



Akshaya Shekhar

Your test results

## Female Hormone Check

### Summary

Congratulations on taking the Female Hormone Check which puts you in control of your health data!



i-screen

Collection Date: 08 Feb 2023

## Female Hormone Panel

For the purposes of interpreting this test result, it is assumed that your sample was collected between 6 to 8 days after you ovulate (about day 21 of a 28 day cycle, or 17 of a 24 day cycle), and that you are not taking the contraceptive pill.

Progesterone levels typically rise following ovulation, peaking five to nine days later. If your progesterone level is greater than 25 nmol/L it typically means you ovulated this cycle. If your progesterone levels are less than 6 nmol/L (as is your situation) it means you are unlikely to have ovulated this cycle.

Obesity, insulin resistance, high levels of stress, poor diet and lack of exercise can all contribute to low progesterone levels.

### Oestradiol 270 pmol/L

Too much oestradiol (oestrogen) is linked to acne, constipation, loss of sex drive, depression, weight gain, PMS, period pain, and thyroid dysfunction. The effects of low oestradiol are evident in menopause and include mood swings, vaginal dryness, hot flashes, night sweats and osteoporosis.



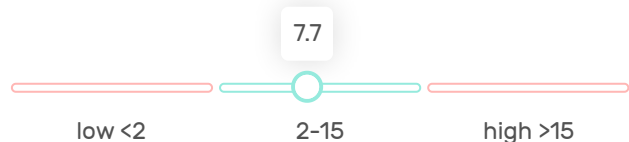
### Progesterone 1 nmol/L

The sex hormone produced mainly in the ovaries following ovulation and is a crucial part of the menstrual cycle. Progesterone helps to combat PMS and period pain issues, assists fertility and promotes calmness and quality of sleep.



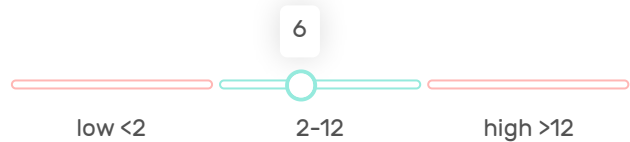
### LH 7.7 IU/L

Governs the menstrual cycle, peaking before ovulation. Raised LH can signal that a woman is not ovulating, is menopausal or that the hormones are not in balance. A high LH/FSH ratio can indicate Polycystic Ovarian Syndrome (PCOS).



### FSH 6 IU/L

Stimulates the ovary to mature an egg. High levels indicate poor ovarian reserves which means the quality and quantity of eggs may be low. This doesn't necessarily mean that pregnancy is impossible, but it may be more difficult to achieve.



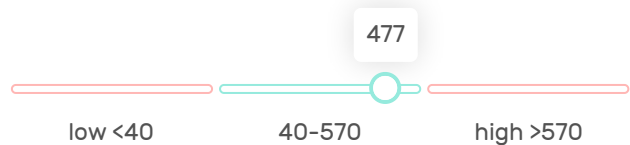
### LH to FSH Ratio 1.3

Normally this ratio is about 1:1 meaning FSH and LH levels in the blood are similar. In women with polycystic ovaries the LH to FSH ratio is often higher e.g. 2:1 or even 3:1



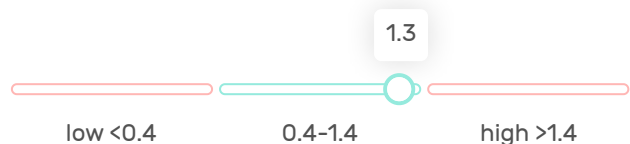
### Prolactin 477 mIU/L

High levels inhibit secretion of FSH and interfere with ovulation, and can also inhibit the production of progesterone which is needed to prepare the lining of the uterus for implantation of an embryo.



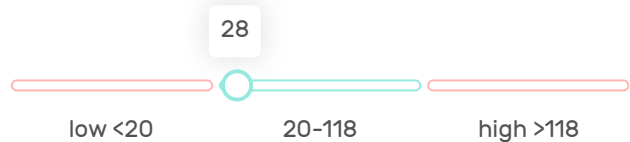
### Testosterone 1.3 nmol/L

High levels commonly seen in polycystic ovarian syndrome (PCOS) which can lead to difficulties in conceiving. Symptoms can include irregular periods, loss of hair from the head, excess facial and body hair, unexplained weight gain and acne.



### SHBG 28 nmol/L

Sex Hormone Binding Globulin (SHBG) is a protein that binds tightly to testosterone and oestradiol. Changes in SHBG levels can affect the amount of hormone that is available to be used by the body's tissues.

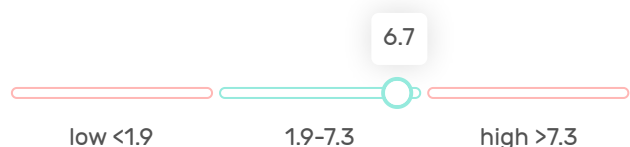


## DHEA-S

Your DHEA-S levels are within the normal range.

### DHEA-S 6.7 umol/L

A long-acting adrenal hormone which regulates energy production, the immune system, brain chemistry, bone formation, muscle tone and libido. DHEA-S is converted by the body into testosterone and other sex hormones.



## Recommendations

### Check in with your GP



As always, please visit your GP to discuss your results. Laboratory investigations are an important aspect of healthcare, however they must be viewed in the wider context of your medical history, current health and concerns, physical examination findings and other investigations. These results do not replace the need for face to face medical consultation or regular visits to your local GP. A copy of your lab report is attached for your reference.