



SAMPLE REPORT

09-May-1990 Female

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16 HARKER STREET
BURWOOD VIC 3125

Dr.SAMPLE REPORT
TEST HEALTH CENTRE
123 TEST STREET
BURWOOD VIC 3125

LAB ID : 3814053
UR NO. :
Collection Date : 09-May-2022
Received Date:09-May-2022



3814053

ENDOCRINOLOGY SALIVA

| SALIVA | Result | Range | Units | |
|-------------------------------------|----------|----------------|--------|--|
| Female Hormone Profile-Basic | | | | |
| Progesterone (P4) | 319.0 | 276.0 - 1725.0 | pmol/L | |
| DHEAS. | 10.3 | 2.5 - 27.0 | nmol/L | |
| Testosterone. | 268.0 *H | 56.0 - 183.0 | pmol/L | |
| Estradiol (E2) | 23.0 *H | 3.7 - 18.0 | pmol/L | |
| Estrone (E1) | 75.0 *H | 9.5 - 71.0 | pmol/L | |
| Estriol (E3) | 57.0 *H | 7.7 - 49.0 | pmol/L | |
| E3/[E2+E1] | 0.58 *L | > 1.00 | RATIO | |
| P4/E2 Ratio (Saliva) | 13.9 | 4.0 - 108.0 | RATIO | |

(*) Result outside normal reference range

(H) Result is above upper limit of reference rang (L) Result is below lower limit of reference range

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Saliva Hormone Comments

** PLEASE NOTE NEW REFERENCE RANGES AS OF 20.08.2021 **

TABLE 1: SALIVARY HORMONE REFERENCE RANGES: (NOT ON HRT - BASELINE)

| FEMALE | Progesterone | DHEAS | E2 | E1 | E3 |
|--------------------------|--------------|----------|--------|--------|--------|
| Pre/menarcheal | 90-390 | | 3.1-13 | 9.5-71 | 7.7-49 |
| Follicular | 90-480 | | 3.1-17 | 9.5-71 | 7.7-49 |
| Mid-Cycle | 85-590 | | 5.0-22 | 9.5-71 | 7.7-49 |
| Luteal | 276-1725 | | 3.7-18 | 9.5-71 | 7.7-49 |
| Post Menop. | 80-820 | 1.8-18.5 | 3.7-16 | 9.0-65 | 9.0-62 |
| Premenopausal, No OC's | | 2.5-27.0 | | | |
| Premenopausal, with OC's | | 2.0-8.0 | | | |
| MALE | <230 | 5.0-32.0 | 2.7-11 | 7.7-50 | 6.6-38 |

TABLE 2: TARGET REFERENCE RANGES: (ON HRT - 24 to 48 hr post last dose)

| | Progesterone | Testosterone | E2 | E1 | E3 |
|-----------|--------------|---------------------------|--------|----|-----------|
| Oral | 320-1998 | | 7-73 | | 69-139 |
| Patch | - | | 4-18 | - | - |
| Cream/Gel | 3180-15000 | F: 277-867 M: 347-1734 | 37-184 | - | 1040-1734 |

SALIVA ESTRONE (E1) is produced primarily from androstenedione originating from the gonads or the adrenal cortex. In premenopausal women, more than 50% of the E1 is secreted by the ovaries. In prepubertal children, men and non-supplemented postmenopausal women, the major portion of E1 is derived from peripheral tissue conversion of androstenedione. Interconversion of E1 and E2 also occurs in peripheral tissue. Bioassay data indicate that the estrogenic action is much less than E2. E1 is a primary estrogenic component of several pharmaceutical preparations, including those containing conjugated and esterified estrogens. In premenopausal women E1 levels generally parallel those of E2. After menopause E1 levels increase, possibly due to increased conversion of androstenedione to E1.

ELEVATED/HIGH NORMAL ESTRONE (E1) LEVEL:

Saliva E1 is elevated/high normal. This level is suggestive of supplementation or abnormal estrogen metabolism. Assess the Estrogen quotient (E3/[E2+E1]). If this is <1 then suggest the use of indole-3-carbinol and check serum TSH levels. Suggest follow up testing to check morning void urine for 16OH, 4OH and 2OH E1 estrogen metabolites.

SALIVA E2 levels for a non-menopausal female should be assessed relative to the day of cycle that the specimen was collected.

SALIVA E2 levels for a non-menopausal female should be assessed relative to the day of cycle that the specimen was collected. The E2 level is suggestive of a midcycle level or suggestive of supplementation or oestrogen dominance.

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ELEVATED ESTRIOL (E3) LEVEL:

Saliva E3 level is elevated for a non-menopausal female. If so, suggest checking estrogen metabolites and consider using indole-3-carbinol/DIM to lower E3 levels. Check serum TSH level. Improving BMI can also help lower estrogen metabolites/E3 levels.

The Estrogen Quotient is low and suggestive of an abnormal estrogen metabolism. Suggest checking morning void urine for E1 metabolites 16OH, 4OH and 2OH metabolites and their ratios. Also check serum TSH and LFT. Use of Indole-3-Carbinol/DIM has been shown to improve estrogen metabolism to correct ratios.

SALIVA The Progesterone level is within range and suggestive of luteal phase. Aim for a ratio of E2:Prog of 1:200 (200 parts Progesterone to 1 part Estradiol) during this phase of cycle.

LOW NORMAL DHEAS LEVEL:

Saliva DHEAs level is below the mean range and suggestive of the need for supplementation with 15mg of DHEA.

Maladaptation if consistently elevated cortisol. Adrenal fatigue if morning and evening cortisol only elevated, or if all markers low.

SALIVA FREE TESTOSTERONE level is at the upper end of normal range/slightly elevated and suggestive of current supplementation with androgen precursors such as testosterone, DHEA or Pregnenolone. If not supplemented then suggestive of Polycystic Ovarian Syndrome, Insulin Resistance, fibroids or endometriosis.

Tests ordered: 1005

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