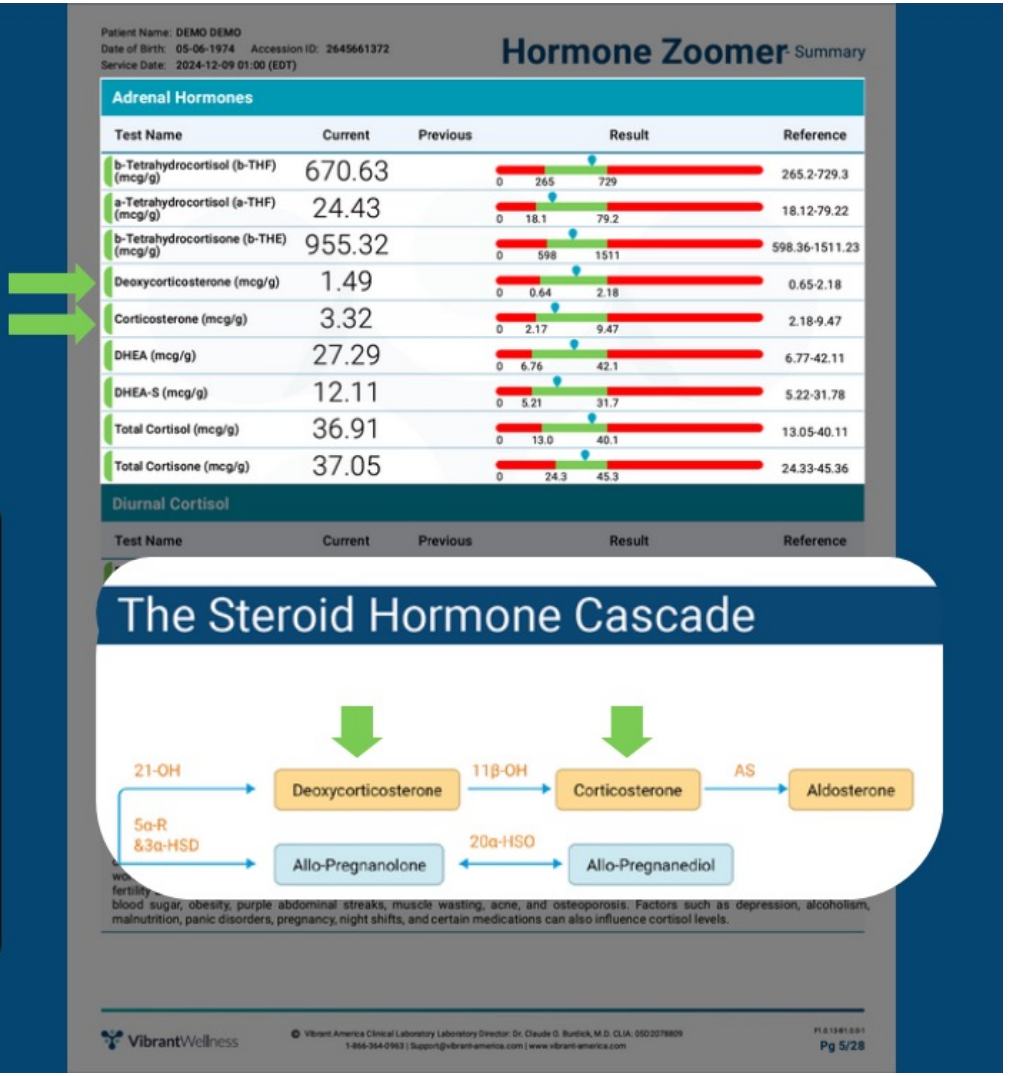
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VibrantWellness

Adrenal Hormones

Corticosterone & Deoxycorticosterone

- Precursors to aldosterone
- Offering insights into the Renin-Angiotensin-Aldosterone System (RAS) pathway function, stress response, and potential hypertension risk



Patient Name: DEMO DEMO
Date of Birth: 05-06-1974 Accession ID: 2645661372
Service Date: 2024-12-09 01:00 (EDT)

Hormone Zoomer Summary

Adrenal Hormones

Test Name	Current	Previous	Result	Reference
b-Tetrahydrocortisol (b-THF) (mcg/g)	670.63		0 265 729	265.2-729.3
a-Tetrahydrocortisol (a-THF) (mcg/g)	24.43		0 18.1 79.2	18.12-79.22
b-Tetrahydrocortisone (b-THE) (mcg/g)	955.32		0 598 1511	598.36-1511.23
Deoxycorticosterone (mcg/g)	1.49		0 0.64 2.18	0.65-2.18
Corticosterone (mcg/g)	3.32		0 2.17 9.47	2.18-9.47
DHEA (mcg/g)	27.29		0 6.76 42.1	6.77-42.11
DHEA-S (mcg/g)	12.11		0 5.21 31.7	5.22-31.78
Total Cortisol (mcg/g)	36.91		0 13.0 40.1	13.05-40.11
Total Cortisone (mcg/g)	37.05		0 24.3 45.3	24.33-45.36

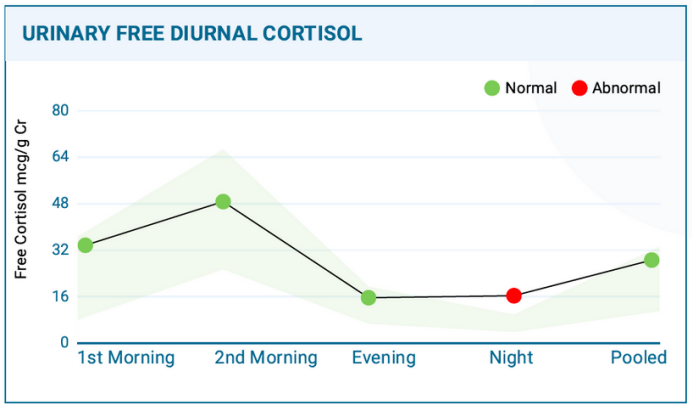
Diurnal Cortisol

Test Name	Current	Previous	Result	Reference

The Steroid Hormone Cascade

blood sugar, obesity, purple abdominal streaks, muscle wasting, acne, and osteoporosis. Factors such as depression, alcoholism, malnutrition, panic disorders, pregnancy, night shifts, and certain medications can also influence cortisol levels.

Diurnal Cortisol



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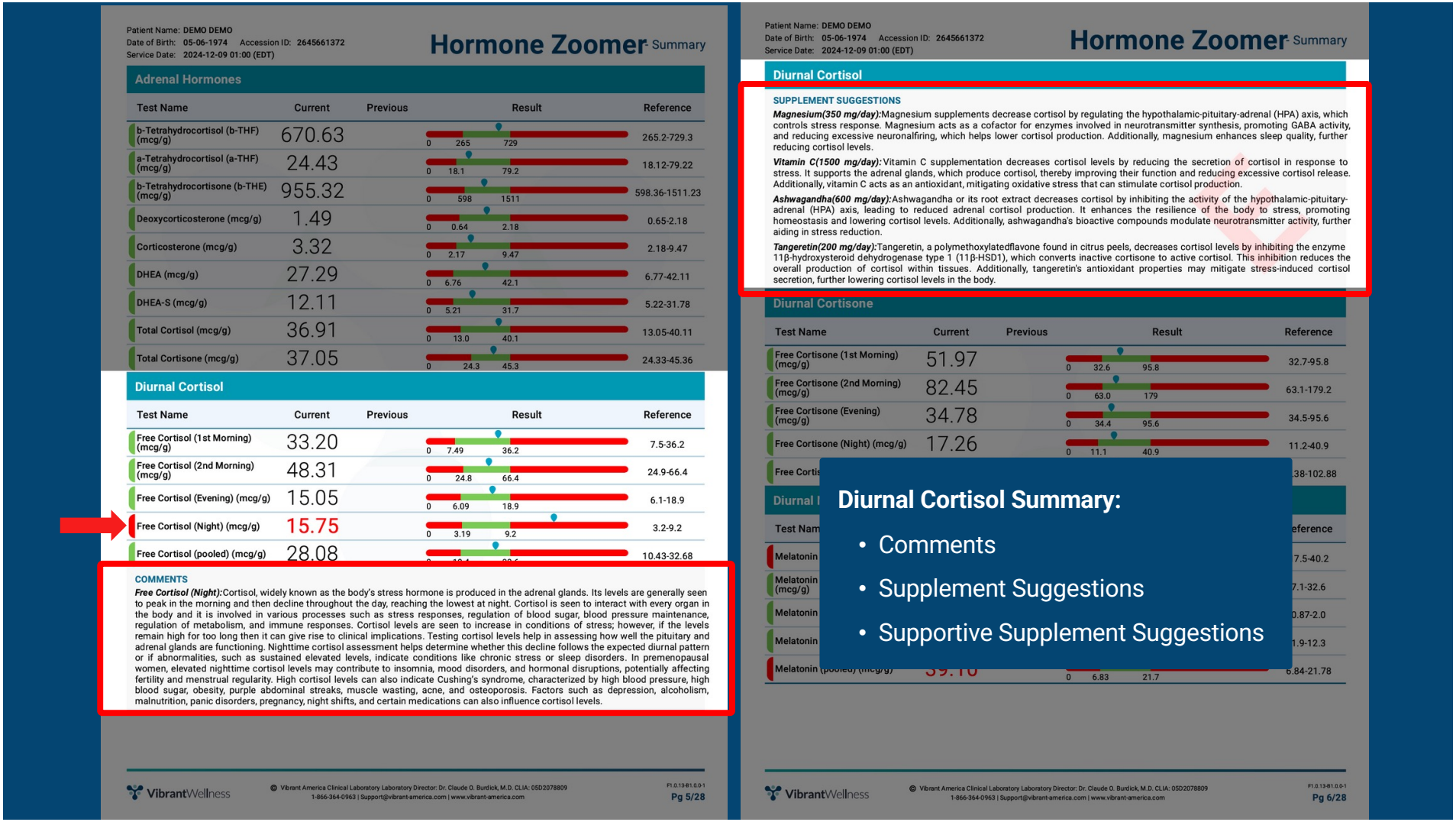
Diurnal Cortisol

Test Name	Current	Previous	Result	Reference
Free Cortisol (1st Morning) (mcg/g)	33.20		0 7.49 36.2	7.5-36.2
Free Cortisol (2nd Morning) (mcg/g)	48.31		0 24.8 66.4	24.9-66.4
Free Cortisol (Evening) (mcg/g)	15.05		0 6.09 18.9	6.1-18.9
Free Cortisol (Night) (mcg/g)	15.75		0 3.19 9.2	3.2-9.2
Free Cortisol (pooled) (mcg/g)	28.08		0 10.4 32.6	10.43-32.68

COMMENTS

Free Cortisol (Night): Cortisol, widely known as the body's stress hormone is produced in the adrenal glands. Its levels are generally seen to peak in the morning and then decline throughout the day, reaching the lowest at night. Cortisol is seen to interact with every organ in the body and it is involved in various processes such as stress responses, regulation of blood sugar, blood pressure maintenance, regulation of metabolism, and immune responses. Cortisol levels are seen to increase in conditions of stress; however, if the levels remain high for too long then it can give rise to clinical implications. Testing cortisol levels help in assessing how well the pituitary and adrenal glands are functioning. Nighttime cortisol assessment helps determine whether this decline follows the expected diurnal pattern or if abnormalities, such as sustained elevated levels, indicate conditions like chronic stress or sleep disorders. In premenopausal women, elevated nighttime cortisol levels may contribute to insomnia, mood disorders, and hormonal disruptions, potentially affecting fertility and menstrual regularity. High cortisol levels can also indicate Cushing's syndrome, characterized by high blood pressure, high blood sugar, obesity, purple abdominal streaks, muscle wasting, acne, and osteoporosis. Factors such as depression, alcoholism, malnutrition, panic disorders, pregnancy, night shifts, and certain medications can also influence cortisol levels.

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Patient Name: DEMO DEMO
Date of Birth: 05-06-1974 Accession ID: 2645661372
Service Date: 2024-12-09 01:00 (EDT)

Hormone Zoomer Summary

Diurnal Cortisol

SUPPLEMENT SUGGESTIONS

Magnesium(350 mg/day): Magnesium supplements decrease cortisol by regulating the hypothalamic-pituitary-adrenal (HPA) axis, which controls stress response. Magnesium acts as a cofactor for enzymes involved in neurotransmitter synthesis, promoting GABA activity, and reducing excessive neuronalfiring, which helps lower cortisol production. Additionally, magnesium enhances sleep quality, further reducing cortisol levels.

Vitamin C(1500 mg/day): Vitamin C supplementation decreases cortisol levels by reducing the secretion of cortisol in response to stress. It supports the adrenal glands, which produce cortisol, thereby improving their function and reducing excessive cortisol release. Additionally, vitamin C acts as an antioxidant, mitigating oxidative stress that can stimulate cortisol production.

Ashwagandha(600 mg/day): Ashwagandha or its root extract decreases cortisol by inhibiting the activity of the hypothalamic-pituitary-adrenal (HPA) axis, leading to reduced adrenal cortisol production. It enhances the resilience of the body to stress, promoting homeostasis and lowering cortisol levels. Additionally, ashwagandha's bioactive compounds modulate neurotransmitter activity, further aiding in stress reduction.

Tangeretin(200 mg/day): Tangeretin, a polymethoxylatedflavone found in citrus peels, decreases cortisol levels by inhibiting the enzyme 11β-hydroxysteroid dehydrogenase type 1 (11β-HSD1), which converts inactive cortisone to active cortisol. This inhibition reduces the overall production of cortisol within tissues. Additionally, tangeretin's antioxidant properties may mitigate stress-induced cortisol secretion, further lowering cortisol levels in the body.

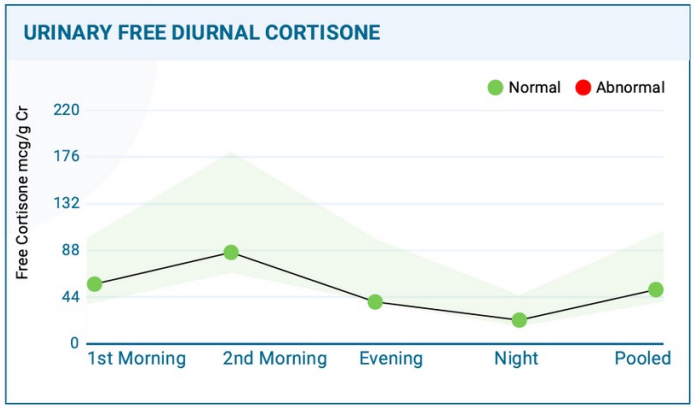
Diurnal Cortisone

Test Name	Current	Previous	Result	Reference
Free Cortisone (1st Morning) (mcg/g)	51.97		0 32.6 95.8	32.7-95.8
Free Cortisone (2nd Morning) (mcg/g)	82.45		0 63.0 179	63.1-179.2
Free Cortisone (Evening) (mcg/g)	34.78		0 34.4 95.6	34.5-95.6
Free Cortisone (Night) (mcg/g)	17.26		0 11.1 40.9	11.2-40.9
Free Corti				.38-102.88
Diurnal				
Test Nam				eference
Melatonin				7.5-40.2
Melatonin (mcg/g)				7.1-32.6
Melatonin				0.87-2.0
Melatonin				1.9-12.3
Melatonin (pooled) (mcg/g)	39.10		0 6.83 21.7	6.84-21.78

Diurnal Cortisol Summary:

- Comments
- Supplement Suggestions
- Supportive Supplement Suggestions

Diurnal Cortisone



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Diurnal Melatonin

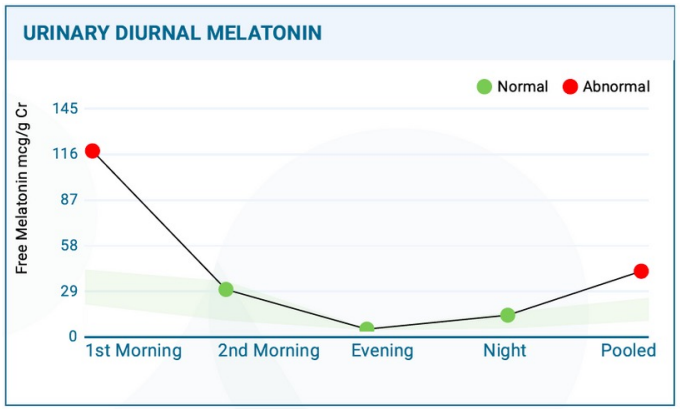
Test Name	Current	Previous	Result	Reference
Melatonin (1st Morning) (mcg/g)	117.24			17.5-40.2
Melatonin (mcg/g)				7.1-32.6
Melatonin				0.87-2.0
Melatonin				1.9-12.3
Melatonin				.84-21.78

Diurnal Cortisone Summary:

- Comments
- Supplement Suggestions
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Diurnal Melatonin



Patient Name: DEMO DEMO
Date of Birth: 05-06-1974 Accession ID: 2645661372
Service Date: 2024-12-09 01:00 (EDT)

Hormone Zoomer Summary

Diurnal Cortisol

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Diurnal Melatonin

COMMENTS

Melatonin (1st Morning):Melatonin is a hormone secreted by the pineal gland in response to darkness, earning it the nickname hormone of darkness. It induces sleep and helps regulate the circadian rhythm (24-hour internal clock). In addition to its role in sleep regulation, melatonin influences hormone function by modulating the hypothalamic-pituitary-gonadal axis, thereby impacting reproductive hormones and maintaining circadian rhythm alignment. Melatonin levels are typically lowest in the morning, with nearly 80% of melatonin synthesized at night. Measuring melatonin levels in the morning can help assess whether suppression is appropriate, indicating normal circadian rhythm function. Elevated morning melatonin levels may suggest a disrupted circadian rhythm, potentially causing grogginess, fatigue, and mood disturbances.

Melatonin (pooled):Melatonin is a hormone secreted by the pineal gland in response to darkness. Hence, it gets the name 'hormone of darkness.' It induces sleep and helps in regulating circadian rhythm (24-hour internal clock). Nearly 80% of melatonin is synthesized at night. Thus, being exposed to light at night can block its production and disrupt sleep cycles. Melatonin is also seen to exhibit anti-inflammatory, and antioxidant properties in addition to its endothelial protective effects. Melatonin is used in the management of sleep disorders and jet lag, and for the resynchronization of circadian rhythms in situations such as blindness and shift work. Additionally, as it can protective against carcinogenesis and neurodegenerative disorders, melatonin is used as an additive therapy in cancer and as therapy for preventing the progression of Alzheimer's disease and other neurodegenerative disorders. Elevated levels of melatonin is associated with altered circadian rhythms and lower risk of breast cancer.

SUPPORTIVE SUPPLEMENT SUGGESTIONS*(ENHANCES SPECIFIC ASSOCIATED FUNCTIONS WITHOUT INFLUENCING MARKERS DIRECTLY)*

Vitamin C(90 mg/day): Vitamin D supplementation improves the severity of anxiety in individuals diagnosed with Generalized Anxiety Disorder by increasing serotonin concentrations and decreasing the levels of the inflammatory biomarkers.

Omega-3 fatty acids(950 mg/day):Omega-3 supplements may be efficacious in reducing symptoms of depression and anxiety in adults, particularly as an adjunct to antidepressant medication.

Lavender oil(80 mg/day): Oral lavender oil preparation showed a significant beneficial influence on quality and duration of sleep and improved general mental and physical health .

Phosphatidylserine(400 mg):Phosphotidylserine supplementation is associated with feeling less stressed and having a better mood.

L-Theanine(200 mg/day):The anti-stress effects of L-theanine has been observed following twice daily administration further attention-improving effects have been observed in response to treatment.

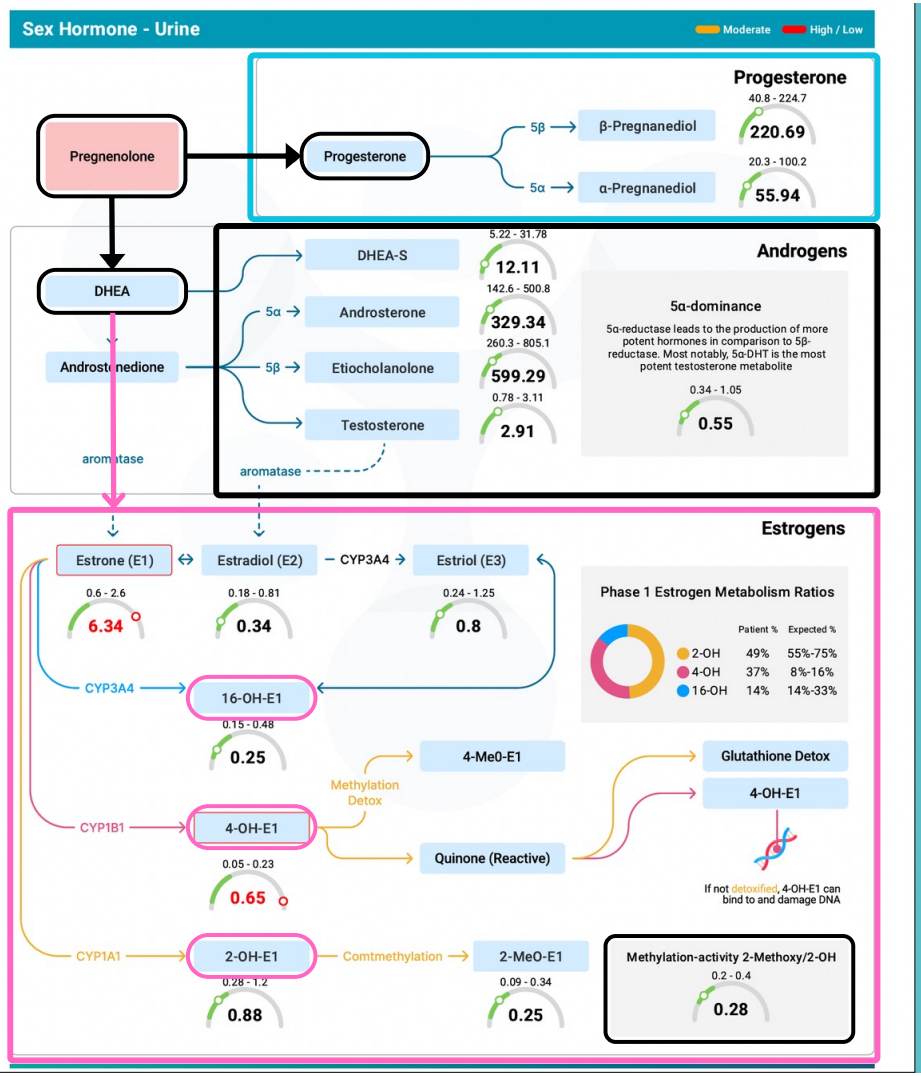
Ashwagandha(250 mg/day): Ashwagandha supplementation have shown significant improvements in stress, mood, or cognitive function.

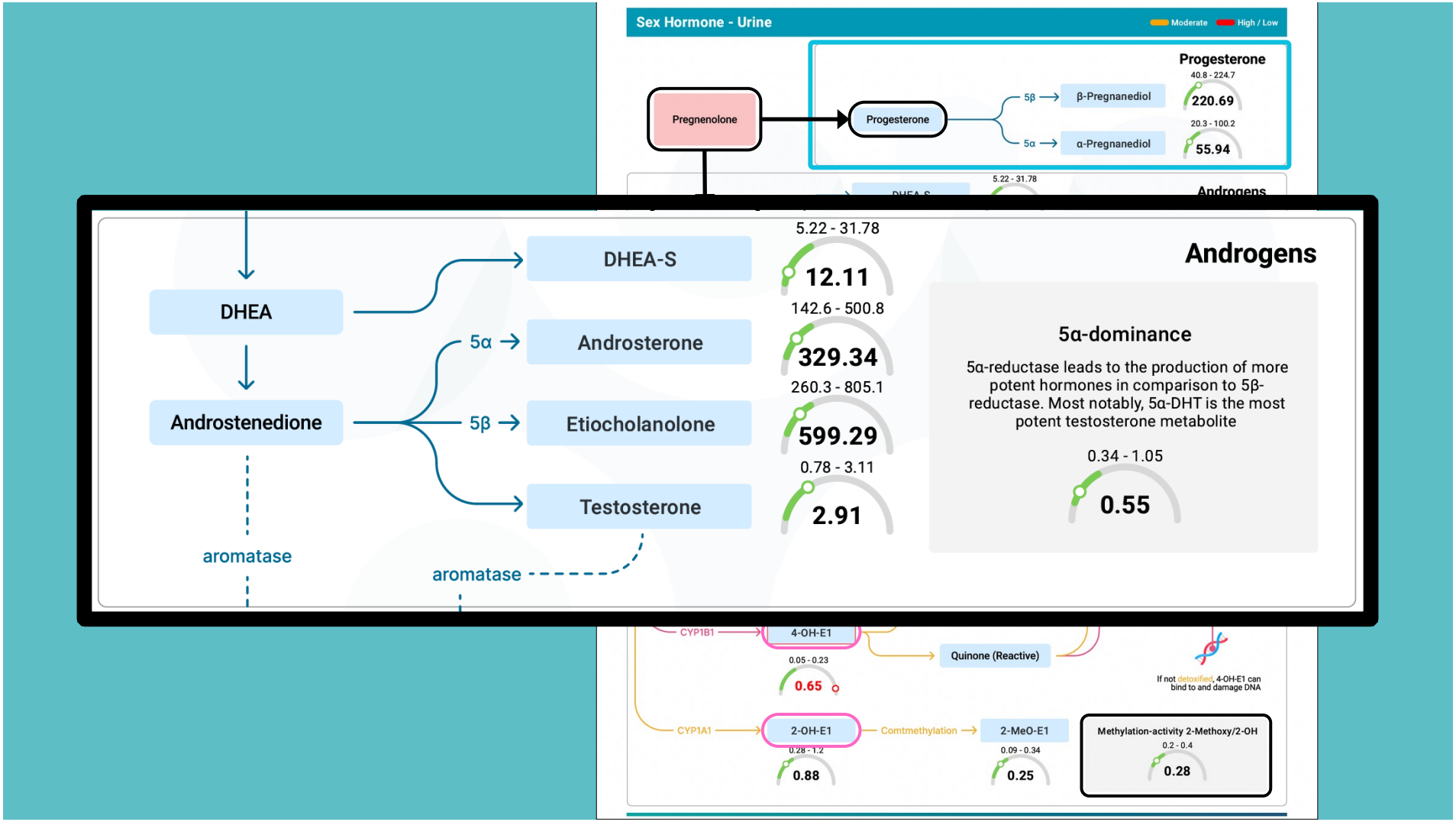
5-HTP(300 mg/day): 5-HT supplements, like 5-HTT, provide a precursor molecule for serotonin synthesis, leading to higher serotonin levels.

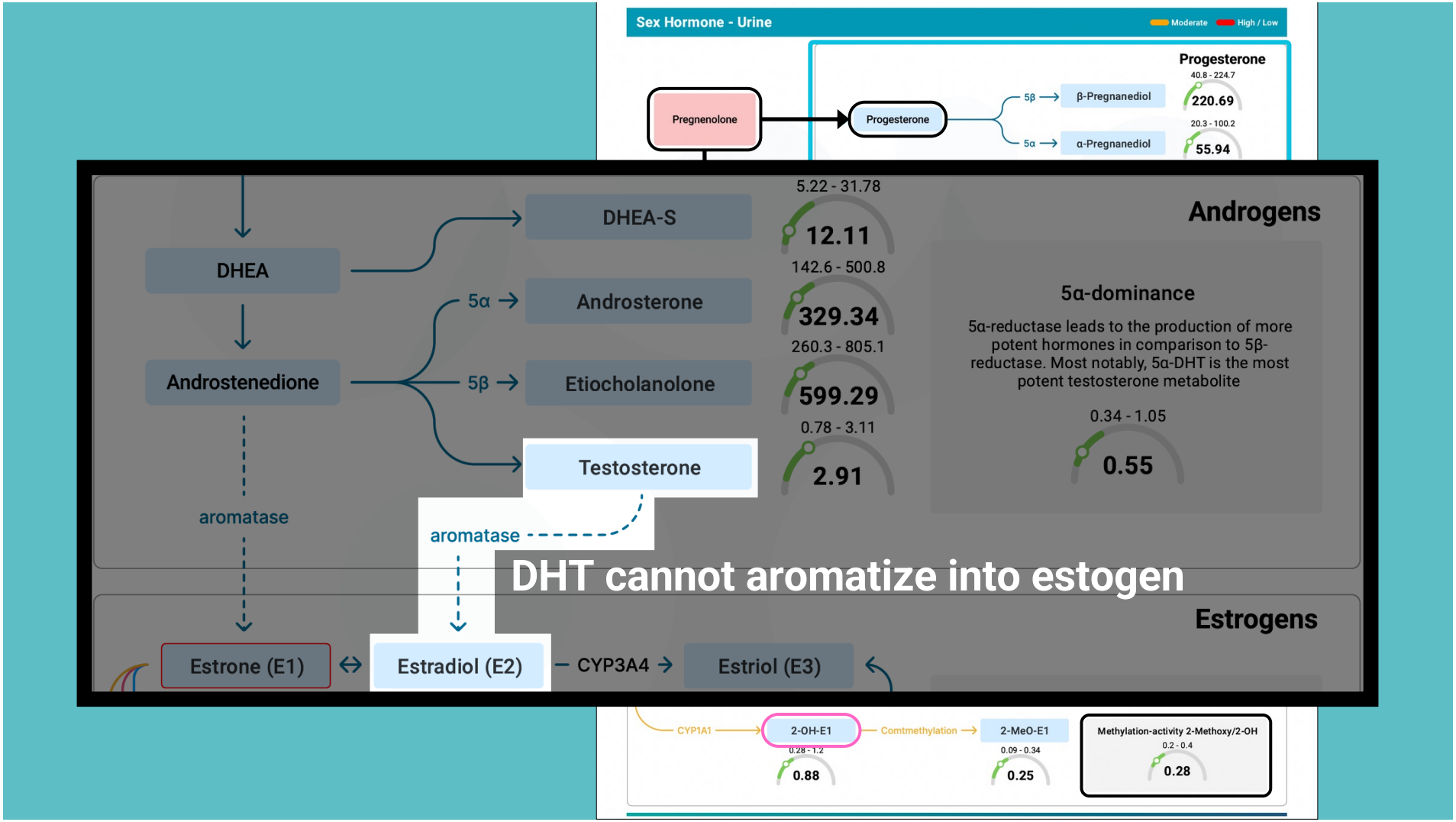
Diurnal Melatonin Summary:

- Comments
- Supplement Suggestions
- Supportive Supplement Suggestions

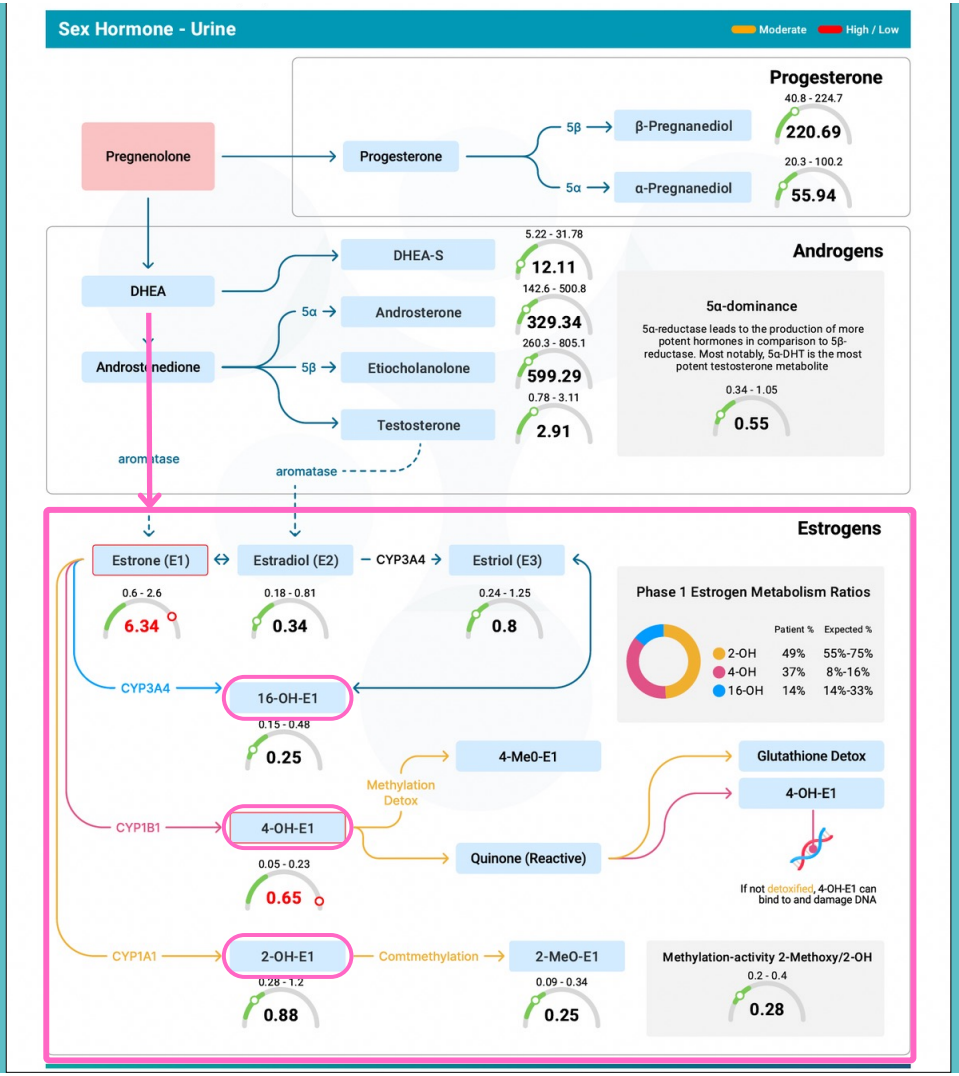
Sex Hormone Flowchart



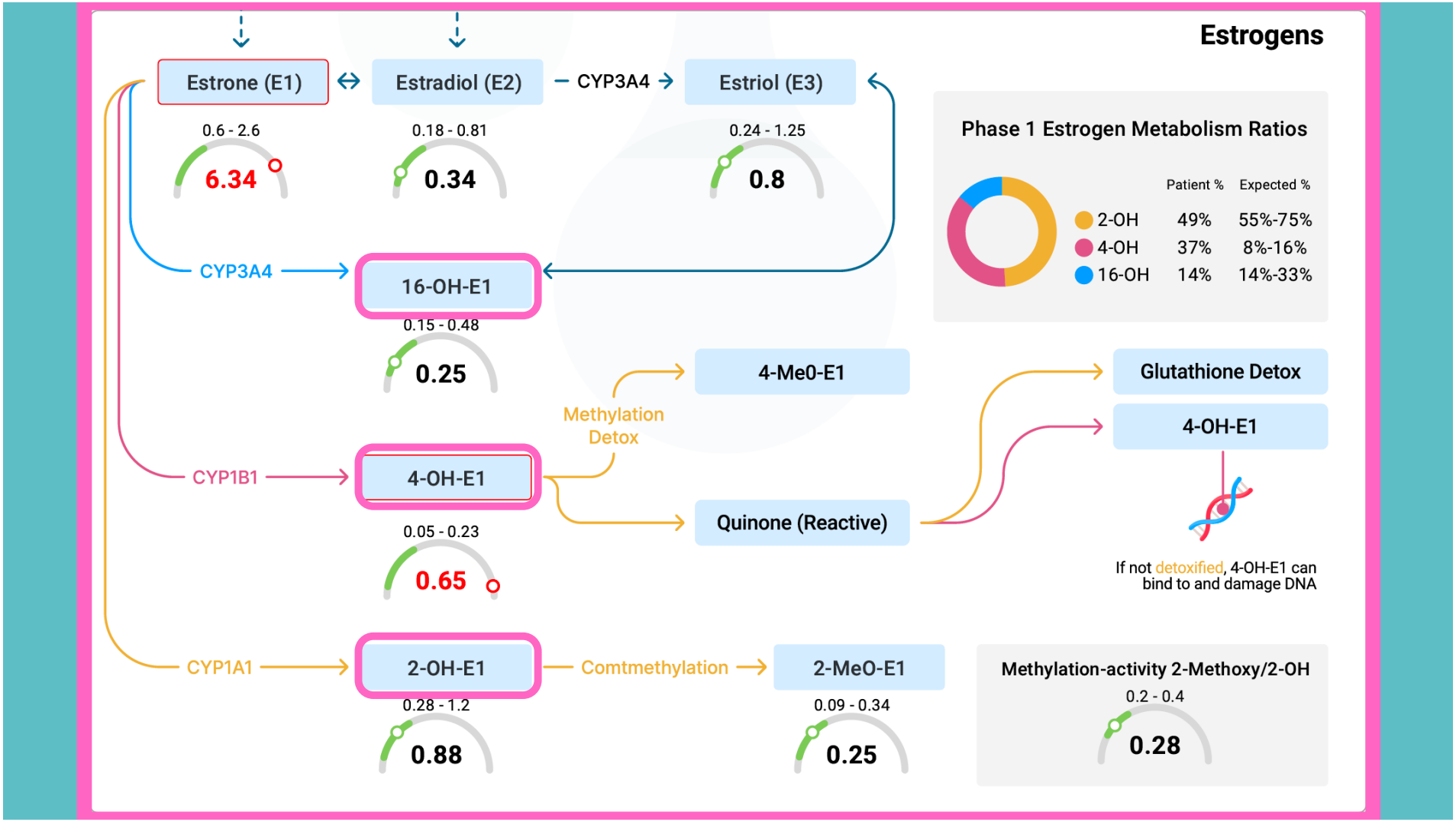

Sex Hormone - Urine
Moderate
High / Low
Pregnenolone
Progesterone
5β
β-Pregnanediol
5α
α-Pregnanediol
Progesterone
40.8 - 224.7
220.69
20.3 - 100.2
55.94
5.22 - 31.78
Androgens
DHEA
DHEA-S
5.22 - 31.78
12.11
5α
Androsterone
142.6 - 500.8
329.34
Androstenedione
5β
Etiocholanolone
260.3 - 805.1
599.29
Testosterone
0.78 - 3.11
2.91
aromatase
aromatase
5α-dominance
5α-reductase leads to the production of more potent hormones in comparison to 5β-reductase. Most notably, 5α-DHT is the most potent testosterone metabolite
0.34 - 1.05
0.55
CYP1B1
4-OH-E1
0.05 - 0.23
0.65
Quinone (Reactive)
If not detoxified, 4-OH-E1 can bind to and damage DNA
CYP1A1
2-OH-E1
0.28 - 1.2
0.88
Comtmethylation
2-MeO-E1
0.09 - 0.34
0.25
Methylation-activity 2-Methoxy/2-OH
0.2 - 0.4
0.28

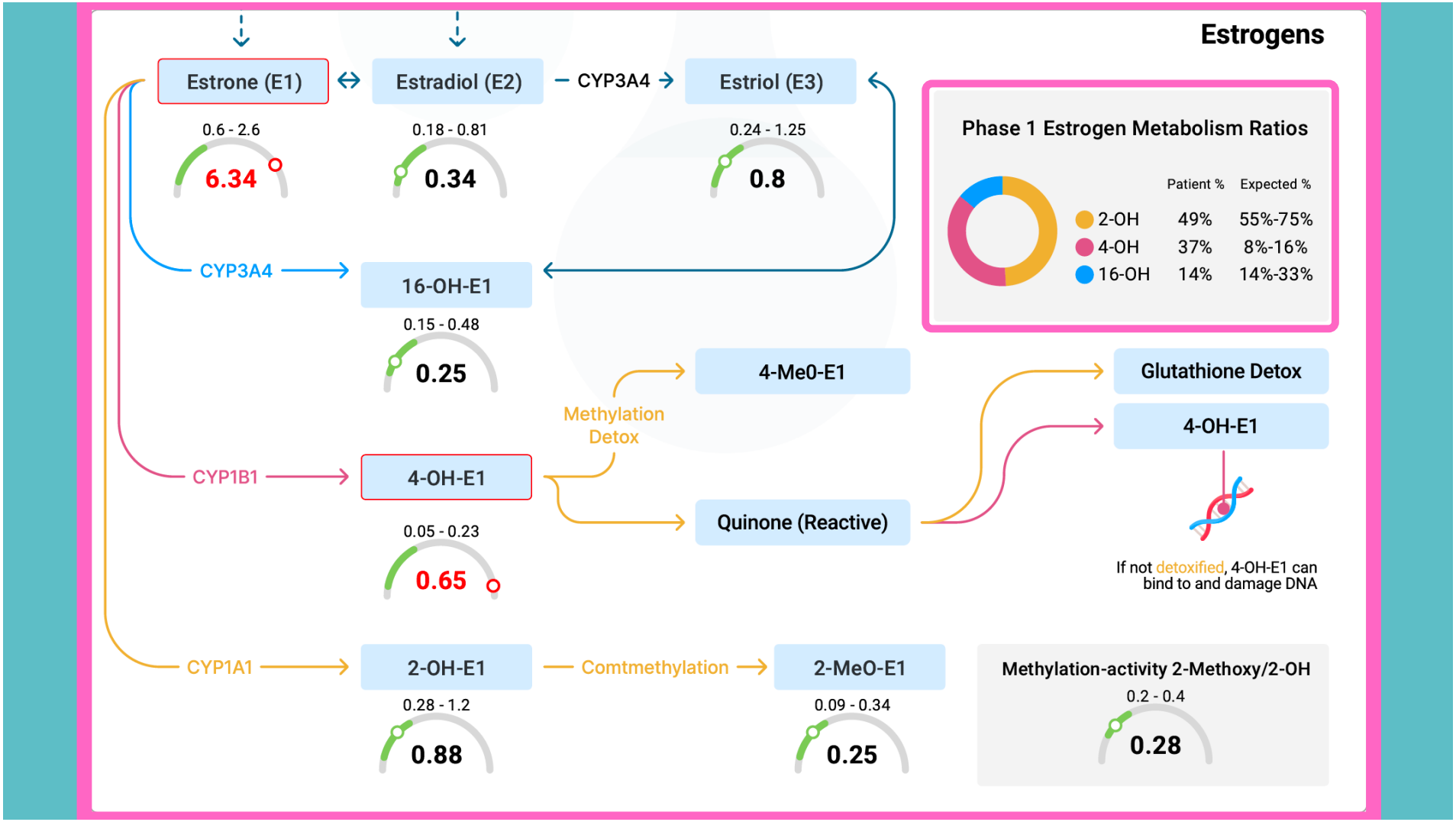

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aromatase
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DHT cannot aromatize into estogen
Estrogens
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Estradiol (E2)
CYP3A4
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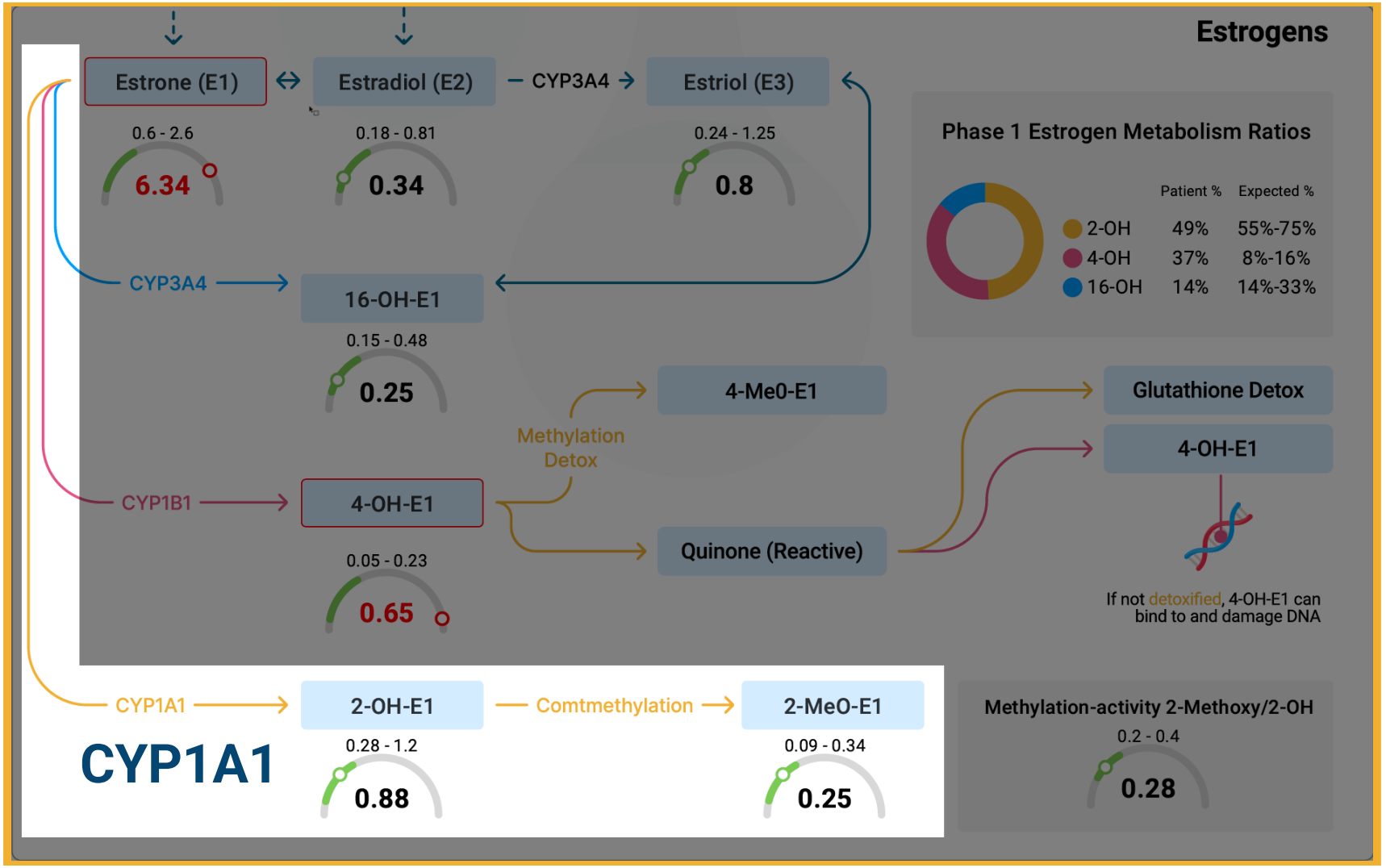
Sex Hormone Flowchart

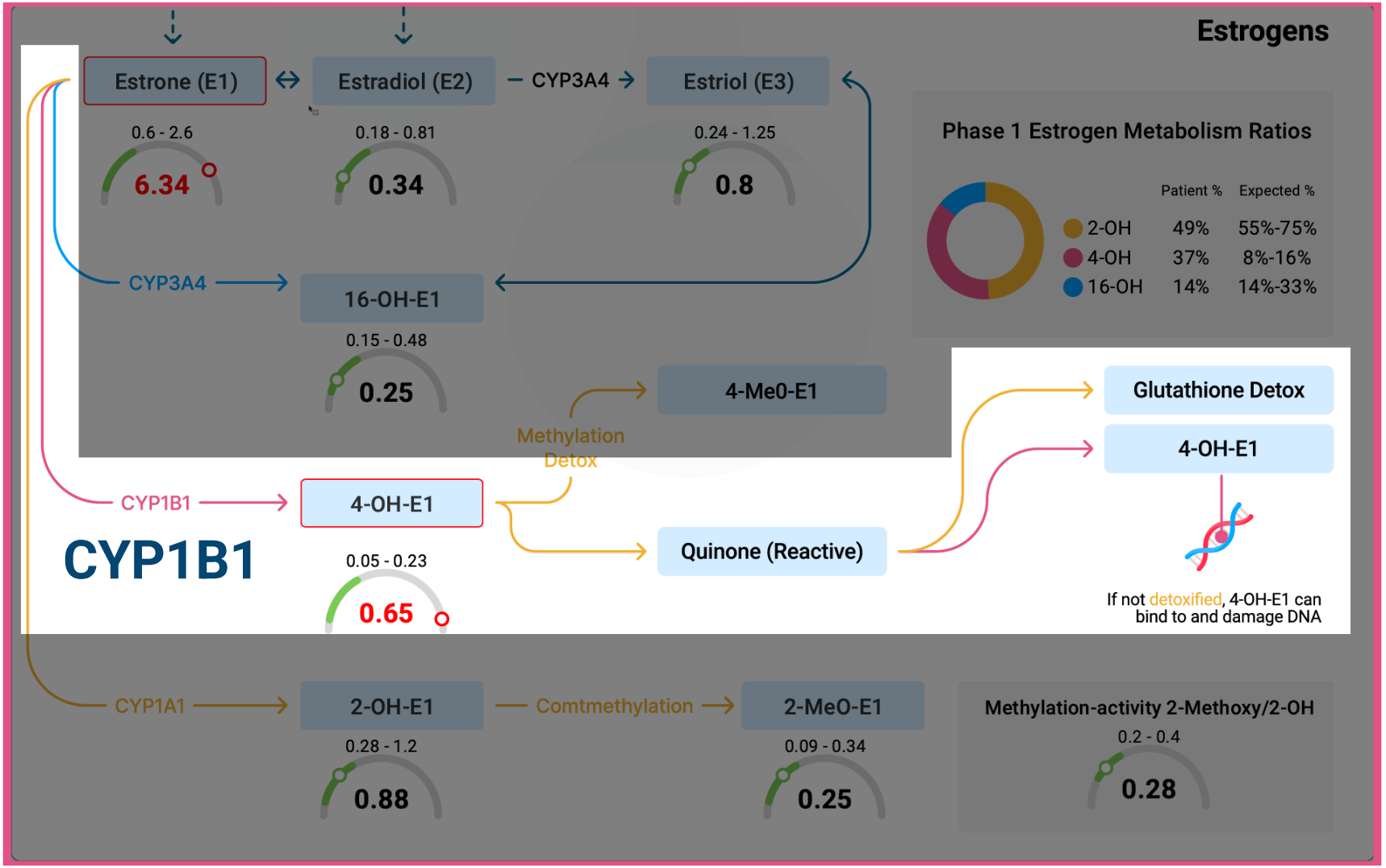


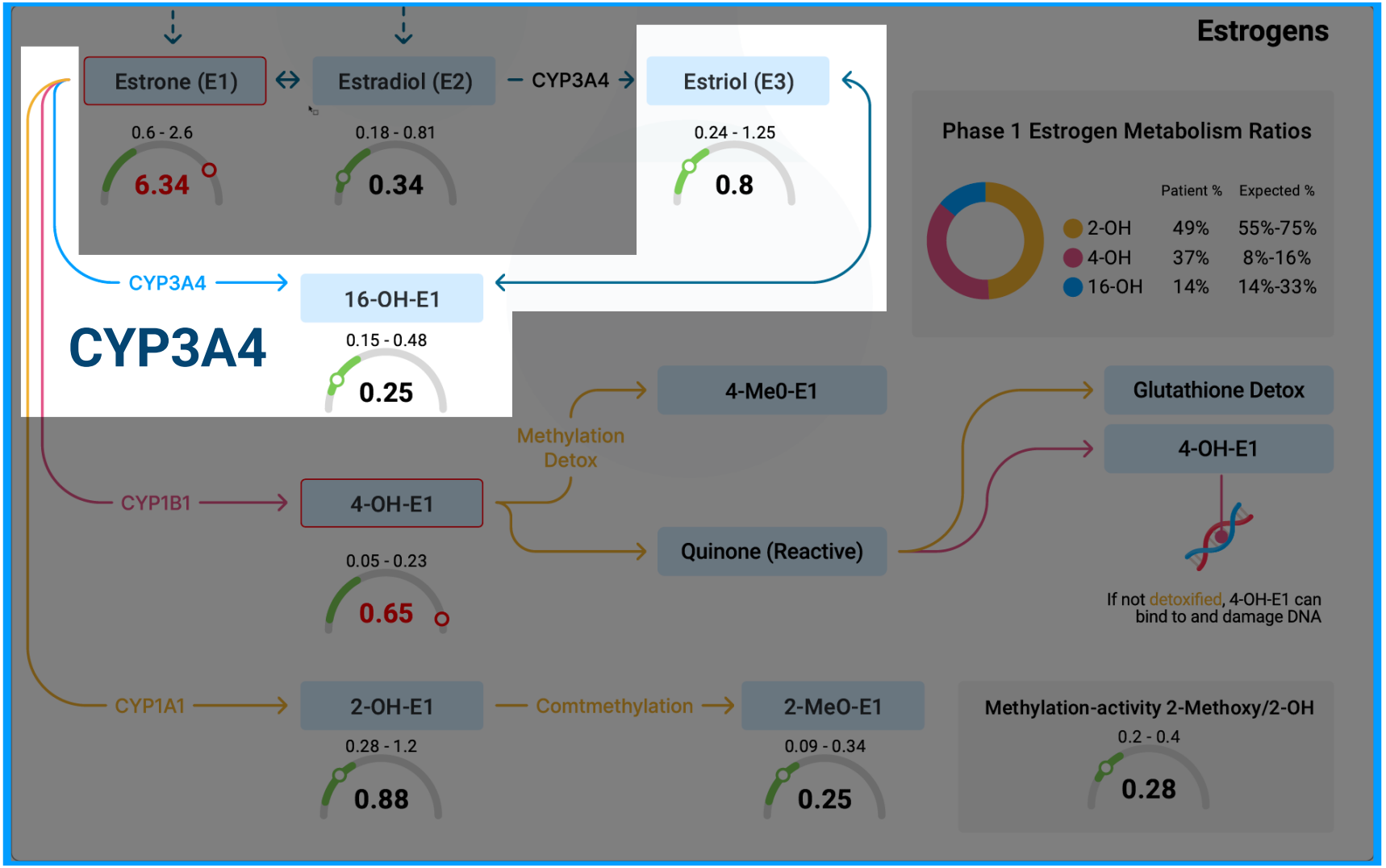
Hormone	Function in Females	Function in Males
Estrogen	• Primary female sex hormone • Regulates menstrual cycle & ovulation • Maintains bone density • Supports cardiovascular health • Affects mood & cognitive function • Promotes skin & hair health • Supports vaginal & breast tissue health	• Supports sperm maturation • Helps regulate libido • Contributes to bone health • Influences fat distribution • Affects mood & cognitive function

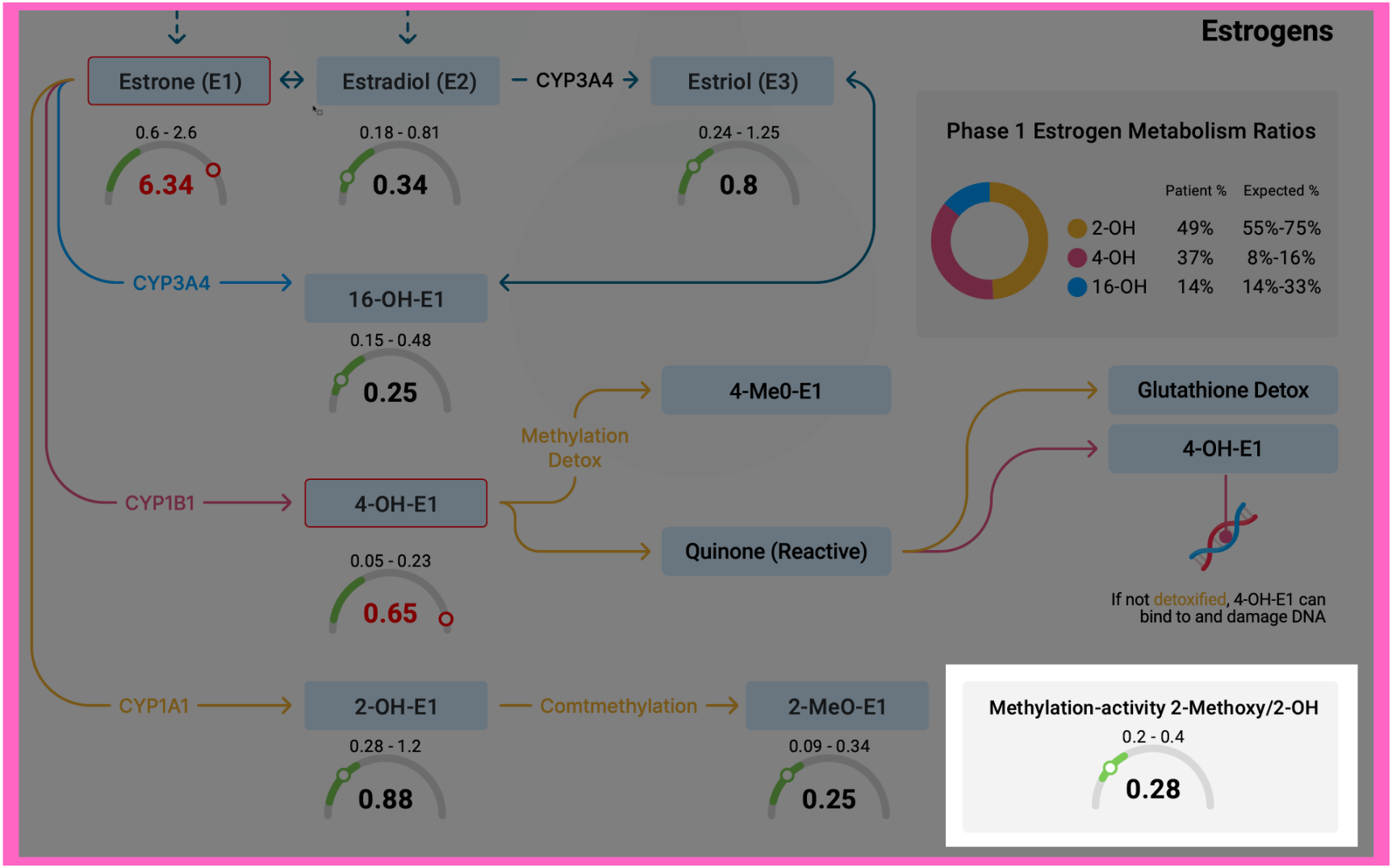

Estrogens
Estrone (E1)
Estradiol (E2)
CYP3A4
Estriol (E3)
0.6 - 2.6
6.34
0.18 - 0.81
0.34
0.24 - 1.25
0.8
CYP3A4
16-OH-E1
0.15 - 0.48
0.25
Methylation
Detox
4-Me0-E1
CYP1B1
4-OH-E1
0.05 - 0.23
0.65
Quinone (Reactive)
Glutathione Detox
4-OH-E1
If not detoxified, 4-OH-E1 can
bind to and damage DNA
CYP1A1
2-OH-E1
0.28 - 1.2
0.88
Comtmethylation
2-MeO-E1
0.09 - 0.34
0.25
Phase 1 Estrogen Metabolism Ratios
Patient %
Expected %
2-OH
49%
55%-75%
4-OH
37%
8%-16%
16-OH
14%
14%-33%
Methylation-activity 2-Methoxy/2-OH
0.2 - 0.4
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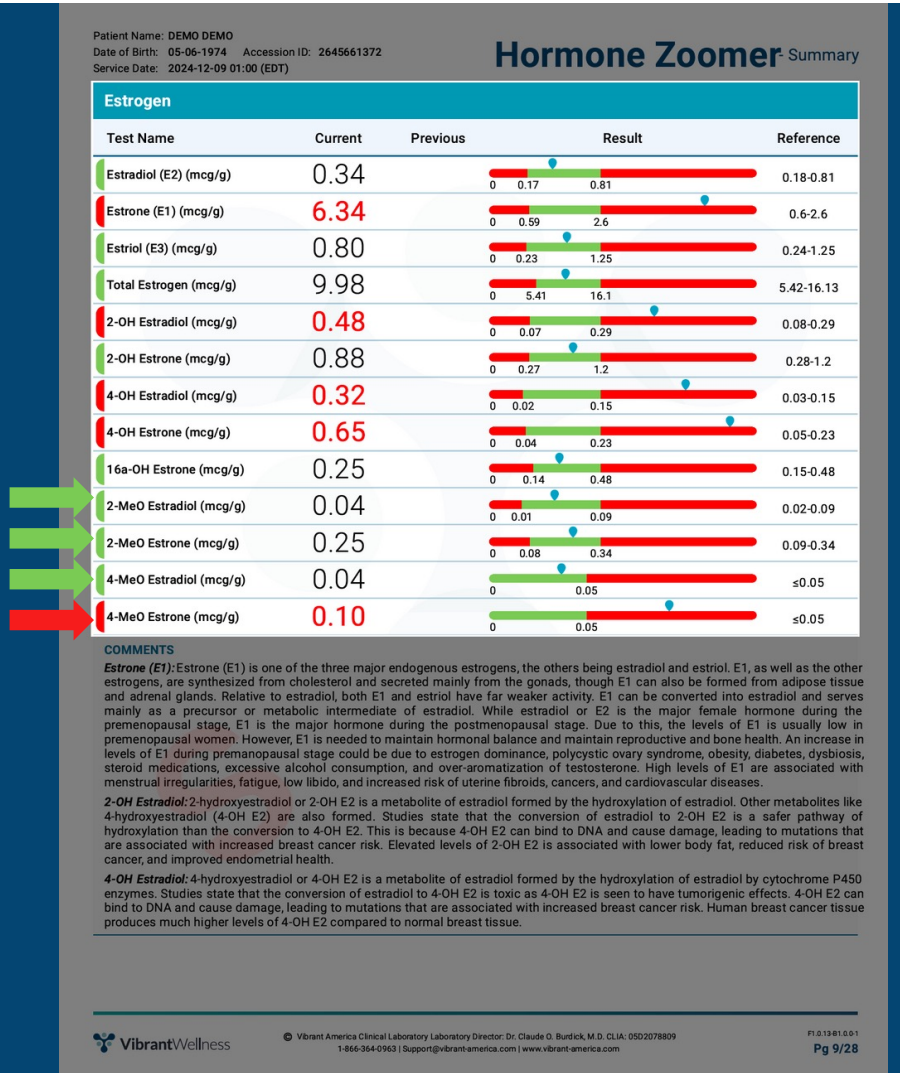

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Estrogen & Metabolites

2-OH vs 4-MeO Metabolites

- Offers insights on methylation status
- A key indicator of balanced Phase I and Phase II estrogen metabolism



Patient Name: DEMO DEMO
Date of Birth: 05-06-1974 Accession ID: 2645661372
Service Date: 2024-12-09 01:00 (EDT)

Hormone Zoomer Summary

Estrogen

Test Name	Current	Previous	Result	Reference
Estradiol (E2) (mcg/g)	0.34		0 0.17 0.81	0.18-0.81
Estrone (E1) (mcg/g)	6.34		0 0.59 2.6	0.6-2.6
Estriol (E3) (mcg/g)	0.80		0 0.23 1.25	0.24-1.25
Total Estrogen (mcg/g)	9.98		0 5.41 16.1	5.42-16.13
2-OH Estradiol (mcg/g)	0.48		0 0.07 0.29	0.08-0.29
2-OH Estrone (mcg/g)	0.88		0 0.27 1.2	0.28-1.2
4-OH Estradiol (mcg/g)	0.32		0 0.02 0.15	0.03-0.15
4-OH Estrone (mcg/g)	0.65		0 0.04 0.23	0.05-0.23
16a-OH Estrone (mcg/g)	0.25		0 0.14 0.48	0.15-0.48
2-MeO Estradiol (mcg/g)	0.04		0 0.01 0.09	0.02-0.09
2-MeO Estrone (mcg/g)	0.25		0 0.08 0.34	0.09-0.34
4-MeO Estradiol (mcg/g)	0.04		0 0.05	≤0.05
4-MeO Estrone (mcg/g)	0.10		0 0.05	≤0.05

COMMENTS

Estrone (E1): Estrone (E1) is one of the three major endogenous estrogens, the others being estradiol and estriol. E1, as well as the other estrogens, are synthesized from cholesterol and secreted mainly from the gonads, though E1 can also be formed from adipose tissue and adrenal glands. Relative to estradiol, both E1 and estriol have far weaker activity. E1 can be converted into estradiol and serves mainly as a precursor or metabolic intermediate of estradiol. While estradiol or E2 is the major female hormone during the premenopausal stage, E1 is the major hormone during the postmenopausal stage. Due to this, the levels of E1 is usually low in premenopausal women. However, E1 is needed to maintain hormonal balance and maintain reproductive and bone health. An increase in levels of E1 during premanopausal stage could be due to estrogen dominance, polycystic ovary syndrome, obesity, diabetes, dysbiosis, steroid medications, excessive alcohol consumption, and over-aromatization of testosterone. High levels of E1 are associated with menstrual irregularities, fatigue, low libido, and increased risk of uterine fibroids, cancers, and cardiovascular diseases.

2-OH Estradiol: 2-hydroxyestradiol or 2-OH E2 is a metabolite of estradiol formed by the hydroxylation of estradiol. Other metabolites like 4-hydroxyestradiol (4-OH E2) are also formed. Studies state that the conversion of estradiol to 2-OH E2 is a safer pathway of hydroxylation than the conversion to 4-OH E2. This is because 4-OH E2 can bind to DNA and cause damage, leading to mutations that are associated with increased breast cancer risk. Elevated levels of 2-OH E2 is associated with lower body fat, reduced risk of breast cancer, and improved endometrial health.

4-OH Estradiol: 4-hydroxyestradiol or 4-OH E2 is a metabolite of estradiol formed by the hydroxylation of estradiol by cytochrome P450 enzymes. Studies state that the conversion of estradiol to 4-OH E2 is toxic as 4-OH E2 is seen to have tumorigenic effects. 4-OH E2 can bind to DNA and cause damage, leading to mutations that are associated with increased breast cancer risk. Human breast cancer tissue produces much higher levels of 4-OH E2 compared to normal breast tissue.

Estrogen & Metabolites

2-OH vs 4-MeO Metabolites

- Offers insights on methylation status
- A key indicator of balanced Phase I and Phase II estrogen metabolism

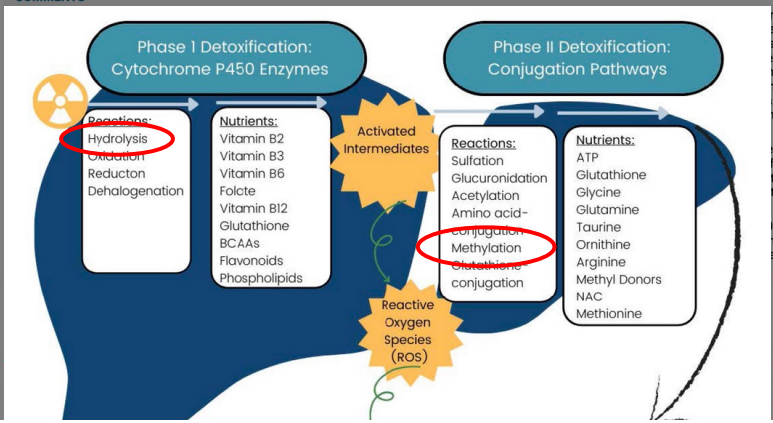
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4-OH Estradiol (mcg/g)	0.32		0 0.02 0.15	0.03-0.15
4-OH Estrone (mcg/g)	0.65		0 0.04 0.23	0.05-0.23
16a-OH Estrone (mcg/g)	0.25		0 0.14 0.48	0.15-0.48
2-MeO Estradiol (mcg/g)	0.04		0 0.01 0.09	0.02-0.09
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4-MeO Estradiol (mcg/g)	0.04		0 0.05	≤0.05
4-MeO Estrone (mcg/g)	0.10		0 0.05	≤0.05

COMMENTS



Methylation Activity: -OH vs -MeO

(OH) Hydroxy

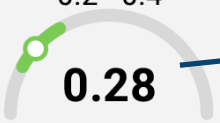
2-OH Estradiol (mcg/g)	0.48	0 0.07 0.29
2-OH Estrone (mcg/g)	0.88	0 0.27 1.2
4-OH Estradiol (mcg/g)	0.32	0 0.02 0.15
4-OH Estrone (mcg/g)	0.65	0 0.04 0.23

(MeO) Methoxy

2-MeO Estradiol (mcg/g)	0.04	0 0.01 0.09
2-MeO Estrone (mcg/g)	0.25	0 0.08 0.34
4-MeO Estradiol (mcg/g)	0.04	0 0.05
4-MeO Estrone (mcg/g)	0.10	0 0.05

Methylation-activity 2-Methoxy/2-OH

0.2 - 0.4



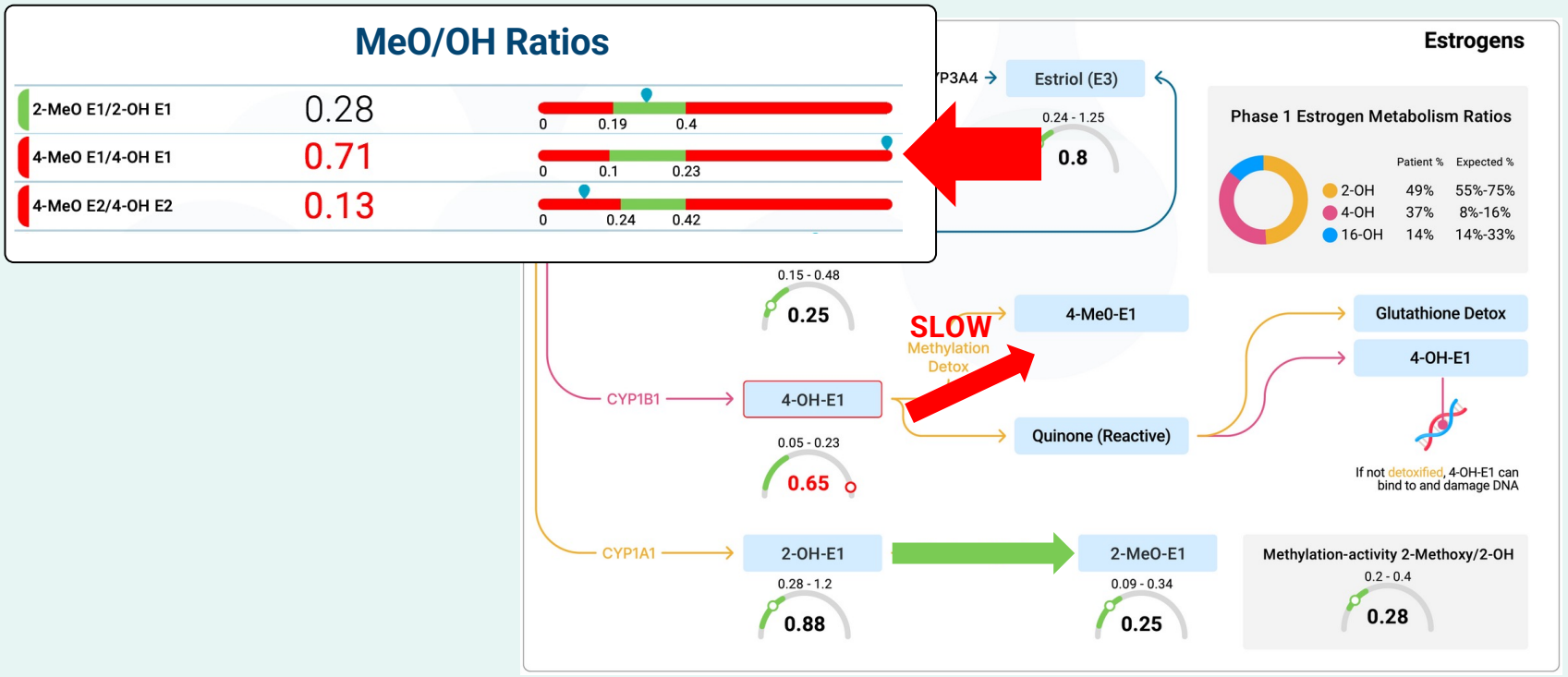
MeO/OH Ratios

2-MeO E1/2-OH E1	0.28	0 0.19 0.4
4-MeO E1/4-OH E1	0.71	0 0.1 0.23
4-MeO E2/4-OH E2	0.13	0 0.24 0.42

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Methylation: 2-OH vs 4-OH Pathway

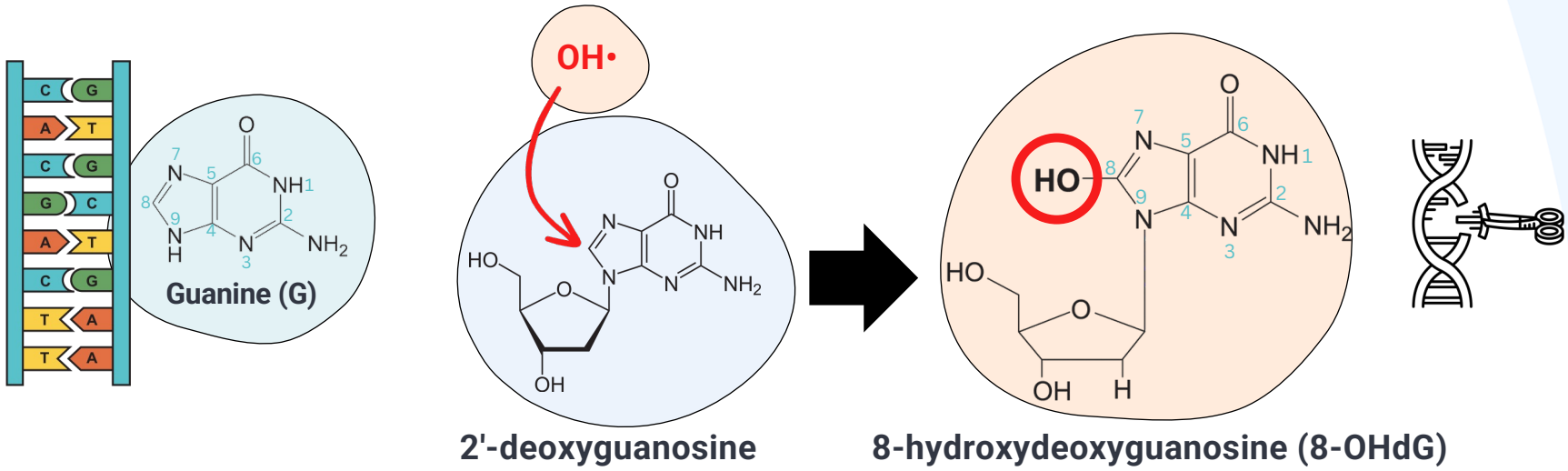


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Oxidative Stress Marker: 8-OHdG

Oxidative Stress			
8-OHdG (mcg/g)	13.76	0 — 4.77	≤4.77



Wu LL, Chiou CC, Chang PY, Wu JT. Urinary 8-OHdG: a marker of oxidative stress to DNA and a risk factor for cancer, atherosclerosis and diabetics. Clin Chim Acta. 2004;339(1-2):1-9. doi: 10.1016/j.cccn.2003.09.010.

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VibrantWellness

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Estriol (E3) (mcg/g)	0.80		0 0.23 1.25	0.24-1.25
Total Estrogen (mcg/g)	9.98		0 5.41 16.1	5.42-16.13
2-OH Estradiol (mcg/g)	0.48		0 0.07 0.29	0.08-0.29
2-OH Estrone (mcg/g)	0.88		0 0.27 1.2	0.28-1.2
4-OH Estradiol (mcg/g)	0.32		0 0.02 0.15	0.03-0.15
4-OH Estrone (mcg/g)	0.65		0 0.04 0.23	0.05-0.23
16a-OH Estrone (mcg/g)	0.25		0 0.14 0.48	0.15-0.48
2-MeO Estradiol (mcg/g)	0.04		0 0.01 0.09	0.02-0.09
2-MeO Estrone (mcg/g)	0.25		0 0.08 0.34	0.09-0.34
4-MeO Estradiol (mcg/g)	0.04		0 0.05	≤0.05
4-MeO Estrone (mcg/g)	0.10			≤0.05

COMMENTS

Estrone (E1): Estrone (E1) is one of the three major endogenous estrogens, the others being estradiol and estriol. E1, as well as the other estrogens, are synthesized from cholesterol and secreted mainly from the gonads, though E1 can also be formed from adipose tissue and adrenal glands. Relative to estradiol, both E1 and estriol have far weaker activity. E1 can be converted into estradiol and serves mainly as a precursor or metabolic intermediate of estradiol. While estradiol or E2 is the major female hormone during the premenopausal stage, E1 is the major hormone during the postmenopausal stage. Due to this, the levels of E1 is usually low in premenopausal women. However, E1 is needed to maintain hormonal balance and maintain reproductive and bone health. An increase in levels of E1 during premanopausal stage could be due to estrogen dominance, polycystic ovary syndrome, obesity, diabetes, dysbiosis, steroid medications, excessive alcohol consumption, and over-aromatization of testosterone. High levels of E1 are associated with menstrual irregularities, fatigue, low libido, and increased risk of uterine fibroids, cancers, and cardiovascular diseases.

2-OH Estradiol: 2-hydroxyestradiol or 2-OH E2 is a metabolite of estradiol formed by the hydroxylation of estradiol. Other metabolites like 4-hydroxyestradiol (4-OH E2) are also formed. Studies state that the conversion of estradiol to 2-OH E2 is a safer pathway of hydroxylation than the conversion to 4-OH E2. This is because 4-OH E2 can bind to DNA and cause damage, leading to mutations that are associated with increased breast cancer risk. Elevated levels of 2-OH E2 is associated with lower body fat, reduced risk of breast cancer, and improved endometrial health.

4-OH Estradiol: 4-hydroxyestradiol or 4-OH E2 is a metabolite of estradiol formed by the hydroxylation of estradiol by cytochrome P450 enzymes. Studies state that the conversion of estradiol to 4-OH E2 is toxic as 4-OH E2 is seen to have tumorigenic effects. 4-OH E2 can bind to DNA and cause damage, leading to mutations that are associated with increased breast cancer risk. Human breast cancer tissue produces much higher levels of 4-OH E2 compared to normal breast tissue.

Patient Name: DEMO DEMO
Date of Birth: 05-06-1974 Accession ID: 2645661372
Service Date: 2024-12-09 01:00 (EDT)

Hormone Zoomer Summary

Estrogen

COMMENTS

4-OH Estrone: The production of 4-OH Estrone (4-OH-E1) occurs via a minor pathway of estrogen metabolism. This pathway is genotoxic (promoting DNA or chromosomal damage) as its metabolites can create reactive products that damage DNA. Estrone can be converted to 4-OH-E1 which can further be methylated to form 4-MeE1. 4-OH-E1 properly methylated to 4-MeE1 it is relatively benign as 4-MeE1 is easily eliminated. However, improper methylation can lead to the build-up of 4-OH-E1 which results in the formation of 3,4-quinones which are carcinogenic. Thus, 4-OH-E1 is referred to as the "bad" estrogen. Breast cancer tissues produces much higher levels of 4-OH-E1 than 2-Hydroxyestrone (2-OHE1), while normal breast tissue produces approximately equal amounts of the two metabolites. Women having uterine fibroids may have increased levels of 4-OH-E1 accompanied with heavy menstrual cycles. Additionally, patients deficient in methionine and folic acid may also have high levels of 4-OH-E1.

4-MeO Estrone: 4-Methoxyestrone (4-MeO E1) is a crucial metabolite of estrone, produced by the enzyme catechol-O-methyltransferase (COMT). Measuring 4-MeO E1 provides valuable insights into estrogen metabolism and hormone health. Low levels of 4-MeOE1 in premenopausal women may suggest impaired COMT activity, indicating potential metabolic imbalances. High levels of 4-MeOE1 in premenopausal women is associated with adquate methylation capacity, hormonal balance, and reduced risk of oxidative stress mediated DNA damage and cancers like breast cancer. However, high levels of 4-MeOE1 with low levels of other protective metabolites like 4-MeoE2 may still be associated with cancer risk. By testing 4-MeO E1, you can gain a clearer picture of estrogen detoxification pathways, helping to assess hormonal health and mitigate risks associated with harmful estrogen metabolites.

SUPPLEMENT SUGGESTIONS

Soy(40 mg/day): Soy supplements contain phytoestrogens like genistein, which compete with estrone for estrogen receptors, reducing estrone's effects. These compounds also influence estrogen metabolism, leading to lower circulating estrone levels. The combined impact helps to modulate estrogenic activity in the body.

Wheat bran(10 g/day): Wheat bran increases dietaryfiber intake, which binds estrogens and enhances their excretion through the feces. This process reduces the enterohepatic recirculation of estrogens, leading to lower serum estrone levels. Consequently, decreased serum estrone can also reduce urinary estrone excretion.

Soy isoflavones(2.01 mg/day): Soy isoflavones, such as genistein, inhibit the activity of aromatase, reducing estrogen synthesis. They also act as selective estrogen receptor modulators, which can decrease the formation of 4-OH estradiol. Additionally, they increase the expression of detoxification enzymes, promoting the metabolism and excretion of 4-OH estradiol.

SUPPORTIVE SUPPLEMENT SUGGESTIONS *(ENHANCES SPECIFIC ASSOCIATED FUNCTIONS WITHOUT INFLUENCING MARKERS DIRECTLY)*

Vitamin D(600 IU/day): Vitamin D supplements can lower estradiol levels by promoting the expression of enzymes that convert estradiol to its less active metabolites. This process is mediated through the regulation of estrogen metabolism and the modulation of estrogen receptor activity. Consequently, increased vitamin D levels can result in reduced estradiol concentrations in the body.

Progesterone

Test Nam	eference
Allopregn	0.31-1.38
3αDihydro	0.12-0.91
20αDihydr (mcg/g)	0.63-5.66
b-Pregnan	0.8-224.7
a-Pregnan	0.3-100.2

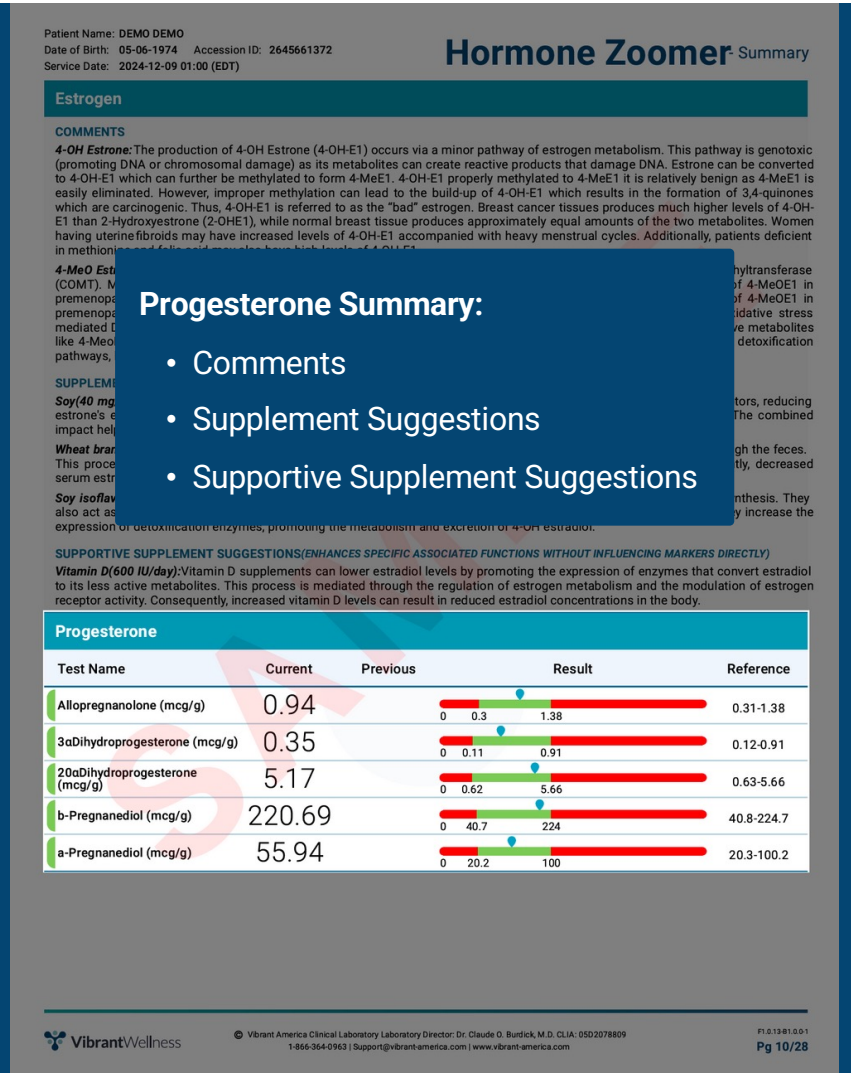
Estrogen Summary:

- Comments
- Supplement Suggestions
- Supportive Supplement Suggestions

Hormone	Function in Females	Function in Males
Progesterone	• Prepares uterus for pregnancy • Supports implantation & pregnancy maintenance • Balances estrogen's effects • Calms nervous system supports sleep & mood • Supports breast health	• Precursor for testosterone production • Helps balance estrogen effects • Supports brain health, mood regulation

Progesterone Metabolites

- The "feel good" hormone
- Lower progesterone in women can lead to symptoms like anxiety, poor sleep, irritability, hair loss
- Low P compared to E can cause symptoms of estrogen excess



Patient Name: DEMO DEMO
Date of Birth: 05-06-1974 Accession ID: 2645661372
Service Date: 2024-12-09 01:00 (EDT)

Hormone Zoomer Summary

Progesterone Summary:

- Comments
- Supplement Suggestions
- Supportive Supplement Suggestions

Estrogen

COMMENTS

4-OH Estrone: The production of 4-OH Estrone (4-OH-E1) occurs via a minor pathway of estrogen metabolism. This pathway is genotoxic (promoting DNA or chromosomal damage) as its metabolites can create reactive products that damage DNA. Estrone can be converted to 4-OH-E1 which can further be methylated to form 4-MeE1. 4-OH-E1 properly methylated to 4-MeE1 it is relatively benign as 4-MeE1 is easily eliminated. However, improper methylation can lead to the build-up of 4-OH-E1 which results in the formation of 3,4-quinones which are carcinogenic. Thus, 4-OH-E1 is referred to as the "bad" estrogen. Breast cancer tissues produces much higher levels of 4-OH-E1 than 2-Hydroxyestrone (2-OHE1), while normal breast tissue produces approximately equal amounts of the two metabolites. Women having uterine fibroids may have increased levels of 4-OH-E1 accompanied with heavy menstrual cycles. Additionally, patients deficient in methionine and folic acid may also have high levels of 4-OH-E1

4-MeO Estr hyltransferase (COMT). M of 4-MeOE1 in premenopa of 4-MeOE1 in premenopa idative stress mediated D e metabolites like 4-Meo detoxification pathways,

SUPPLEM

Soy(40 mg tors, reducing estrone's e The combined impact hel

Wheat bran gh the feces. This proce tly, decreased serum estr

Soy isoflav nthesis. They also act as y increase the expression of detoxification enzymes, promoting the metabolism and excretion of 4-OH estradiol.

SUPPORTIVE SUPPLEMENT SUGGESTIONS *(ENHANCES SPECIFIC ASSOCIATED FUNCTIONS WITHOUT INFLUENCING MARKERS DIRECTLY)*

Vitamin D(600 IU/day): Vitamin D supplements can lower estradiol levels by promoting the expression of enzymes that convert estradiol to its less active metabolites. This process is mediated through the regulation of estrogen metabolism and the modulation of estrogen receptor activity. Consequently, increased vitamin D levels can result in reduced estradiol concentrations in the body.

Progesterone

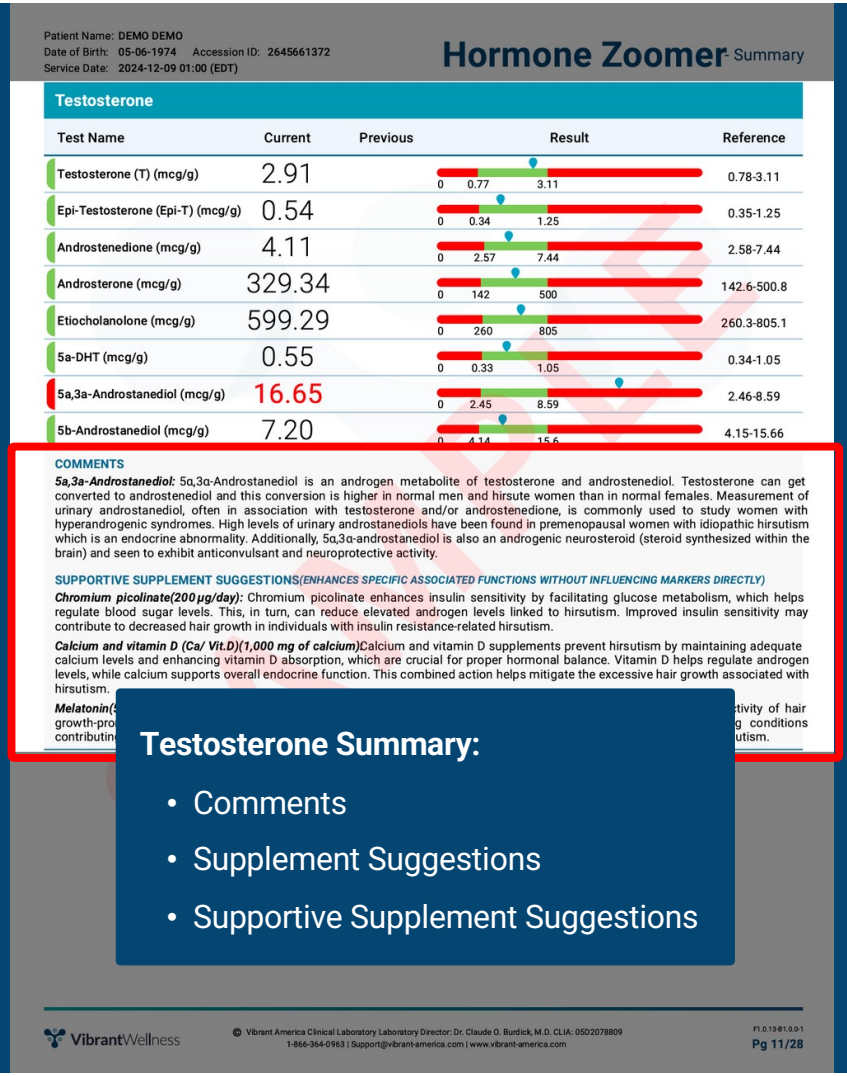
Test Name	Current	Previous	Result	Reference
Allopregnanolone (mcg/g)	0.94		0 0.3 1.38	0.31-1.38
3αDihydroprogesterone (mcg/g)	0.35		0 0.11 0.91	0.12-0.91
20αDihydroprogesterone (mcg/g)	5.17		0 0.62 5.66	0.63-5.66
b-Pregnanediol (mcg/g)	220.69		0 40.7 224	40.8-224.7
a-Pregnanediol (mcg/g)	55.94		0 20.2 100	20.3-100.2

Hormone	Function in Females	Function in Males
Testosterone	• Supports libido & sexual function • Maintains muscle mass & strength • Contributes to bone health • Supports motivation, focus & energy • Balances mood	• Primary male sex hormone • Supports muscle mass & strength • Regulates libido & sexual function • Supports cognitive function & motivation • Maintains bone density

Testosterone & Metabolites

Low Testosterone
- Fatigue
- Low libido
- Depression
- Reduced strength
- Low bone density
- Cognitive issues

High Testosterone
- Irritability
- Acne
- Hair loss
- Elevated RBCs
- CVD risk
- PCOS sx



Patient Name: DEMO DEMO
Date of Birth: 05-06-1974 Accession ID: 2645661372
Service Date: 2024-12-09 01:00 (EDT)

Hormone Zoomer Summary

Testosterone

Test Name	Current	Previous	Result	Reference
Testosterone (T) (mcg/g)	2.91		0 0.77 3.11	0.78-3.11
Epi-Testosterone (Epi-T) (mcg/g)	0.54		0 0.34 1.25	0.35-1.25
Androstenedione (mcg/g)	4.11		0 2.57 7.44	2.58-7.44
Androsterone (mcg/g)	329.34		0 142 500	142.6-500.8
Etiocholanolone (mcg/g)	599.29		0 260 805	260.3-805.1
5a-DHT (mcg/g)	0.55		0 0.33 1.05	0.34-1.05
5a,3a-Androstanediol (mcg/g)	16.65		0 2.45 8.59	2.46-8.59
5b-Androstanediol (mcg/g)	7.20		0 4.14 15.6	4.15-15.66

COMMENTS

5a,3a-Androstanediol: 5α,3α-Androstanediol is an androgen metabolite of testosterone and androstenediol. Testosterone can get converted to androstenediol and this conversion is higher in normal men and hirsute women than in normal females. Measurement of urinary androstanediol, often in association with testosterone and/or androstenedione, is commonly used to study women with hyperandrogenic syndromes. High levels of urinary androstanediols have been found in premenopausal women with idiopathic hirsutism which is an endocrine abnormality. Additionally, 5α,3α-androstanediol is also an androgenic neurosteroid (steroid synthesized within the brain) and seen to exhibit anticonvulsant and neuroprotective activity.

SUPPORTIVE SUPPLEMENT SUGGESTIONS *(ENHANCES SPECIFIC ASSOCIATED FUNCTIONS WITHOUT INFLUENCING MARKERS DIRECTLY)*

Chromium picolinate(200 µg/day): Chromium picolinate enhances insulin sensitivity by facilitating glucose metabolism, which helps regulate blood sugar levels. This, in turn, can reduce elevated androgen levels linked to hirsutism. Improved insulin sensitivity may contribute to decreased hair growth in individuals with insulin resistance-related hirsutism.

Calcium and vitamin D (Ca/ Vit.D)(1,000 mg of calcium) Calcium and vitamin D supplements prevent hirsutism by maintaining adequate calcium levels and enhancing vitamin D absorption, which are crucial for proper hormonal balance. Vitamin D helps regulate androgen levels, while calcium supports overall endocrine function. This combined action helps mitigate the excessive hair growth associated with hirsutism.

Melatonin(

Testosterone Summary:
- Comments
- Supplement Suggestions
- Supportive Supplement Suggestions

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Pg 11/28

Hormone

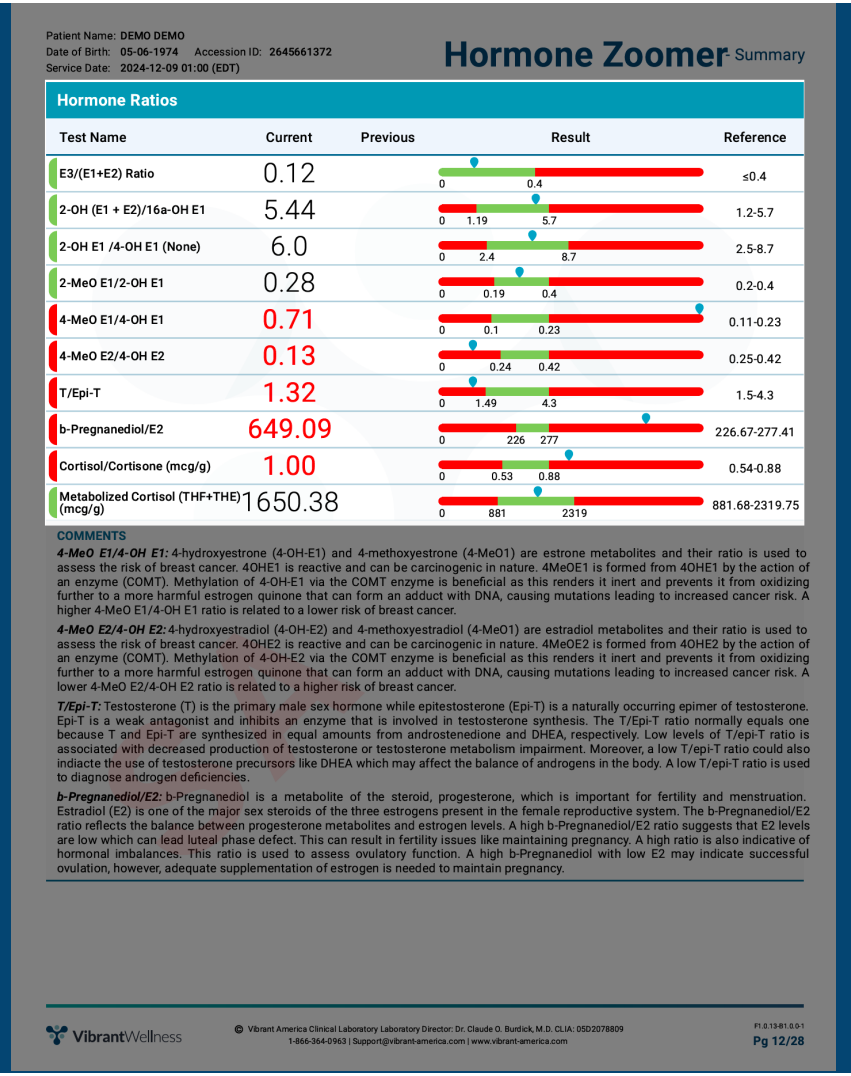
Ratios

Methylation Activity

- **CYP1A1 (2-OH):** 2-MeO E1/2-OH E1
- **CYP1B1 (4-OH):** 4-MeO E1/4-OH E1
- **CYP1B1 (4-OH):** 4-MeO E2/4-OH E2

T/EpiT

- Provides insight on UGT2B17 deletion, anabolic steroid use, other issues



Patient Name: DEMO DEMO
Date of Birth: 05-06-1974 Accession ID: 2645661372
Service Date: 2024-12-09 01:00 (EDT)

Hormone Zoomer Summary

Hormone Ratios

Test Name	Current	Previous	Result	Reference
E3/(E1+E2) Ratio	0.12		0 0.4	≤0.4
2-OH (E1 + E2)/16a-OH E1	5.44		0 1.19 5.7	1.2-5.7
2-OH E1 /4-OH E1 (None)	6.0		0 2.4 8.7	2.5-8.7
2-MeO E1/2-OH E1	0.28		0 0.19 0.4	0.2-0.4
4-MeO E1/4-OH E1	0.71		0 0.1 0.23	0.11-0.23
4-MeO E2/4-OH E2	0.13		0 0.24 0.42	0.25-0.42
T/Epi-T	1.32		0 1.49 4.3	1.5-4.3
b-Pregnanediol/E2	649.09		0 226 277	226.67-277.41
Cortisol/Cortisone (mcg/g)	1.00		0 0.53 0.88	0.54-0.88
Metabolized Cortisol (THF+THE) (mcg/g)	1650.38		0 881 2319	881.68-2319.75

COMMENTS

4-MeO E1/4-OH E1: 4-hydroxyestrone (4-OH-E1) and 4-methoxyestrone (4-MeO1) are estrone metabolites and their ratio is used to assess the risk of breast cancer. 4OHE1 is reactive and can be carcinogenic in nature. 4MeOE1 is formed from 4OHE1 by the action of an enzyme (COMT). Methylation of 4-OH-E1 via the COMT enzyme is beneficial as this renders it inert and prevents it from oxidizing further to a more harmful estrogen quinone that can form an adduct with DNA, causing mutations leading to increased cancer risk. A higher 4-MeO E1/4-OH E1 ratio is related to a lower risk of breast cancer.

4-MeO E2/4-OH E2: 4-hydroxyestradiol (4-OH-E2) and 4-methoxyestradiol (4-MeO1) are estradiol metabolites and their ratio is used to assess the risk of breast cancer. 4OHE2 is reactive and can be carcinogenic in nature. 4MeOE2 is formed from 4OHE2 by the action of an enzyme (COMT). Methylation of 4-OH-E2 via the COMT enzyme is beneficial as this renders it inert and prevents it from oxidizing further to a more harmful estrogen quinone that can form an adduct with DNA, causing mutations leading to increased cancer risk. A lower 4-MeO E2/4-OH E2 ratio is related to a higher risk of breast cancer.

T/Epi-T: Testosterone (T) is the primary male sex hormone while epitestosterone (Epi-T) is a naturally occurring epimer of testosterone. Epi-T is a weak antagonist and inhibits an enzyme that is involved in testosterone synthesis. The T/Epi-T ratio normally equals one because T and Epi-T are synthesized in equal amounts from androstenedione and DHEA, respectively. Low levels of T/epi-T ratio is associated with decreased production of testosterone or testosterone metabolism impairment. Moreover, a low T/epi-T ratio could also indiacte the use of testosterone precursors like DHEA which may affect the balance of androgens in the body. A low T/epi-T ratio is used to diagnose androgen deficiencies.

b-Pregnanediol/E2: b-Pregnanediol is a metabolite of the steroid, progesterone, which is important for fertility and menstruation. Estradiol (E2) is one of the major sex steroids of the three estrogens present in the female reproductive system. The b-Pregnanediol/E2 ratio reflects the balance between progesterone metabolites and estrogen levels. A high b-Pregnanediol/E2 ratio suggests that E2 levels are low which can lead luteal phase defect. This can result in fertility issues like maintaining pregnancy. A high ratio is also indicative of hormonal imbalances. This ratio is used to assess ovulatory function. A high b-Pregnanediol with low E2 may indicate successful ovulation, however, adequate supplementation of estrogen is needed to maintain pregnancy.

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Hormone Ratios

Test Name	Current	Previous	Result	Reference
E3/(E1+E2) Ratio	0.12		0 0.4	≤0.4
2-OH (E1 + E2)/16a-OH E1	5.44		0 1.19 5.7	1.2-5.7
2-OH E1 /4-OH E1 (None)	6.0		0 2.4 8.7	2.5-8.7
2-MeO E1/2-OH E1	0.28		0 0.19 0.4	0.2-0.4
4-MeO E1/4-OH E1	0.71		0 0.1 0.23	0.11-0.23
4-MeO E2/4-OH E2	0.13		0 0.24 0.42	0.25-0.42
T/Epi-T	1.32		0 1.49 4.3	1.5-4.3
b-Pregnanediol/E2	649.09		0 226 277	226.67-277.41
Cortisol/Cortisone (mcg/g)	1.00		0 0.53 0.88	0.54-0.88
Metabolized Cortisol (THF+THE) (mcg/g)	1650.38		0 881 2319	881.68-2319.75

COMMENTS

4-MeO E1/4-OH E1: 4-hydroxyestrone (4-OH-E1) and 4-methoxyestrone (4-MeO1) are estrone metabolites and their ratio is used to assess the risk of breast cancer. 4OHE1 is reactive and can be carcinogenic in nature. 4MeOE1 is formed from 4OHE1 by the action of an enzyme (COMT). Methylation of 4-OH-E1 via the COMT enzyme is beneficial as this renders it inert and prevents it from oxidizing further to a more harmful estrogen quinone that can form an adduct with DNA, causing mutations leading to increased cancer risk. A higher 4-MeO E1/4-OH E1 ratio is related to a lower risk of breast cancer.

4-MeO E2/4-OH E2: 4-hydroxyestradiol (4-OH-E2) and 4-methoxyestradiol (4-MeO1) are estradiol metabolites and their ratio is used to assess the risk of breast cancer. 4OHE2 is reactive and can be carcinogenic in nature. 4MeOE2 is formed from 4OHE2 by the action of an enzyme (COMT). Methylation of 4-OH-E2 via the COMT enzyme is beneficial as this renders it inert and prevents it from oxidizing further to a more harmful estrogen quinone that can form an adduct with DNA, causing mutations leading to increased cancer risk. A lower 4-MeO E2/4-OH E2 ratio is related to a higher risk of breast cancer.

T/Epi-T: Testosterone (T) is the primary male sex hormone while epitestosterone (Epi-T) is a naturally occurring epimer of testosterone. Epi-T is a weak antagonist and inhibits an enzyme that is involved in testosterone synthesis. The T/Epi-T ratio normally equals one because T and Epi-T are synthesized in equal amounts from androstenedione and DHEA, respectively. Low levels of T/epi-T ratio is associated with decreased production of testosterone or testosterone metabolism impairment. Moreover, a low T/epi-T ratio could also indiacte the use of testosterone precursors like DHEA which may affect the balance of androgens in the body. A low T/epi-T ratio is used to diagnose androgen deficiencies.

b-Pregnanediol/E2: b-Pregnanediol is a metabolite of the steroid, progesterone, which is important for fertility and menstruation. Estradiol (E2) is one of the major sex steroids of the three estrogens present in the female reproductive system. The b-Pregnanediol/E2 ratio reflects the balance between progesterone metabolites and estrogen levels. A high b-Pregnanediol/E2 ratio suggests that E2 levels are low which can lead luteal phase defect. This can result in fertility issues like maintaining pregnancy. A high ratio is also indicative of hormonal imbalances. This ratio is used to assess ovulatory function. A high b-Pregnanediol with low E2 may indicate successful ovulation, however, adequate supplementation of estrogen is needed to maintain pregnancy.

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Hormone Ratios

COMMENTS

Cortisol/Cortisone: The body's stress hormone, cortisol, is produced by the adrenal glands. Only a small percentage of circulating cortisol is biologically active (free), while the majority of cortisol is inactive (due to the binding of cortisol to protein). Cortisone, a metabolite of cortisol, possess as an additional variable that assists in the diagnosis of various adrenal disorders, including abnormalities of 11-beta-hydroxy steroid dehydrogenase (11-beta HSD), the enzyme that converts cortisol to cortisone. A deficiency in this enzyme can result in increased levels of cortisol. The cortisol/cortisone ratio is a marker of cortisol metabolism and it also used to undertsand efficiency of the conversion of cortisol to cortisone by the 11-beta HSD enzyme.Patients with Cushing's syndrome, chronic stress, or 11-beta HSD deficiency generally have an elevated urinary cortisol/cortisone ratio.

SUPPLEMENT SUGGESTIONS

Vitamin D(600 IU/day): Vitamin D supplements decrease cortisol/cortisone levels by modulating the hypothalamic-pituitary-adrenal (HPA) axis, leading to reduced adrenal gland secretion of these hormones. This regulation involves vitamin D receptor (VDR) activation, which influences gene expression associated with cortisol production. Additionally, vitamin D's anti-inflammatory properties can indirectly lower cortisol levels by reducing systemic inflammation.

SUPPORTIVE SUPPLEMENT SUGGESTIONS *(ENHANCES SPECIFIC ASSOCIATED FUNCTIONS WITHOUT INFLUENCING MARKERS DIRECTLY)*

Soy isoflavones(2.01 mg/day): Soy isoflavones, such as genistein, inhibit the activity of aromatase, reducing estrogen synthesis. They also act as selective estrogen receptor modulators, which can decrease the formation of 4-OH estradiol. Additionally, they increase the expression of detoxification enzymes, promoting the metabolism and excretion of 4-OH estradiol.

Pyridoxal 5'-phosphate(30 mg/kg/day): Pyridoxal 5'-phosphate, the active form of vitamin B6, decreases breast cancer by modulating gene expression and inhibiting angiogenesis, thus reducing tumor growth. It also enhances the immune response against cancer cells and induces apoptosis.

Fenugreek seeds extract(600 mg/day): Fenugreek seeds extract increases testosterone primarily by inhibiting the enzyme 5-alpha reductase, which reduces testosterone conversion to dihydrotestosterone (DHT). Additionally, it can stimulate Luteinizing Hormone (LH) secretion, enhancing endogenous testosterone production. The active compound saponins in fenugreek also support these effects.

DHEA(50 mg/day): DHEA supplements increase testosterone by serving as a precursor hormone that converts into testosterone and other androgens in the body. This conversion mainly occurs in the adrenal glands and gonads through enzymatic processes. As a result, DHEA supplementation can elevate testosterone levels, potentially enhancing anabolic effects and overall hormone balance.

Vitamin D(600 IU/day): Vitamin D supplements increase testosterone by enhancing the expression of testosterone synthesis-related genes in the testes and improving calcium absorption, which is vital for testosterone production. Additionally, Vitamin D receptors in the Leydig cells of the testes facilitate the production of testosterone. This hormone synthesis boost is particularly notable in individuals with Vitamin D deficiency.

Oxidative Stress

Test Name	Current	Previous	Result	Reference
8-hydroxy-2'-deoxyguanosine (8-OHdG) (mcg/g)	4.44		0 4.77	≤4.77

Hormone Ratios Summary:

- Comments
- Supplement Suggestions
- Supportive Supplement Suggestions

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Patient Name: DEMO DEMO
Date of Birth: 05-06-1974 Accession ID: [redacted]1372
Service Date: 2024-12-09 01:00 (EDT)

Hormone Zoomer - Summary

Hormone Ratios

Test Name	Current	Previous	Result	Reference
E3/(E1+E2) Ratio	0.12		0 0.4	≤0.4
2-OH (E1 + E2)/16a-OH E1	5.44		0 1.19 5.7	1.2-5.7
2-OH E1 /4-OH E1 (None)	6.0		0 2.4 8.7	2.5-8.7
2-MeO E1/2-OH E1	0.28		0 0.19 0.4	0.2-0.4
4-MeO E1/4-OH E1	0.71		0 0.1 0.23	0.11-0.23
4-MeO E2/4-OH E2	0.13		0 0.24 0.42	0.25-0.42
T/Epi-T	1.32		0 1.49 4.3	1.5-4.3
b-Pregnanediol/E2	649.09		0 226 277	226.67-277.41
Cortisol/Cortisone (mcg/g)	1.00			

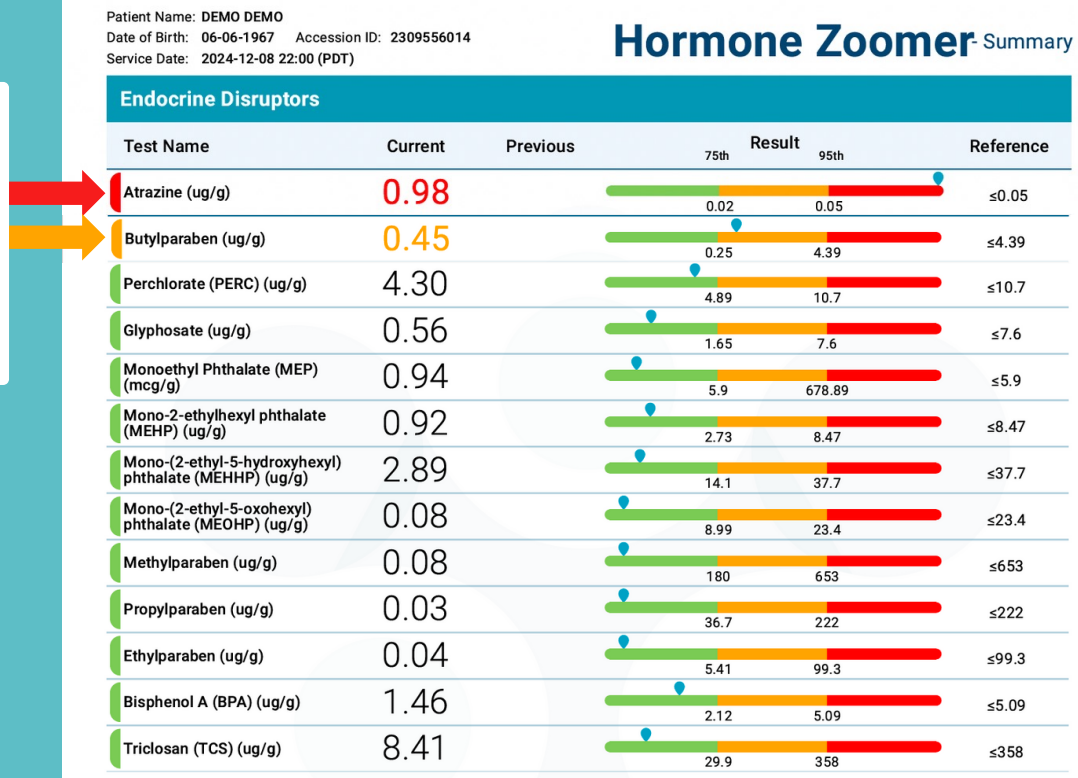
Patient Name: DEMO DEMO
Date of Birth: 05-06-1974 Accession ID: 2645661372
Service Date: 2024-12-09 01:00 (EDT)

Hormone Zoomer - Summary

Hormone Ratios

Test Name	Current	Previous	Result	Reference
E3/(E1+E2) Ratio	0.12		0 0.4	≤0.4
2-OH (E1 + E2)/16a-OH E1	5.44		0 1.19 5.7	1.2-5.7
2-OH E1 /4-OH E1 (None)	6.0		0 2.4 8.7	
2-MeO E1/2-OH E1	0.28		0.19 0.4	-0.4
4-MeO E1/4-OH E1	0.71		0.1 0.23	0.11-0.23
4-MeO E2/4-OH E2	0.13		0 0.24 0.42	0.25-0.42
T/Epi-T	1.32		0 1.49 4.3	1.5-4.3
b-Pregnanediol/E2	649.09		0 226 277	226.67-277.41
Cortisol/Cortisone (mcg/g)	1.00			

Endocrine Disruptors



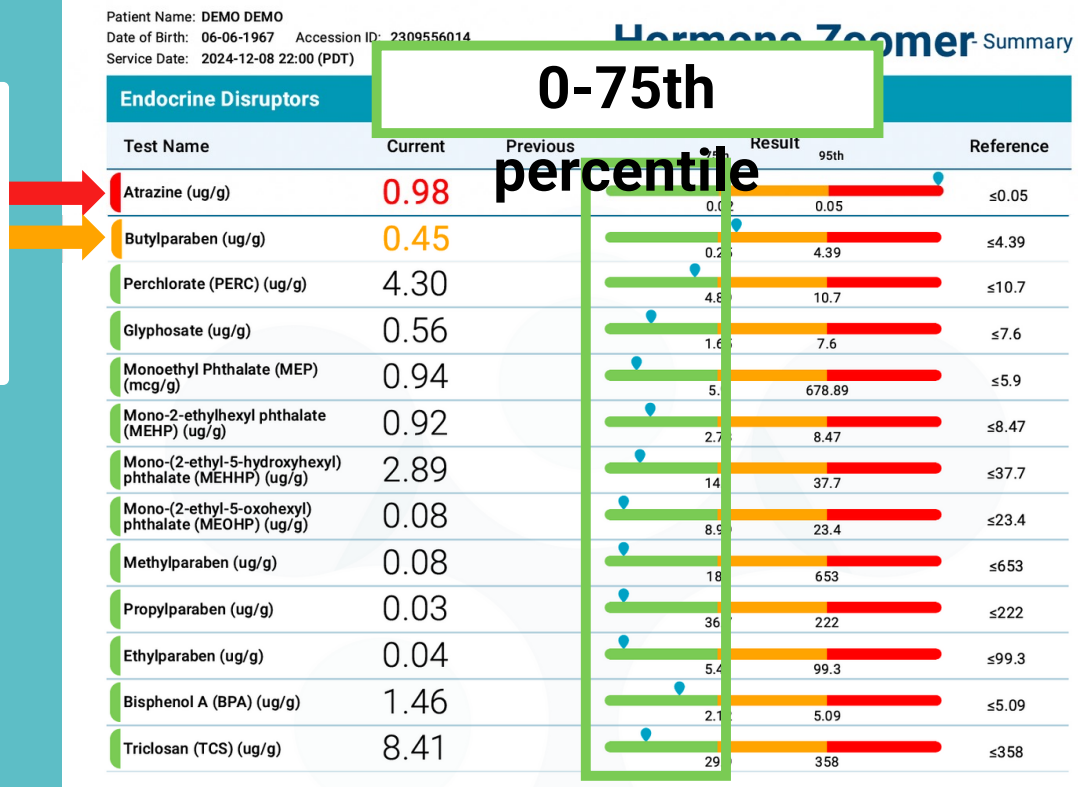
Patient Name: DEMO DEMO
Date of Birth: 06-06-1967 Accession ID: 2309556014
Service Date: 2024-12-08 22:00 (PDT)

Hormone Zoomer - Summary

Endocrine Disruptors

Test Name	Current	Previous	Result (75th / 95th)	Reference
Atrazine (ug/g)	0.98		0.02 / 0.05	≤0.05
Butylparaben (ug/g)	0.45		0.25 / 4.39	≤4.39
Perchlorate (PERC) (ug/g)	4.30		4.89 / 10.7	≤10.7
Glyphosate (ug/g)	0.56		1.65 / 7.6	≤7.6
Monoethyl Phthalate (MEP) (mcg/g)	0.94		5.9 / 678.89	≤5.9
Mono-2-ethylhexyl phthalate (MEHP) (ug/g)	0.92		2.73 / 8.47	≤8.47
Mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP) (ug/g)	2.89		14.1 / 37.7	≤37.7
Mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP) (ug/g)	0.08		8.99 / 23.4	≤23.4
Methylparaben (ug/g)	0.08		180 / 653	≤653
Propylparaben (ug/g)	0.03		36.7 / 222	≤222
Ethylparaben (ug/g)	0.04		5.41 / 99.3	≤99.3
Bisphenol A (BPA) (ug/g)	1.46		2.12 / 5.09	≤5.09
Triclosan (TCS) (ug/g)	8.41		29.9 / 358	≤358

Endocrine Disruptors



Endocrine Disruptors

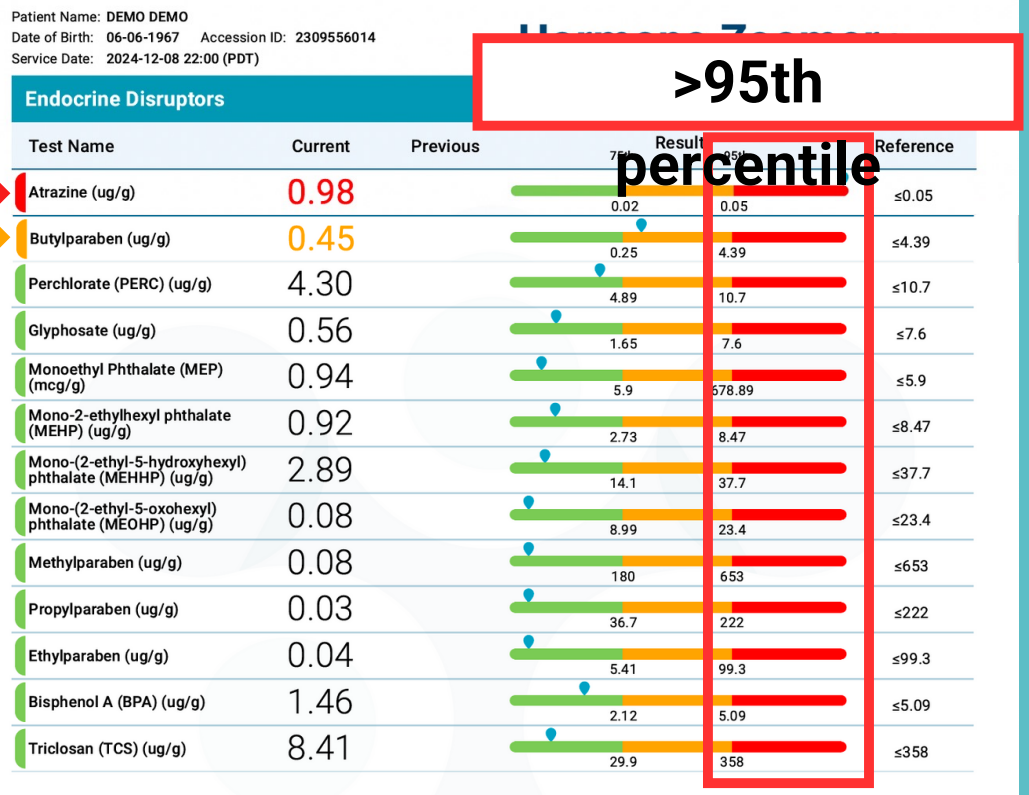
Patient Name: DEMO DEMO
Date of Birth: 06-06-1967 Accession ID: 2309556014
Service Date: 2024-12-08 22:00 (PDT)

Endocrine Disruptors

75-95th percentile

Test Name	Current	Previous	Result	Reference
Atrazine (ug/g)	0.98			≤0.05
Butylparaben (ug/g)	0.45			≤4.39
Perchlorate (PERC) (ug/g)	4.30			≤10.7
Glyphosate (ug/g)	0.56			≤7.6
Monoethyl Phthalate (MEP) (mcg/g)	0.94			≤5.9
Mono-2-ethylhexyl phthalate (MEHP) (ug/g)	0.92			≤8.47
Mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP) (ug/g)	2.89			≤37.7
Mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP) (ug/g)	0.08			≤23.4
Methylparaben (ug/g)	0.08			≤653
Propylparaben (ug/g)	0.03			≤222
Ethylparaben (ug/g)	0.04			≤99.3
Bisphenol A (BPA) (ug/g)	1.46			≤5.09
Triclosan (TCS) (ug/g)	8.41			≤358

Endocrine Disruptors



Patient Name: **DEMO DEMO**
Date of Birth: **06-06-1967** Accession ID: **2309556014**
Service Date: **2024-12-08 22:00 (PDT)**

Hormone Zoomer - Summary

Endocrine Disruptors

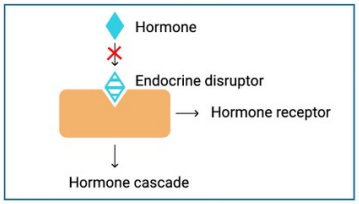
Test Name	Current	Previous	Result (75th: 0.25, 95th: 4.39)	Reference
Butylparaben (ug/g)	0.45			≤4.39

Butylparaben belongs to the paraben family and is one of the most common antimicrobial preservatives in cosmetics such as such as makeup, moisturizers, hair-care products, and shaving creams. It is also used in medication suspensions, and as a flavoring additive in food. When exposed to high levels of butylparaben via inhalation, irritation to the respiratory tract results; symptoms include coughing and shortness of breath. Ingestion of large doses of butylparaben may cause irritation to the gastrointestinal (GI) tract. Butylparaben is an endocrine disruptor. In animal models, butylparaben increased the levels of TSH and T4. They also reduced the levels of estrogen and estrogen/progesteron ratio. Parabens bind to estrogen receptors and mimic its activity, which can lead to fertility problems. Accumulation of butylparaben in the body can therefore, affect hormonal function, potentially leading to endocrine disorders and other diseases, which necessitates its elimination to minimize this risk.

HORMONE AFFECTED

Estrogen, Progesterone, TSH, T4

Agonist (mimcs hormone function)



Mechanism

Hormone agonists mimic natural hormones by acting like them. They bind to hormone receptors and trigger similar biological responses. Endocrine-disrupting chemicals (EDCs) act as these mimics, potentially causing harmful effects; Parabens bind to estrogen receptors, imitating estrogen's function and amplifying its effects. This increases breast cell growth, raising concerns about their potential role in breast cancer. Parabens also block the enzyme 17β-hydroxysteroid dehydrogenase, which regulates the conversion between estradiol and estrone, disrupting hormonal balance.

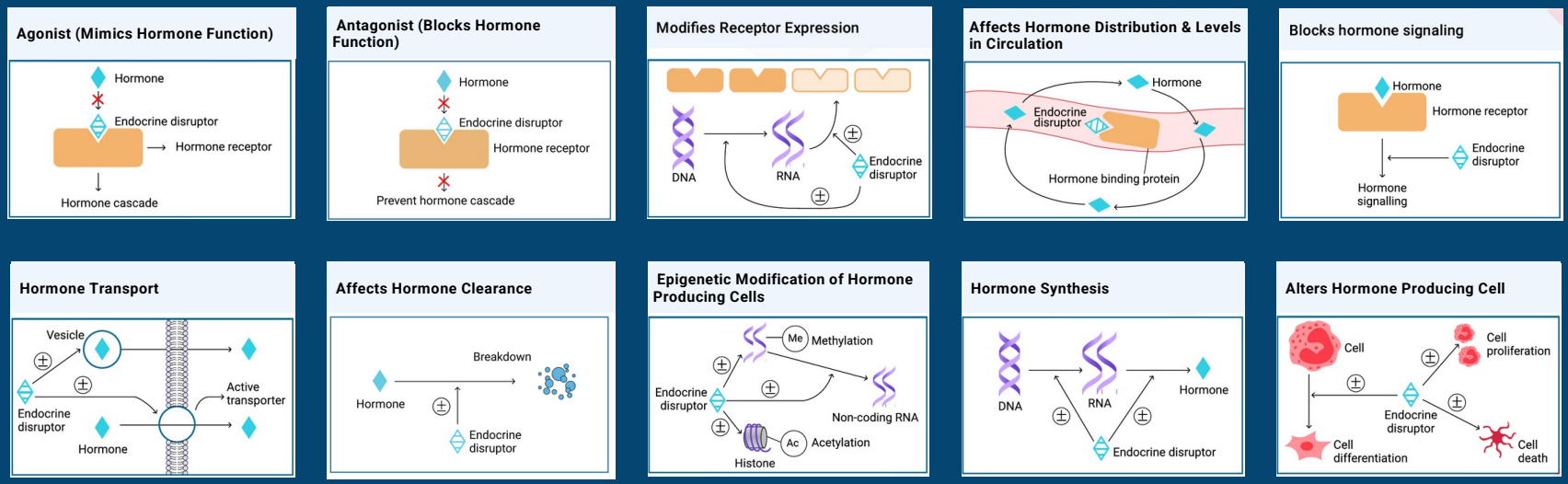
SUPPORTIVE SUPPLEMENT SUGGESTIONS *(ENHANCES SPECIFIC ASSOCIATED FUNCTIONS WITHOUT INFLUENCING MARKERS DIRECTLY)*

Vitamin E(22 IU/day): Vitamin E through its antioxidant properties protect cells from oxidative damage by neutralizing ROS generated during toxin exposure. It also enhances the activity of other antioxidants and improves hormonal balance, thereby mitigating reproductive and cellular dysfunction caused by endocrine disruptors.

Vitamin C(75 mg/day): Vitamin C protects against various toxicities, including arsenic and glyphosate, by acting as a potent antioxidant that scavenges reactive oxygen species (ROS) and restores antioxidant enzyme levels. It also enhances detoxification processes, facilitating the elimination of harmful compounds from the body. Additionally, high serum levels of vitamin C are associated with decreased prevalence of elevated blood lead levels, indicating its role in mitigating heavy metal toxicity.

Iodine(120 mcg/day): Iodine prevents exposure to endocrine disruptors by acting as an antioxidant, neutralizing reactive oxygen species (ROS) and reducing oxidative stress that can lead to hormonal imbalances. It supports thyroid hormone synthesis, which is crucial for maintaining metabolic and hormonal balance in the body. Additionally, iodine can induce apoptosis in cancer cells and modulate immune responses, further protecting against the disruptive effects of environmental toxins.

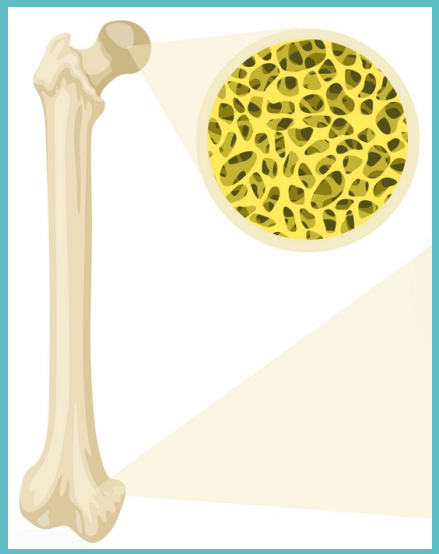
Endocrine Disruptor Mechanisms



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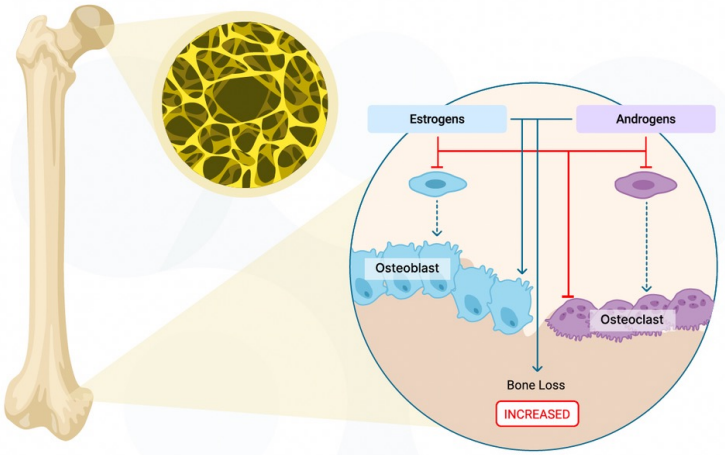
Bone Health Markers



Patient Name: **DEMO DEMO**
Date of Birth: **06-06-1967** Accession ID: **2309556014**
Service Date: **2024-12-08 22:00 (PDT)**

Hormone Zoomer Summary

Bone Health



Test Name	Current	Previous	Reference	Test Name	Current	Previous	Reference
Deoxypyridinoline (DPD) (nmol/mmol)	18.60			Pyridinoline (PYD) (nmol/mmol)	30.00		

COMMENTS

Deoxypyridinoline (DPD): Deoxypyridinoline (DPD) is a molecule that provides structural stiffness to collagen type I found in bones. It stabilizes collagen by forming crosslinks between individual collagen peptides. Crosslinked collagen is broken down during bone resorption, and DPD crosslinks are released into circulation. DPD is excreted through urine and is recognized as an important biomarker of bone collagen degradation. Hormones such as estrogen and testosterone play a crucial role in maintaining bone health by regulating bone formation and resorption. An imbalance in these hormones, such as decreased estrogen levels during menopause, can lead to increased bone loss and a higher risk of osteoporosis and fractures. This makes assessing bone health essential, with high levels of DPD in urine potentially indicating osteoporosis, Paget's disease, or hyperthyroidism.

SUPPLEMENT SUGGESTIONS

Calcium(1500 mg/day): Calcium supplementation reduces bone resorption by inhibiting osteoclast activity, leading to decreased collagen breakdown. Calcium MCHC is a more bioavailable form of calcium and includes phosphorus, collagen and other minerals and is a preferred version for better absorption. This supplementation lowers the release of deoxypyridinoline (DPD) into circulation. As a result, urinary DPD levels, a marker of bone degradation, decreases.

All Supplement Suggestions

Suggestions

...PA) axis, which controls stress
...romoting GABA activity, and
...ium enhances sleep quality, further

...sponse to stress. It supports the
...e cortisol release. Additionally,
...tion.

...ic-pituitary-adrenal (HPA) axis,
... promoting homeostasis and
...smitter activity, further aiding in

...iting the enzyme 11β-hydroxysteroid
...hibition reduces the overall
...ate stress-induced cortisol secretion,

SUPPLEMENTS

Vitamin D supplementation improves the severity of anxiety in individuals diagnosed with Generalized Anxiety Disorder by increasing serotonin concentrations and decreasing the levels of the inflammatory biomarkers.

Omega-3 fatty acids 950 mg/day

Omega-3 supplements may be efficacious in reducing symptoms of depression and anxiety in adults, particularly as an adjunct to antidepressant medication.

Lavender oil 80 mg/day

Oral lavender oil preparation showed a significant beneficial influence on quality and duration of sleep and improved general mental and physical health .

Phosphatidylserine 400 mg

Phosphotidylserine supplementation is associated with feeling less stressed and having a better mood.

L-Theanine 200 mg/day

The anti-stress effects of L-theanine has been observed following twice daily administration further attention-improving effects have been observed in response to treatment.

Ashwagandha 250 mg/day

Ashwagandha supplementation have shown significant improvements in stress, mood, or cognitive function.

5-HTP 300 mg/day

5-HT supplements, like 5-HTT, provide a precursor molecule for serotonin synthesis, leading to higher serotonin levels.

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Suggestions

Estrogen

SUPPLEMENTS

Soy 40 mg/day

Soy supplements contain phytoestrogens like genistein, which compete with estrone for estrogen receptors, reducing estrone's effects. These compounds also influence estrogen metabolism, leading to lower circulating estrone levels. The combined impact helps to modulate estrogenic activity in the body.

Wheat bran 10 g/day

Wheat bran increases dietary fiber intake, which binds estrogens and enhances their excretion through the feces. This process reduces the enterohepatic recirculation of estrogens, leading to lower serum estrone levels. Consequently, decreased serum estrone can also reduce urinary estrone excretion.

Soy isoflavones 2.01 mg/day

Soy isoflavones, such as genistein, inhibit the activity of aromatase, reducing estrogen synthesis. They also act as selective estrogen receptor modulators, which can decrease the formation of 4-OH estradiol. Additionally, they increase the expression of detoxification enzymes, promoting the metabolism and excretion of 4-OH estradiol.

Vitamin D 600 IU/day

Vitamin D supplements can lower estradiol levels by promoting the expression of enzymes that convert estradiol to its less active metabolites. This process is mediated through the regulation of estrogen metabolism and the modulation of estrogen receptor activity. Consequently, increased vitamin D levels can result in reduced estradiol concentrations in the body.

Testosterone

SUPPLEMENTS

Chromium picolinate 200 µg/day

Chromium picolinate enhances insulin sensitivity by facilitating glucose metabolism, which helps regulate blood sugar levels. This, in turn, can reduce elevated androgen levels linked to hirsutism. Improved insulin sensitivity may contribute to decreased hair growth in individuals with insulin resistance-related hirsutism.

Calcium and vitamin D (Ca/Vit.D) 1,000 mg of calcium

Calcium and vitamin D supplements prevent hirsutism by maintaining adequate calcium levels and enhancing vitamin D absorption, which are crucial for proper hormonal balance. Vitamin D helps regulate androgen levels, while calcium supports overall endocrine function. This combined action helps mitigate the excessive hair growth associated with hirsutism.

Melatonin 5 mg/day

Melatonin supplements help prevent hirsutism by regulating androgen levels and reducing the activity of hair growth-promoting hormones. Additionally, melatonin exhibits anti-inflammatory effects that can address underlying conditions contributing to excessive hair growth. This combined action helps manage and mitigate the symptoms associated with hirsutism.

Hormone Ratios

SUPPLEMENTS

Vitamin D 600 IU/day

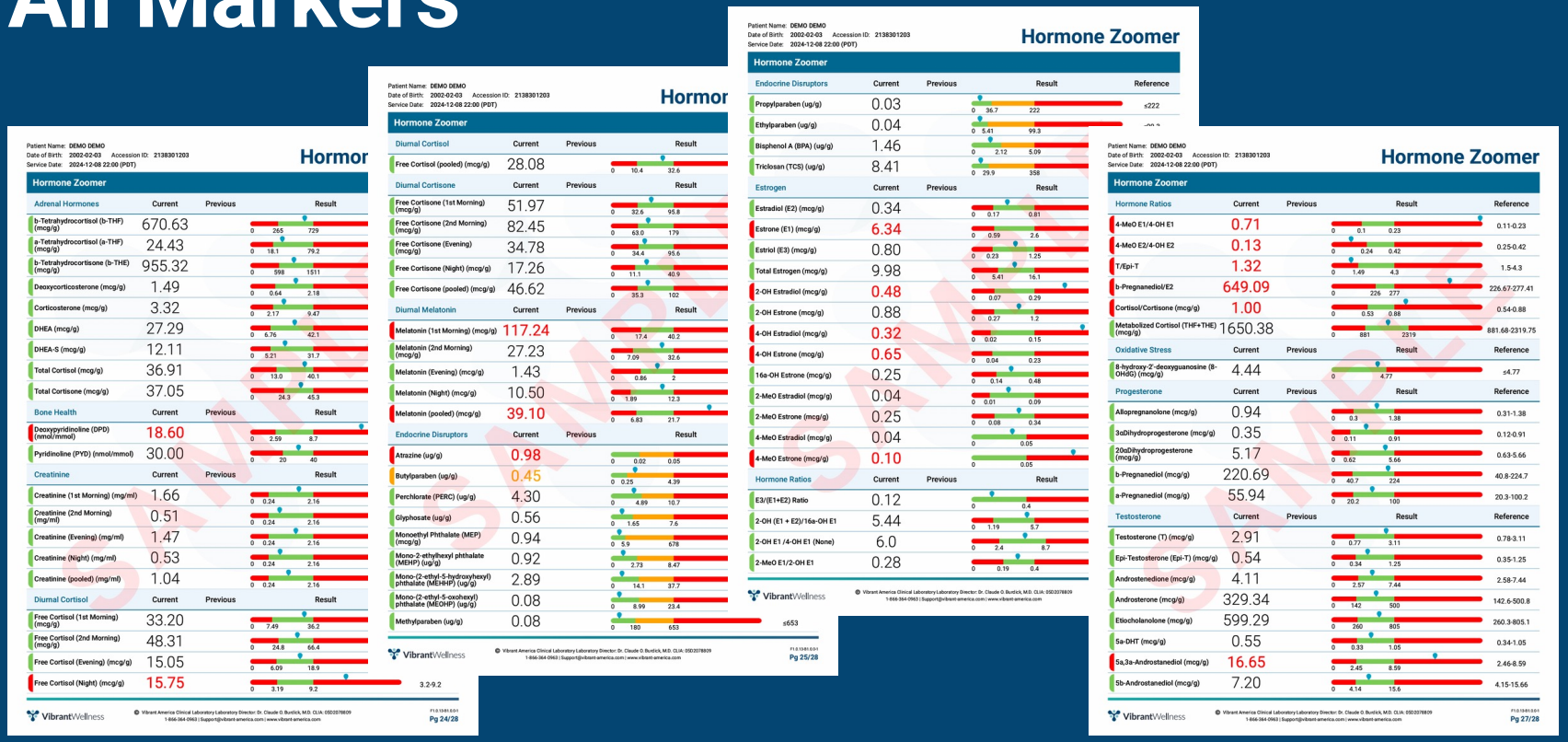
Vitamin D supplements decrease cortisol/cortisone levels by modulating the hypothalamic-pituitary-adrenal (HPA) axis, leading to reduced adrenal gland secretion of these hormones. This regulation involves vitamin D receptor (VDR) activation, which influences gene expression associated with cortisol production. Additionally, vitamin D's anti-inflammatory properties can indirectly lower cortisol levels by reducing systemic inflammation.

Soy isoflavones 2.01 mg/day

Soy isoflavones, such as genistein, inhibit the activity of aromatase, reducing estrogen synthesis. They also act as selective estrogen receptor modulators, which can decrease the formation of 4-OH estradiol. Additionally, they increase the expression of detoxification enzymes, promoting the metabolism and excretion of 4-OH estradiol.

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All Markers



Patient Name: DEMO DEMO
Date of Birth: 2002-02-03 Accession ID: 2138301203
Service Date: 2024-12-08 22:00 (PDT)

Hormone Zoomer

Adrenal Hormones	Current	Previous	Result
b-Tetrahydrocortisol (b-THF) (mcg/g)	670.63		0 265 729
a-Tetrahydrocortisol (a-THF) (mcg/g)	24.43		0 18.1 79.2
b-Tetrahydrocortisone (b-THE) (mcg/g)	955.32		0 598 1511
Deoxycorticosterone (mcg/g)	1.49		0 0.64 2.18
Corticosterone (mcg/g)	3.32		0 2.17 9.47
DHEA (mcg/g)	27.29		0 6.76 42.1
DHEA-S (mcg/g)	12.11		0 5.21 31.7
Total Cortisol (mcg/g)	36.91		0 13.0 40.1
Total Cortisone (mcg/g)	37.05		0 24.3 45.3

Bone Health	Current	Previous	Result
Deoxypyridinoline (DPD) (nmol/mmol)	18.60		0 2.59 8.7
Pyridinoline (PYD) (nmol/mmol)	30.00		0 20 40

Creatinine	Current	Previous	Result
Creatinine (1st Morning) (mg/ml)	1.66		0 0.24 2.16
Creatinine (2nd Morning) (mg/ml)	0.51		0 0.24 2.16
Creatinine (Evening) (mg/ml)	1.47		0 0.24 2.16
Creatinine (Night) (mg/ml)	0.53		0 0.24 2.16
Creatinine (pooled) (mg/ml)	1.04		0 0.24 2.16

Diurnal Cortisol	Current	Previous	Result
Free Cortisol (1st Morning) (mcg/g)	33.20		0 7.49 36.2
Free Cortisol (2nd Morning) (mcg/g)	48.31		0 24.8 66.4
Free Cortisol (Evening) (mcg/g)	15.05		0 6.09 18.9
Free Cortisol (Night) (mcg/g)	15.75		0 3.19 9.2 3.2-9.2

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Patient Name: DEMO DEMO
Date of Birth: 2002-02-03 Accession ID: 2138301203
Service Date: 2024-12-08 22:00 (PDT)

Hormone Zoomer

Diurnal Cortisol	Current	Previous	Result
Free Cortisol (pooled) (mcg/g)	28.08		0 10.4 32.6

Diurnal Cortisone	Current	Previous	Result
Free Cortisone (1st Morning) (mcg/g)	51.97		0 32.6 95.8
Free Cortisone (2nd Morning) (mcg/g)	82.45		0 63.0 179
Free Cortisone (Evening) (mcg/g)	34.78		0 34.4 95.6
Free Cortisone (Night) (mcg/g)	17.26		0 11.1 40.9
Free Cortisone (pooled) (mcg/g)	46.62		0 35.3 102

Diurnal Melatonin	Current	Previous	Result
Melatonin (1st Morning) (mcg/g)	117.24		0 17.4 40.2
Melatonin (2nd Morning) (mcg/g)	27.23		0 7.09 32.6
Melatonin (Evening) (mcg/g)	1.43		0 0.86 2
Melatonin (Night) (mcg/g)	10.50		0 1.89 12.3
Melatonin (pooled) (mcg/g)	39.10		0 6.83 21.7

Endocrine Disruptors	Current	Previous	Result
Atrazine (ug/g)	0.98		0 0.02 0.05
Butylparaben (ug/g)	0.45		0 0.25 4.39
Perchlorate (PERC) (ug/g)	4.30		0 4.89 10.7
Glyphosate (ug/g)	0.56		0 1.65 7.6
Monoethyl Phthalate (MEP) (mcg/g)	0.94		0 5.9 678
Mono-2-ethylhexyl phthalate (MEHP) (ug/g)	0.92		0 2.73 8.47
Mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP) (ug/g)	2.89		0 14.1 37.7
Mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP) (ug/g)	0.08		0 8.99 23.4
Methylparaben (ug/g)	0.08		0 180 653 ≤653

VibrantWellness

Pg 25/28

Patient Name: DEMO DEMO
Date of Birth: 2002-02-03 Accession ID: 2138301203
Service Date: 2024-12-08 22:00 (PDT)

Hormone Zoomer

Endocrine Disruptors	Current	Previous	Result	Reference
Propylparaben (ug/g)	0.03		0 36.7 222	≤222
Ethylparaben (ug/g)	0.04		0 5.41 99.3	
Bisphenol A (BPA) (ug/g)	1.46		0 2.12 5.09	
Triclosan (TCS) (ug/g)	8.41		0 29.9 358	

Estrogen	Current	Previous	Result
Estradiol (E2) (mcg/g)	0.34		0 0.17 0.81
Estrone (E1) (mcg/g)	6.34		0 0.59 2.6
Estriol (E3) (mcg/g)	0.80		0 0.23 1.25
Total Estrogen (mcg/g)	9.98		0 5.41 16.1
2-OH Estradiol (mcg/g)	0.48		0 0.07 0.29
2-OH Estrone (mcg/g)	0.88		0 0.27 1.2
4-OH Estradiol (mcg/g)	0.32		0 0.02 0.15
4-OH Estrone (mcg/g)	0.65		0 0.04 0.23
16a-OH Estrone (mcg/g)	0.25		0 0.14 0.48
2-MeO Estradiol (mcg/g)	0.04		0 0.01 0.09
2-MeO Estrone (mcg/g)	0.25		0 0.08 0.34
4-MeO Estradiol (mcg/g)	0.04		0 0.05
4-MeO Estrone (mcg/g)	0.10		0 0.05

Hormone Ratios	Current	Previous	Result
E3/(E1+E2) Ratio	0.12		0 0.4
2-OH (E1 + E2)/16a-OH E1	5.44		0 1.19 5.7
2-OH E1 /4-OH E1 (None)	6.0		0 2.4 8.7
2-MeO E1/2-OH E1	0.28		0 0.19 0.4

VibrantWellness

Patient Name: DEMO DEMO
Date of Birth: 2002-02-03 Accession ID: 2138301203
Service Date: 2024-12-08 22:00 (PDT)

Hormone Zoomer

Hormone Ratios	Current	Previous	Result	Reference
4-MeO E1/4-OH E1	0.71		0 0.1 0.23	0.11-0.23
4-MeO E2/4-OH E2	0.13		0 0.24 0.42	0.25-0.42
T/Epi-T	1.32		0 1.49 4.3	1.5-4.3
b-Pregnanediol/E2	649.09		0 226 277	226.67-277.41
Cortisol/Cortisone (mcg/g)	1.00		0 0.53 0.88	0.54-0.88
Metabolized Cortisol (THF+THE) (mcg/g)	1650.38		0 881 2319	881.68-2319.75

Oxidative Stress	Current	Previous	Result	Reference
8-hydroxy-2'-deoxyguanosine (8-OHdG) (mcg/g)	4.44		0 4.77	≤4.77

Progesterone	Current	Previous	Result	Reference
Allopregnanolone (mcg/g)	0.94		0 0.3 1.38	0.31-1.38
3αDihydroprogesterone (mcg/g)	0.35		0 0.11 0.91	0.12-0.91
20αDihydroprogesterone (mcg/g)	5.17		0 0.62 5.66	0.63-5.66
b-Pregnanediol (mcg/g)	220.69		0 40.7 224	40.8-224.7
a-Pregnanediol (mcg/g)	55.94		0 20.2 100	20.3-100.2

Testosterone	Current	Previous	Result	Reference
Testosterone (T) (mcg/g)	2.91		0 0.77 3.11	0.78-3.11
Epi-Testosterone (Epi-T) (mcg/g)	0.54		0 0.34 1.25	0.35-1.25
Androstenedione (mcg/g)	4.11		0 2.57 7.44	2.58-7.44
Androsterone (mcg/g)	329.34		0 142 500	142.6-500.8
Etiocholanolone (mcg/g)	599.29		0 260 805	260.3-805.1
5a-DHT (mcg/g)	0.55		0 0.33 1.05	0.34-1.05
5a,3a-Androstanediol (mcg/g)	16.65		0 2.45 8.59	2.46-8.59
5b-Androstanediol (mcg/g)	7.20		0 4.14 15.6	4.15-15.66

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Pg 27/28

Melatonin (Night) (mcg/g)	10.50		0 1.89 12.3	1.9-12.3
Bone Health	**Current**	**Previous**	**Result**	**Reference**
Deoxypyridinoline (DPD) (nmol/mmol)	18.60		0 2.59 8.7	2.6-8.7
Pyridinoline (PYD) (nmol/mmol)	30.00		0 20 40	20-40
Creatinine	**Current**	**Previous**	**Result**	**Reference**
Creatinine (1st Morning) (mg/ml)	1.66		0 0.24 2.16	0.25-2.16
Creatinine (2nd Morning) (mg/ml)	0.51		0 0.24 2.16	0.25-2.16
Creatinine (Evening) (mg/ml)	1.47		0 0.24 2.16	0.25-2.16
Creatinine (Night) (mg/ml)	0.53		0 0.24 2.16	0.25-2.16
Creatinine (pooled) (mg/ml)	1.04		0 0.24 2.16	0.25-2.16
Endocrine Disruptors	**Current**	**Previous**	**Result**	**Reference**
Atrazine (ug/g)	0.98		0 0.02 0.05	≤0.05
Butylparaben (ug/g)	0.45		0 0.25 4.39	≤4.39

Dr. Sidney Baker's Tack Rules





Rule #1: If you are sitting on a tack, it takes a lot of aspirin to make the pain go away.



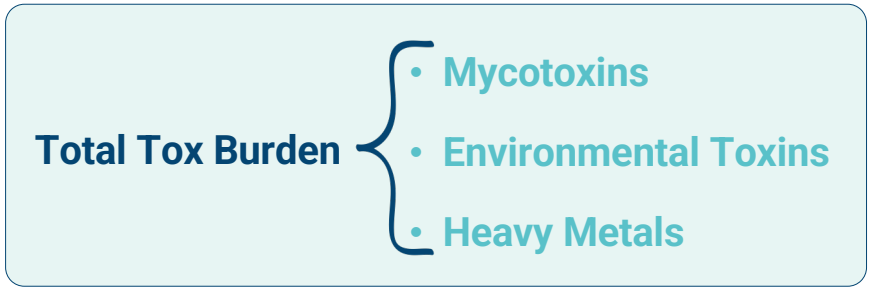
Rule #2: If you are sitting on two tacks, removing one does not necessarily result in a 50% improvement in symptoms.

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Synergistic Tests

- Gut Zoomer
- Oxidative Stress Profile
- Total Tox Burden
- Saliva Hormones
- Neurotransmitters
- Micronutrient
- NutriPro or Methylation Panel



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Resources

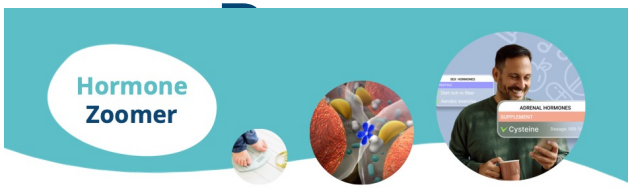


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Key Clinical Messages



Patient One-



Zoom Into Your Hormones and Take Control of Your Health

Struggling with fatigue, mood swings, stubborn weight gain, or poor sleep? Your hormones could be the missing piece to your health puzzle. The Hormone Zoomer helps uncover the root cause of low energy, metabolic issues, and hormone-related symptoms by analyzing how your body produces, metabolizes, and clears hormones. It also detects hidden hormone disruptors like BPA and phthalates that interfere with thyroid function, metabolism, and reproductive health.

If you've been feeling off but can't pinpoint why, this test also evaluates biomarkers for stress and adrenal function, bone health, and oxidative stress levels, which impact aging, inflammation, and long-term wellness. With clear, actionable insights, your healthcare provider can develop a personalized plan to rebalance your hormones, reduce toxic burden, and help you feel your best again.



Why Choose the Hormone Zoomer?

- **Uncover Hidden Hormone Imbalances:** Identifies hormone metabolism issues that impact energy, mood, weight, and reproductive health.
- **Reduce Toxin Exposure Risks:** Detects hormone-disrupting chemicals like BPA and phthalates that impact metabolism and thyroid function.
- **Protect Your Bone Health:** Helps evaluate bone loss risk early to help prevent osteoporosis and support lifelong strength.
- **Improve Energy & Vitality:** Assesses stress hormones and oxidative stress factors to help you feel more energized, focused, and balanced.

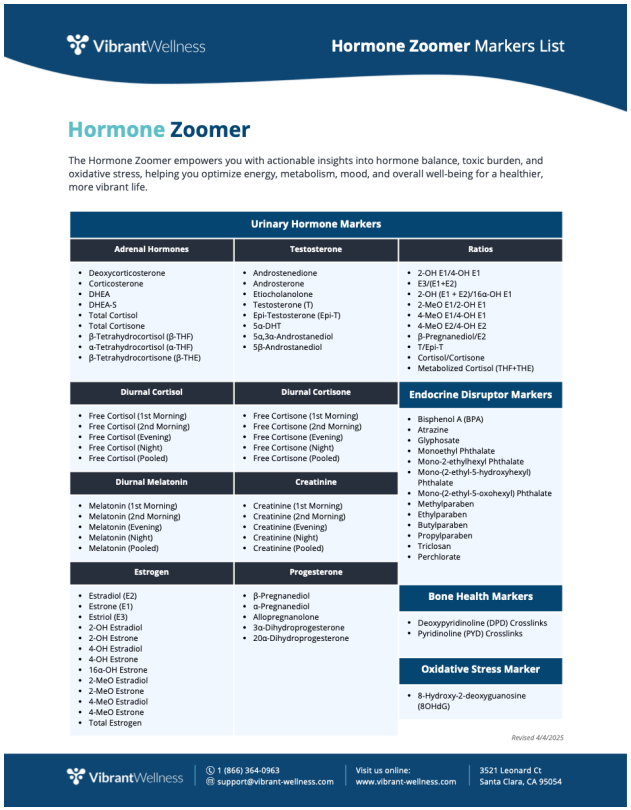
How It Works

The Hormone Zoomer is a simple urine test that provides a comprehensive view of your hormone health, metabolism, and toxic burden. It measures how your body produces, processes, and clears hormones, while detecting hormone-disrupting chemicals like BPA and phthalates that may impact energy, weight, mood, and fertility. With clear visuals and actionable results, your provider can build a personalized plan to restore balance and support long-term wellness.

VibrantWellness | 1 (866) 364-0963 | support@vibrant-wellness.com | Visit us online: www.vibrant-wellness.com | 3521 Leonard Ct Santa Clara, CA 95054

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Markers List



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Hormone Zoomer Markers List

Hormone Zoomer

The Hormone Zoomer empowers you with actionable insights into hormone balance, toxic burden, and oxidative stress, helping you optimize energy, metabolism, mood, and overall well-being for a healthier, more vibrant life.

Urinary Hormone Markers

Adrenal Hormones

- Deoxycorticosterone
- Corticosterone
- DHEA
- DHEA-S
- Total Cortisol
- Total Cortisone
- β-Tetrahydrocortisol (β-THF)
- α-Tetrahydrocortisol (α-THF)
- β-Tetrahydrocortisone (β-THE)

Testosterone

- Androstenedione
- Androsterone
- Etiocholanolone
- Testosterone (T)
- Epi-Testosterone (Epi-T)
- 5α-DHT
- 5α,3α-Androstanediol
- 5β-Androstanediol

Ratios

- 2-OH E1/4-OH E1
- E3/(E1+E2)
- 2-OH (E1 + E2)/16α-OH E1
- 2-MeO E1/2-OH E1
- 4-MeO E1/4-OH E1
- 4-MeO E2/4-OH E2
- β-Pregnanediol/E2
- T/Epi-T
- Cortisol/Cortisone
- Metabolized Cortisol (THF+THE)

Diurnal Cortisol

- Free Cortisol (1st Morning)
- Free Cortisol (2nd Morning)
- Free Cortisol (Evening)
- Free Cortisol (Night)
- Free Cortisol (Pooled)

Diurnal Cortisone

- Free Cortisone (1st Morning)
- Free Cortisone (2nd Morning)
- Free Cortisone (Evening)
- Free Cortisone (Night)
- Free Cortisone (Pooled)

Diurnal Melatonin

- Melatonin (1st Morning)
- Melatonin (2nd Morning)
- Melatonin (Evening)
- Melatonin (Night)
- Melatonin (Pooled)

Creatinine

- Creatinine (1st Morning)
- Creatinine (2nd Morning)
- Creatinine (Evening)
- Creatinine (Night)
- Creatinine (Pooled)

Estrogen

- Estradiol (E2)
- Estrone (E1)
- Estriol (E3)
- 2-OH Estradiol
- 2-OH Estrone
- 4-OH Estradiol
- 4-OH Estrone
- 16α-OH Estrone
- 2-MeO Estradiol
- 2-MeO Estrone
- 4-MeO Estradiol
- 4-MeO Estrone
- Total Estrogen

Progesterone

- β-Pregnanediol
- α-Pregnanediol
- Allopregnanolone
- 3α-Dihydroprogesterone
- 20α-Dihydroprogesterone

Endocrine Disruptor Markers

- Bisphenol A (BPA)
- Atrazine
- Glyphosate
- Monoethyl Phthalate
- Mono-2-ethylhexyl Phthalate
- Mono-(2-ethyl-5-hydroxyhexyl) Phthalate
- Mono-(2-ethyl-5-oxohexyl) Phthalate
- Methylparaben
- Ethylparaben
- Butylparaben
- Propylparaben
- Triclosan
- Perchlorate

Bone Health Markers

- Deoxypyridinoline (DPD) Crosslinks
- Pyridinoline (PYD) Crosslinks

Oxidative Stress Marker

- 8-Hydroxy-2-deoxyguanosine (8OHdG)

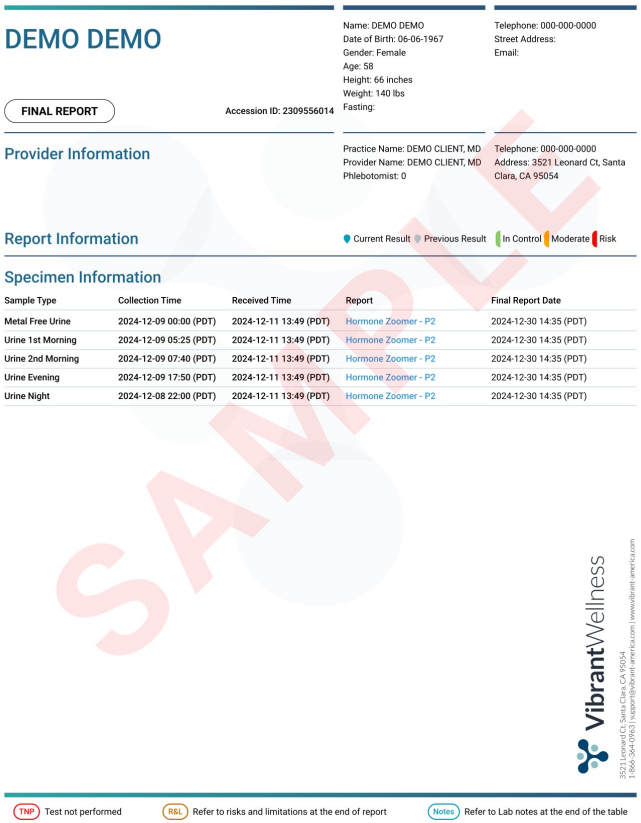
Revised 4/4/2025

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Sample Report



DEMO DEMO

Name: DEMO DEMO
Date of Birth: 06-06-1967
Gender: Female
Age: 58
Height: 66 inches
Weight: 140 lbs
Fasting:

Telephone: 000-000-0000
Street Address:
Email:

FINAL REPORT

Accession ID: 2309556014

Provider Information

Practice Name: DEMO CLIENT, MD
Provider Name: DEMO CLIENT, MD
Phlebotomist: 0

Telephone: 000-000-0000
Address: 3521 Leonard Ct, Santa Clara, CA 95054

Report Information

Current Result | Previous Result | In Control | Moderate | Risk

Specimen Information

Sample Type	Collection Time	Received Time	Report	Final Report Date
Metal Free Urine	2024-12-09 00:00 (PDT)	2024-12-11 13:49 (PDT)	Hormone Zoomer - P2	2024-12-30 14:35 (PDT)
Urine 1st Morning	2024-12-09 05:25 (PDT)	2024-12-11 13:49 (PDT)	Hormone Zoomer - P2	2024-12-30 14:35 (PDT)
Urine 2nd Morning	2024-12-09 07:40 (PDT)	2024-12-11 13:49 (PDT)	Hormone Zoomer - P2	2024-12-30 14:35 (PDT)
Urine Evening	2024-12-09 17:50 (PDT)	2024-12-11 13:49 (PDT)	Hormone Zoomer - P2	2024-12-30 14:35 (PDT)
Urine Night	2024-12-08 22:00 (PDT)	2024-12-11 13:49 (PDT)	Hormone Zoomer - P2	2024-12-30 14:35 (PDT)

SAMPLE

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TNP Test not performed | R&L Refer to risks and limitations at the end of report | Notes Refer to Lab notes at the end of the table

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Great news!!
A Hormone Zoomer interpretation guide is coming Soon!

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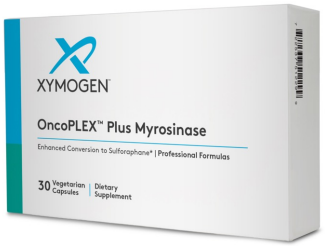
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Supplement Considerations - Estrogen

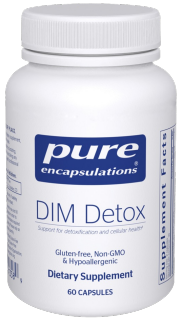
** Supplement examples are provided for informational use only, and do not serve as a product endorsement. These products are not intended to diagnose, treat, cure, or prevent any disease. Healthcare practitioners should use clinical discretion in decision-making for dietary supplement suggested use.*

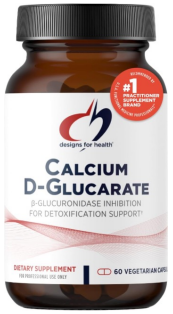
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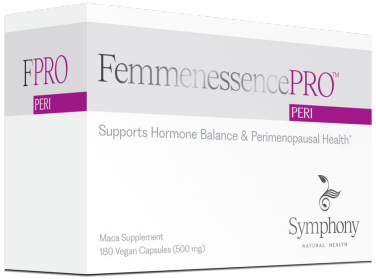




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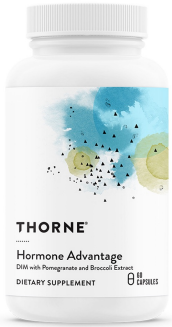
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Supplement Considerations - Testosterone

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HIGH



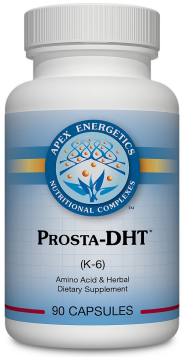




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Supplement Considerations - Progesterone

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LOW



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Supplement Considerations – Cortisol

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HIGH







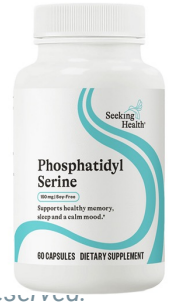






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The Vibrant Advantage

- Evaluates adrenal and sex hormones & metabolites, endocrine disruptors, oxidative stress, and bone health markers.
- Using the **gold standard LC-MS/MS** and **GC-MS/MS** test methodology.
- Provides insight on sex steroid hormone imbalances, adrenal/HPA axis imbalances, bone health, exposure to endocrine disruptors, and DNA damage.



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Thank you!

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