Alba Bernaus

Your test results

Hormone Imbalance Check (female)

Summary

Congratulations on taking the Hormone Imbalance Check (female) which puts you in control of your health data!

i-screen

Collection Date: 02 May 2025

Female Hormones

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.

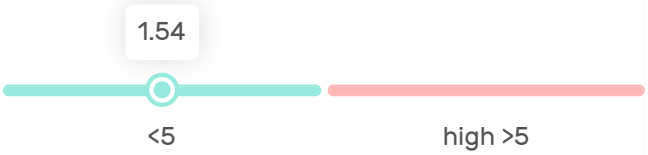
Your hormone levels are within the normal range for the luteal phase of your cycle and don't indicate an imbalance, whilst your progesterone levels indicate you most likely have ovulated this cycle.

Testosterone 0.6 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.

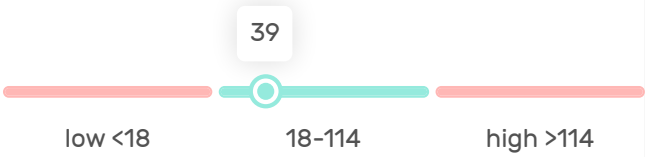
Free Androgen Index 1.54 %

The FAI is a calculated ratio used to estimate the amount of active, or 'free' testosterone in the bloodstream that is not bound to SHBG.



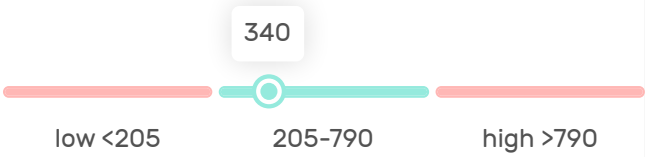
SHBG 39 nmol/L

SHBG is a protein that binds tightly to testosterone and oestradiol. Changes in SHBG can affect the amount of hormone available for use by the body's tissues.



Oestradiol 340 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 33 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 6 IU/L

Governs the menstrual cycle, peaking before ovulation. Raised LH can signal that you are not ovulating, are menopausal or that your hormones are not in balance (as with polycystic ovaries).

FSH 5 IU/L

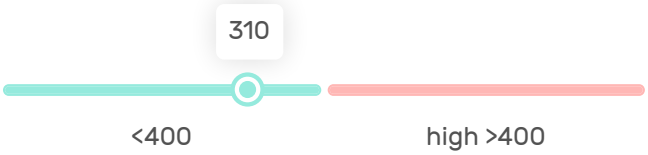
Stimulates the ovary to mature an egg. High levels indicate poor ovarian reserves which means the quality and quantity of eggs may be low. This doesn't necessarily mean that pregnancy is impossible, but it may be more difficult to achieve.

LH to FSH Ratio 1.2

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 310 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.



Insulin

Your insulin levels are within the normal range, and don't show signs of insulin resistance.

Fasting Insulin 6 mU/L

A hormone produced by the pancreas that helps to control blood glucose levels and plays a role in controlling the levels of carbohydrates and fats stored in the body.

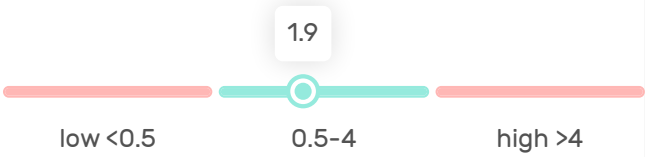
Thyroid Function

Your thyroid hormones are within the normal range which is typically a good indication that your thyroid is functioning as it should be.

Thyroid hormones play a crucial role in regulating the body's metabolic rate, which is the rate at which the body converts food into energy. They also play a role in regulating body temperature, heart rate, and breathing rate.

TSH 1.9 mIU/L

Communicates with the thyroid gland to produce T3 and T4 which regulate metabolic functions. High TSH thyroid test levels indicates an underactive thyroid, and low levels an overactive thyroid.

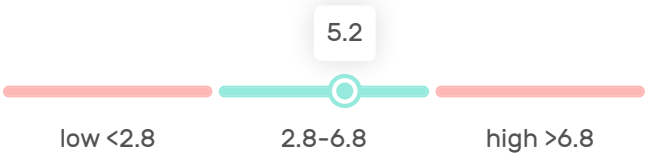


FT4 14 pmol/L

Measures the thyroxine that is freely circulating and able to regulate metabolism. High FT4 thyroid test levels indicate an overactive thyroid, and low levels an underactive thyroid.

FT3 5.2 pmol/L

Measures the triiodothyronine that is freely circulating. High FT3 thyroid test levels indicate an overactive thyroid, and low levels an underactive thyroid.



Adrenocortex Function

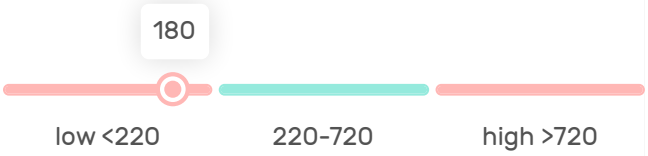
Your morning cortisol levels are below normal. Cortisol levels should be at their peak in the morning, and low cortisol levels in the morning can leave you struggling to get out of bed or feel refreshed on awakening, and can cause a reliance on caffeine to get you going.

If the adrenal gland is either not functioning normally or not being stimulated by a hormone called ACTH, then cortisol levels will be consistently low.

Two of the most important hormones that impact athletic performance are cortisol and DHEA-S, the long-lasting stress hormones produced by the adrenal glands. Cortisol has a catabolic effect which mobilises the body's nutritional resources for fuel. DHEA-S has an opposing anabolic effect and converts food into living tissue. In order to achieve your fitness goals cortisol and DHEA-S must be in proper balance.

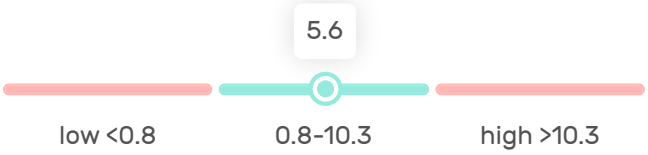
Cortisol 180 nmol/L

The cortisol test measures 'the stress hormone' cortisol which mobilises the body's nutritional resources in stressful situations. Prolonged elevation of cortisol can cause fatigue, immune dysfunction, and impact sex hormones.



DHEA-S 5.6 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.



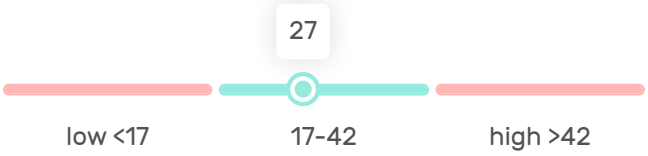
Insulin-like growth factor-1 (IGF-1)

Your IGF-1 levels are within the normal range for someone in your age bracket.

IGF-1 is produced by the liver and skeletal muscles in response to growth hormone stimulation and stimulates the growth of bones and the production of lean muscle mass.

IGF-1 27 nmol/L

IGF-1 plays a role in maintaining tissue and organ function throughout adulthood. It helps regulate bone density, muscle mass, and cognitive function, and it has been implicated in the aging process.



Recommendations

Depressed cortisol

It is recommended to repeat your morning cortisol test to determine whether diet or sleep may have impacted your low cortisol results - you can order this test from the personalised tests area of our website.

Please also consider discussing your cortisol test results with your GP to determine whether further investigation may be required, and to exclude adrenal insufficiency.

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. If you have a medical condition or take regular medication, it is important to speak to your medical practitioner before making significant changes to your diet or taking supplements. A copy of your lab report is attached for your reference.