Nordic Laboratories

PATIENT:	Sample Report			TEST REF:	########
TEST NUMBER:	########	RECEIVED:	mm/dd/yyyy	PRACTITIONER:	Nordic Laboratories
PATIENT NUMBER:	########	TESTED:	mm/dd/yyyy		
GENDER:	Female	COLLECTED:	mm/dd/yyyy		
AGE:	63				
DATE OF BIRTH:	mm/dd/yyyy				

TEST NAME: Complete Thyroid Profile (TSH, FT3, FT4, & TPO) - BLOODSPOT

Test Name	Result		Units	Range
Free T4 (Blood Spot)	0.6	L	ng/dL	0.7-2.5
Free T3 (Blood Spot)	2.4	L	pg/mL	2.5-6.5
TSH (Blood Spot)	7.3	H	µU/mL	0.5-3.0
TPO (Blood Spot)	120		IU/mL	0-150 (70-150 borderline)

Therapies

oral Vitamin D3 (OTC)

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2014 10 27 006 B — **Essential Thyroid**

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

Metabolic Syndrome	13.3
Hypometabolism	43.6
High Cortisol	35.3
Low Cortisol	27.6
High Androgens (DHEA/Testosterone)	5.0
Low Androgens (DHEA/Testosterone)	48.6
Estrogen Dominance / Progesterone Deficiency	7.7
Estrogen / Progesterone Deficiency	53.5

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

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TEST NAME: Complete Thyroid Profile (TSH, FT3, FT4, & TPO) - BLOODSPOT

2014 10 27 006 B **Essential Thyroid**

Lab Comments

This individual should be considered as clinically hypothyroid with low free T4, low free T3 and high TSH. Signs/symptoms of hypothyroidism often include: fatigue, decreased stamina, depression, rheumatic pain, sleep disturbances, cold extremities or feeling cold, reduced body temperature, brittle nails, dry course hair, dry skin, hair loss, infertility, low libido, puffy eyes and face, decreased sweating, menorrhagia, and/or constipation. Many of these symptoms are self-reported as problematic. Thyroid treatment is strongly advised, as repercussions of prolonged hypothyroidism may be severe. Mortality, especially in elderly, is higher for those admitted to the hospital for non-thyroid diseases. This may be due to increased sensitivity to anesthesia, analgesics, narcotics, increased anemia, hypoventilation, lower sodium and/or impaired temperature control Treatment with combination T4 and T3 or T3 alone (slow release) is likely to be more successful that just T4 supplementation alone, particularly since high stress hormones such as cortisol increase T4 conversion to reverse T3, an inactive form of T3. Adrenal monitoring for cortisol by saliva testing is STRONGLY advised before commencing thyroid therapy. Thyroid therapy can increase preexisting problems of hypoadrenia (low cortisol) by increasing liver metabolism and clearance of cortisol.

Thyroid peroxidase (TPO) antibodies are borderline positive, suggesting a possible evolving issue with Hashimoto's autoimmune thyroiditis. If symptoms of thyroid dysfunction become more problematic it would be worthwhile to recheck TPO levels. Antibodies to this enzyme may cause an increase in autoimmune dysfunction around the thyroid causing an increase in inflammatory cytokines, increased T cells, and NK cell function. The autoimmune reaction to the thyroid tissue results in destruction of the thyroid cells with consequent release of high levels of thyroid hormones (T4 and to a lesser extent T3), which results in a hyperthyroid state. Continued destruction of the thyroid gland results in fibrosis and eventual depletion of the thyroid hormone, thus causing a hypothyroid state. Clinical studies show that selenium supplementation is helpful in decreasing TPO antibody levels and thus helps prevent autoimmune destruction of the thyroid gland (Duntas et al. Eur J Endocrinology 148: 389-393, 2003).

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