

The Lab Work Your Provider Probably Isn't Checking:

A Complete Guide To The Labs That Actually Explain How You Feel



You've had labs done. You were told everything looks "normal." But you still don't feel like yourself.

That disconnect isn't in your head. Standard lab panels are designed to flag disease, not to catch the early shifts that show up as fatigue, weight gain, hair changes, mood swings, and low drive long before anything looks "abnormal" on paper.

The labs in this guide are the ones most standard panels leave out. They're organized by what you're actually experiencing, so you can find your concern, see what's worth asking about, and understand what the results might be telling you.

This isn't a diagnostic tool. It's a starting point for a better conversation with your provider.

How to use this guide:

- Find the section that matches what you're feeling
- Bring the recommended labs to your next appointment
- Use the "what to look for" column to understand your results
- If something stands out, ask your provider what it means for your specific situation

Perimenopause & Menopause

What you’re feeling:

Sleep isn’t what it used to be. Your mood shifts without warning. You’re foggy, fatigued, gaining weight in new places, and your cycle is doing things it’s never done before. You’ve been told it’s stress. It might be, but it’s also worth looking deeper.

What It’s For		What We Look For
Estradiol (E2)	Measures estradiol, the most potent form of estrogen in the body. Regulates sleep quality, mood, bone density, cardiovascular health, and cognitive function.	Low levels may indicate perimenopause, menopause, or hypothalamic dysfunction, contributing to hot flashes, vaginal dryness, mood changes, brain fog, joint stiffness, and increased risk of osteoporosis. High levels can be seen in estrogen dominance (relative to progesterone), potentially leading to heavy periods, bloating, breast tenderness, and increased risk of fibroids. Optimal levels support hormonal balance, cognitive function, skin elasticity, cardiovascular health, and restful sleep.
Progesterone	Essential for menstrual cycle regulation, fertility, and balancing the effects of estrogen. Also plays a critical role in mood stability, sleep quality, and metabolic health. Often the first hormone to decline during perimenopause, sometimes years before estradiol drops.	Low levels may indicate lack of ovulation, luteal phase deficiency, perimenopause, or chronic stress, leading to irregular cycles, PMS, anxiety, insomnia (especially waking between 2-4 AM), and heavy periods. High levels are typically seen during pregnancy but may also result from progesterone therapy or ovarian cysts. Optimal levels promote hormonal balance, restful sleep, and a calm, steady mood.
FSH	Signals how hard the brain is working to stimulate the ovaries. As ovarian function declines, the brain produces more FSH to compensate, making it a useful marker of where you are in the menopausal transition.	High levels may reveal that the ovaries are slowing down, even if periods still seem regular. Consistently elevated FSH is one of the indicators of perimenopause and menopause. Optimal levels reflect healthy ovarian communication and regular ovulatory cycles.

	What It’s For	What We Look For
Free & Total Testosterone	Not just a male hormone. In women, testosterone supports energy, libido, muscle tone, mental clarity, and overall vitality. Levels naturally decline with age and accelerate during perimenopause.	Low levels may contribute to low libido, fatigue, difficulty maintaining muscle mass, thinning hair, low motivation, and decreased sense of well-being. High levels may be associated with acne, facial hair growth, or scalp hair thinning, and may warrant further evaluation. Optimal levels support healthy energy, drive, body composition, and mental clarity.
DHEA-S	A precursor hormone produced by the adrenal glands that the body converts into both testosterone and estrogen. Supports energy, stress resilience, immune function, and overall hormonal balance.	Low levels may indicate declining adrenal output, which often compounds the hormonal shifts of perimenopause. Associated with low energy, decreased sense of well-being, and reduced stress tolerance. Optimal levels support hormonal reserve, stress adaptation, and sustained energy throughout the day.
Thyroid Panel (TSH, Free T3, Free T4)	Thyroid dysfunction is common during hormonal transitions and often mimics or amplifies menopausal symptoms. A full panel is essential because TSH alone can miss subclinical thyroid issues. Free T3 is the active hormone that drives metabolic rate.	Low levels of Free T3 may indicate a sluggish metabolism. Elevated TSH suggests the thyroid is underperforming. Both contribute to fatigue, weight gain, hair thinning, cold intolerance, and brain fog. High levels TSH with normal Free T3/T4 may indicate early thyroid dysfunction that hasn’t fully manifested yet. Optimal levels support a healthy metabolism, steady energy, and normal body temperature regulation.
Vitamin D	Involved in hormone production, bone health, immune function, mood regulation, and calcium absorption. Deficiency is extremely common and frequently under-tested.	Low levels are associated with mood changes, fatigue, bone density concerns, frequent illness, and may worsen other hormonal symptoms. Optimal levels support strong bones, a stable mood, robust immune function, and healthy hormone production.

The takeaway:

If you’re being told “this is just perimenopause” without a full hormone and thyroid panel, you’re missing half the picture.

PCOS

What you’re feeling:

Irregular cycles, stubborn acne, hair where you don’t want it, hair loss where you do. Maybe you were diagnosed years ago. Maybe nobody’s said the word PCOS but the symptoms keep stacking up. Either way, a standard panel isn’t showing you what’s actually driving it.

	What It’s For	What We Look For
Fasting Insulin	Insulin resistance drives the majority of PCOS symptoms but is almost never included in a standard panel. This is arguably the single most important and most frequently skipped lab in PCOS evaluation.	High levels may indicate insulin resistance, which triggers excess androgen production, promotes fat storage (especially midsection), and worsens nearly every PCOS symptom. Associated with sugar cravings, energy crashes, skin tags, and darkened skin folds. Optimal levels support healthy blood sugar regulation, reduced androgen production, and better hormonal balance across the board.
Free & Total Testosterone	Elevated androgens are responsible for many of the visible symptoms of PCOS. Testing both free and total reveals how much androgen is circulating and how much is actually active.	High levels indicate androgen excess, leading to acne (especially jawline and chin), unwanted facial hair growth, scalp hair thinning, and oily skin. Optimal levels support clear skin, healthy hair growth patterns, and balanced hormonal signaling.
DHEA-S	This test helps us check whether your adrenal glands are contributing to higher-than-normal androgen levels	Normal to slightly elevated levels with elevated testosterone is a common finding in PCOS. Optimal levels reflect healthy adrenal function
SHBG	A binding protein that determines how much testosterone is actually active in your body. Even if total testosterone is within range, low SHBG means more of it is free and active.	Low levels may mean more free androgens are circulating, which can amplify acne, hair growth, and hair loss, even when total testosterone looks normal on paper. Optimal levels keep free androgens in check and support balanced hormonal activity.

	What It's For	What We Look For
LH and FSH	LH and FSH are hormones from the pituitary gland that regulate the ovaries. In PCOS, the brain often sends out LH signals too frequently, which raises LH relative to FSH. This imbalance is part of what drives excess androgen production and disrupts ovulation.	High levels of LH relative to FSH may disrupt ovulation, drive androgen production, and can be associated with irregular or absent periods and difficulty conceiving. Optimal levels does not rule out PCOS, especially in patients with higher body weight, where this pattern is often masked
AMH	AMH is a hormone made by the small follicles in your ovaries. It tells us how many growing follicles are present. In PCOS, AMH is often elevated because there are many small follicles that aren't maturing properly. This is part of what disrupts ovulation.	High levels help confirm the PCOS picture, but is not used on its own for diagnosis. Often seen alongside irregular cycles and elevated androgens. Optimal levels support healthy ovarian function and normal follicular development.
Vitamin D	Low vitamin D may worsen insulin resistance and amplify PCOS symptoms across the board. Women with PCOS who are deficient may have worse metabolic and hormonal outcomes.	Low levels may be associated with worsened insulin resistance, increased inflammation, fatigue, and mood changes. Correcting deficiency may improve several PCOS symptoms. Optimal levels support better insulin sensitivity, reduced inflammation, and improved hormonal balance.

The takeaway:

PCOS is diagnosed by symptoms and ultrasound, but the labs are what reveal the metabolic root cause and guide the right intervention.

Postpartum

What you’re feeling:

Everyone said you’d be tired. But this is a different kind of tired. Your hair is falling out. Your mood doesn’t feel like yours. You’re told it’s normal, it’ll pass, give it time. Maybe it will. But some of what you’re feeling has answers in your bloodwork that nobody’s checking.

	What It’s For	What We Look For
Ferritin	Measures iron storage, which drops during pregnancy and delivery. Most providers only check hemoglobin, which can look fine while ferritin is depleted.	Low levels may be the hidden driver behind postpartum fatigue, hair loss, brain fog, mood changes, restless legs, and shortness of breath. Can take months to replenish without targeted support. Optimal levels support sustained energy, healthy hair growth, clear thinking, and stable mood.
Full Thyroid Panel (TSH, Free T3, Free T4, Antibodies)	Postpartum thyroiditis affects up to 10% of women and is routinely missed. Pregnancy triggers immune shifts that can unmask autoimmune thyroid conditions. Antibodies are essential because TSH alone can look normal in early postpartum thyroiditis.	Low levels Free T3/T4 may indicate the thyroid is underperforming. Elevated antibodies may confirm autoimmune thyroiditis triggered by pregnancy. Contributing to fatigue, weight retention, depression, anxiety, hair loss, and difficulty concentrating. Optimal levels support healthy metabolism, energy, mood stability, and postpartum recovery.
Vitamin D	May be depleted during pregnancy and breastfeeding. Critical for mood regulation, immune support, energy, and recovery.	Low levels may be associated with low mood, fatigue, frequent illness, and slow physical recovery. Breastfeeding can further depletes stores if not supplemented. Optimal levels may support emotional well-being, immune resilience, and physical recovery after delivery.

	What It’s For	What We Look For
B12	May be low after pregnancy, especially with nausea, restricted eating, or vegetarian/vegan diets. Supports nerve function and red blood cell production.	Low levels may contribute to fatigue, brain fog, numbness or tingling in hands and feet, and mood changes. Easily attributed to sleep deprivation and can go unaddressed for months. Optimal levels support clear thinking, stable energy, and healthy nerve function.
Estradiol & Progesterone	Hormones plummet after delivery and don’t always recalibrate on their own, especially during breastfeeding. The hormonal drop after birth is one of the most significant physiological shifts a woman’s body goes through.	Low levels may indicate hormones haven’t recovered to pre-pregnancy levels. Associated with mood instability, low libido, vaginal dryness, sleep disruption, and feeling emotionally flat or disconnected. Optimal levels support mood stability, healthy sleep, physical comfort, and emotional balance.
DHEA-S	Reflects adrenal reserves that may be depleted from pregnancy, delivery, and months of disrupted sleep. The adrenal glands compensate for hormonal shifts postpartum, and when they’re running on empty, everything feels harder.	Low levels may present as exhaustion beyond normal new-parent fatigue, low stress tolerance, feeling “wired but tired,” and inability to recover even when you do get rest. Optimal levels support stress resilience, sustained energy, and the ability to recover from the physical demands of early parenthood.

The takeaway:

A standard 6-week postpartum checkup doesn’t include most of these labs. If you’re still not feeling like yourself months later, the answer might be in the bloodwork nobody ordered.

Hairloss

What you’re feeling:

More hair in the shower drain. A ponytail that feels thinner. Maybe your part looks wider or your temples are pulling back. You’ve tried the supplements, the special shampoos, the scalp treatments. But hair loss is a symptom, not a diagnosis, and the answer is usually somewhere in your labs.

	What It’s For	What We Look For
Ferritin	One of the most common overlooked causes of hair loss in women. Iron and hemoglobin can look normal while ferritin is depleted. Hair follicles are among the fastest-dividing cells and are extremely sensitive to low iron stores.	Low levels may be the primary driver of diffuse shedding, thinning throughout the scalp, slow regrowth, and brittle hair. Many providers don’t check ferritin unless anemia is present, so this can go undetected for months or years. Optimal levels support a healthy hair growth cycle, strong strands, and normal shedding patterns.
Full Thyroid Panel (TSH, Free T3, Free T4, Antibodies)	Thyroid dysfunction may disrupt the hair growth cycle and is a common cause of hair changes. The thyroid controls cell turnover rate, which includes hair follicle cycling.	Low levels of Free T3 may slow hair turnover, causing diffuse thinning, loss of the outer third of the eyebrow, dry brittle texture, and sluggish regrowth. Elevated antibodies may indicate an autoimmune component. Optimal levels support a normal hair growth cycle, healthy texture, and consistent regrowth.
Free & Total Testosterone	When elevated, testosterone may convert to DHT (dihydrotestosterone), which shrinks hair follicles in a specific, recognizable pattern different from diffuse shedding.	High levels may indicate androgenic hair loss, typically presenting as thinning at the crown, temples, or along the part line. Often accompanied by oily scalp, concurrent acne, or facial hair growth. Optimal levels support healthy hair follicle size and normal growth patterns.
DHEA-S	Another androgen source produced by the adrenal glands. When elevated due to chronic stress or adrenal overactivity, DHEA-S can contribute to the same pattern of hair thinning as elevated testosterone.	High levels may contribute to follicle miniaturization and hair thinning, particularly alongside stress, fatigue, or cycle irregularity. Optimal levels support balanced androgen levels and healthy follicle function.

	What It's For	What We Look For
Zinc	Essential for hair follicle cycling, protein synthesis, and cell division. Rarely included in standard panels, frequently deficient, and one of the easiest nutritional causes of hair loss to correct.	Low levels may disrupt the hair growth cycle at the cellular level, leading to increased shedding, slow regrowth, and brittle nails. Changes in taste or appetite may also be present. Optimal levels support strong, consistent hair growth and healthy nail quality.
Vitamin D	Supports hair follicle cycling and plays a role in the creation of new hair follicles. Deficiency is linked to increased shedding and poor regrowth.	Low levels may cause follicles to cycle inefficiently, leading to prolonged shedding phases and thin, slow-growing hair. Optimal levels support efficient follicle cycling and healthy regrowth after normal shedding.
B12	Supports red blood cell production, which carries oxygen to hair follicles. When B12 is low, follicles are effectively oxygen-starved.	Low levels may contribute to hair thinning, especially alongside fatigue, brain fog, or numbness in the extremities. Optimal levels support oxygen delivery to follicles and a healthy, sustained growth cycle.

The takeaway:

If you’re treating hair loss without labs, you’re guessing.
The solution depends entirely on what’s driving it.

Weight Gain

What you're feeling:

You're eating the same way you always have. Moving your body. Doing the things that used to work. And the scale keeps climbing, especially around your midsection. It's not a discipline problem. Something shifted, and the standard metabolic panel isn't built to catch it.

	What It's For	What We Look For
Fasting Insulin	Insulin resistance is a common metabolic driver of unexplained weight gain. While fasting glucose shows what's happening now, fasting insulin reveals how hard your body is working to maintain that level.	High levels may indicate the body is storing fat instead of burning it, particularly around the midsection. Associated with sugar cravings, energy crashes after meals, and difficulty losing weight despite consistent effort. Optimal levels support efficient energy metabolism, stable blood sugar, and a body that responds to healthy habits.
HbA1c	Shows average blood sugar over the past 3 months, catching patterns a single fasting glucose test may miss. A long-term trend rather than a snapshot.	High levels indicate blood sugar has been running elevated over time, even if individual fasting readings looked fine. Associated with fatigue after meals, increased thirst, brain fog, and slow wound healing. Optimal levels reflect steady, well-regulated blood sugar and efficient glucose metabolism.
Full Thyroid Panel (TSH, Free T3, Free T4)	Free T3 is the active thyroid hormone that influences metabolic rate. Many providers only test TSH, which can miss subclinical hypothyroidism.	Low levels of Free T3 may mean metabolism is sluggish at the cellular level, contributing to fatigue, cold intolerance, constipation, and weight gain despite no change in habits. Optimal levels support a healthy resting metabolic rate, steady energy, and a body that responds to lifestyle choices.

	What It's For	What We Look For
Morning Cortisol	Chronic stress can keep cortisol elevated, shifting the body into fat-storage mode.	High levels may indicate stress-driven fat accumulation, particularly visceral fat around the internal organs. Can be associated with disrupted sleep, anxiety, face puffiness, and belly fat that doesn't respond to diet or exercise. Optimal levels support healthy stress response, normal fat distribution, and restorative sleep.
Free & Total Testosterone	Testosterone supports lean muscle mass in both men and women. Muscle drives resting metabolic rate. As testosterone declines, you burn fewer calories at rest.	Low levels may contribute to decreased muscle mass, slower metabolism, increased fat storage, fatigue, and noticeable changes in body composition. Optimal levels support healthy muscle-to-fat ratio, efficient metabolism, and sustained physical energy.
Estradiol	Estrogen plays a role in where and how the body stores fat. When levels shift, the body redistributes fat in ways that feel sudden and unexplainable.	Low levels in women may cause fat redistribution to the midsection. In men, elevated estradiol (from testosterone conversion) drives weight gain in the chest and belly. Optimal levels support healthy fat distribution and metabolic efficiency.
hs-CRP	A marker of chronic low-grade inflammation. Systemic inflammation may interfere with metabolism, disrupt hormonal signaling, and make it harder for the body to burn stored fat.	High levels may indicate systemic inflammation working against your metabolic efforts. Associated with stubborn weight, joint pain, puffiness, and general sluggishness. Optimal levels reflect low inflammation and a body that is metabolically responsive.

The takeaway:

If your only metabolic labs have been fasting glucose and a basic metabolic panel, you're seeing a fraction of the picture.

What to Do Next:

You have the guide, now here's how to use it:

Bring it to your appointment. Tell your provider you'd like to add these labs to your next panel.



Ask for a copy of your results. Not a summary.
The actual numbers.



Ask your provider to look at the patterns, not just one number. Symptoms rarely come from a single lab value. It's usually several markers trending in the same direction.



If your provider dismisses the request, that tells you something too. You deserve a provider who investigates, not one who waits until your labs are flagged as critical before taking action.



If you want a provider who runs these panels as part of their standard of care, that's what practices like ours are built for. Optimization, not just disease management.



Vital Women's Healthcare

We'll help you get to the root of how you feel

We run the labs other providers may skip. We look at the full picture. And we build a plan based on what your body actually needs, not what a standard panel says is "normal enough."

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