

LAB TESTING CHEAT SHEET

DR.
MH

HORMONE TESTING

BEYOND ESTROGEN & PROGESTERONE

- **Estradiol (E2):** Test on day 3 or mid-luteal depending on cycle. Watch for wide fluctuations or low levels contributing to vaginal dryness, mood swings, and temperature intolerance.
- **Progesterone:** Day 19–21 ideally. >10 ng/mL indicates ovulation; low levels may contribute to insomnia, anxiety, and estrogen dominance symptoms.
- **DUTCH Complete:** Offers insight into estrogen, progesterone, testosterone, DHEA, cortisol metabolites, melatonin, and methylation activity. Useful for those on HRT or with complex symptom patterns.
- **FSH/LH:** FSH >30 IU/L typically marks menopause. Still useful in late-stage perimenopause to evaluate ovarian function.
- **Testosterone (Total & Free):** Low = fatigue, low libido; high = acne, hirsutism. Free T most clinically relevant. Consider SHBG levels if symptoms don't match labs.

- **Salivary 4-Point Cortisol:** Assesses cortisol rhythm. Flatlined or reversed curves correlate with burnout, chronic fatigue, or wired-but-tired states.
- **DUTCH Adrenal:** Adds precision with metabolized vs free cortisol, DHEA, and nighttime melatonin.
- **ACTH:** Use with serum cortisol if HPA axis dysfunction or Addison's/Cushing's suspicion.

ADRENAL & CORTISOL TESTING

FUNCTIONAL GI TESTING

GUT-HORMONE AXIS

- **GI-MAP:** Use for microbiome composition, inflammation (Calprotectin, EPX), β -glucuronidase (estrogen reactivation risk), and pathogens (H. pylori, Candida, parasites).
- **GI Effects (Genova):** Best for SCFAs, dysbiosis, and functional digestion markers. Supports analysis of mood-related bacteria and microbial diversity.
- **SIBO Breath Test:** Positive hydrogen/methane gas readings suggest overgrowth. Recommend follow-up treatment + re-testing after protocol.
- **Zonulin:** Elevated in leaky gut, autoimmune activation, or chronic fatigue patients.
- **OAT (Organic Acids):** Screens for mitochondrial dysfunction, neurotransmitter imbalances, and yeast overgrowth.

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METABOLIC & DETOX MARKERS

- **Fasting Glucose & Insulin:** Insulin <8; Glucose <90 ideal. Patterns of hypoglycemia or insulin resistance are common in perimenopause.
- **HbA1c:** Goal <5.4%. Even “normal” 5.5–5.7% may reflect metabolic inflexibility.
- **Lipid Panel:** Monitor estrogen-related drops in HDL or rises in LDL.
- Homocysteine: Ideal <9. Supports methylation and cardiovascular assessment.
- **Beta-glucuronidase (GI-MAP):** Elevated = higher risk of estrogen recirculation. Use Calcium D-Glucarate if high.
- **Calprotectin/EPX:** Indicates active gut inflammation. GI referral if elevated.

- **Vitamin D:** 50–80 ng/mL is optimal. Low D is linked to poor hormone conversion and immune dysregulation.
- **Ferritin:** Heavy cycles often deplete stores. Aim for 60–100 ng/mL. Also assess iron, TIBC, and % saturation if needed.
- **B12 & Folate:** B12 >500 pg/mL ideal. Homocysteine may be used to assess functional status.
- **Magnesium RBC:** >6.0 mg/dL supports restful sleep, hormone production, and nerve regulation.
- **hs-CRP:** Goal <1.0 mg/L. Indicates systemic inflammation that can interfere with hormone signaling.

NUTRIENT & INFLAMMATION PANELS

CLINICAL TESTING BY SYMPTOM CLUSTER

- **Bloating/Gas:** GI-MAP, SIBO, Zonulin
- **Fatigue/Brain Fog:** DUTCH, GI-MAP, OAT
- **Mood Swings/Anxiety:** GI Effects (SCFA, neurotransmitter bacteria), DUTCH
- **Weight Gain/Insulin Resistance:** Fasting glucose/insulin, GI-MAP (β -glucuronidase), DUTCH
- **Poor Sleep or Stress:** Salivary cortisol or DUTCH, Magnesium RBC
- **Heavy or Irregular Cycles:** DUTCH, Ferritin, GI-MAP