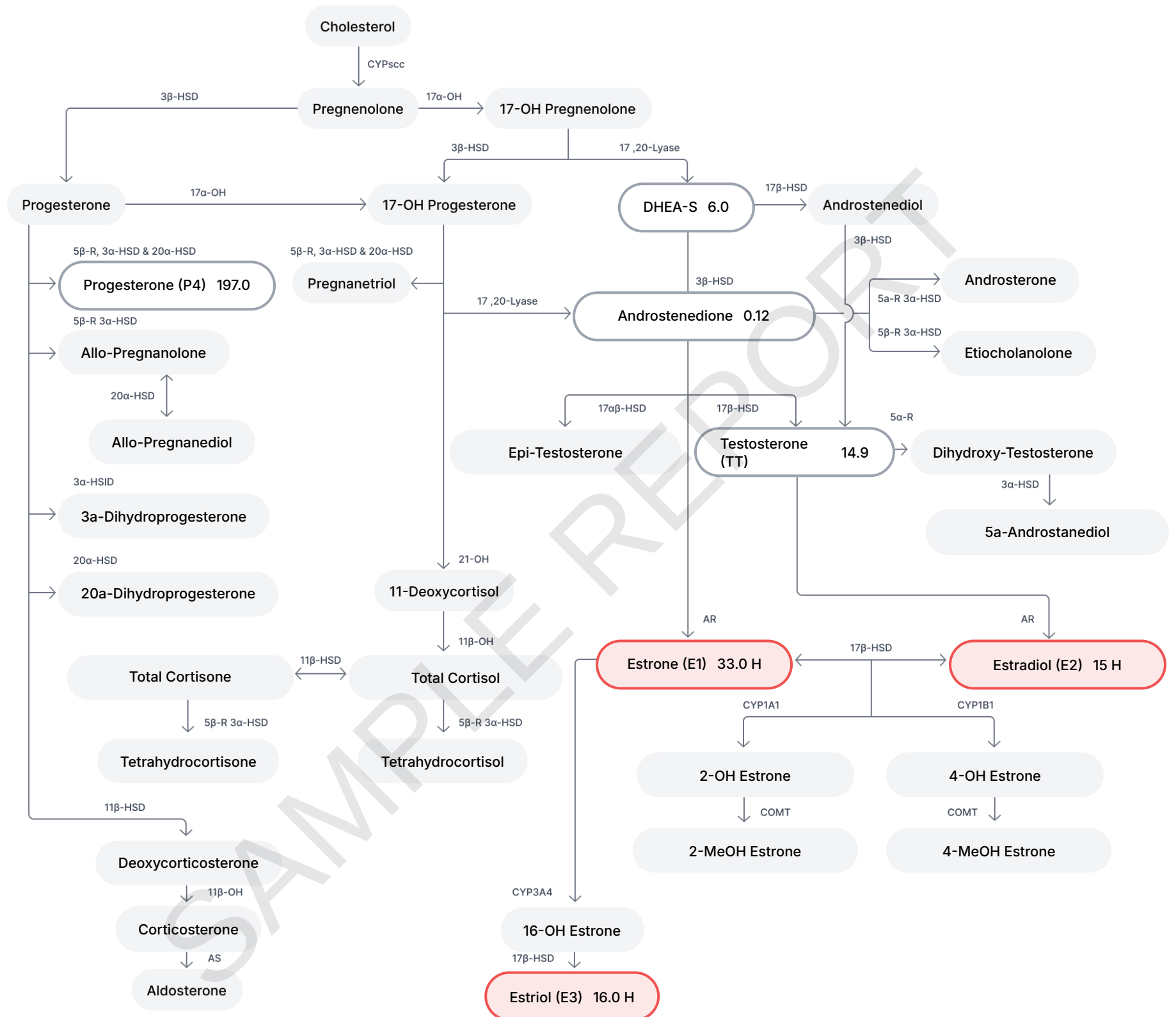


Lab ID
Patient ID PAT-100009
Ext ID 25342-0303

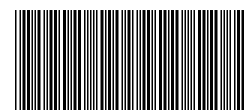
Test Patient

Sex: Male • 45yrs • 01-Jan-80
123 Home Street, Test Suburb Vic 3125

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Legend Hormone not tested Within range Out of range L = Low, LL = Critically Low H = High , HH = Critically High

Enzyme	5 α -R	5 α -Reductase	3 α -HSD	3 α -Hydroxysteroid dehydrogenase	AR	Aromatase
Abbreviations	5 β -R	5 β -Reductase	3 β -HSD	3 β -Hydroxysteroid dehydrogenase	AS	Aldosterone Synthase
	11 β -oH	11 β -Hydroxylase	11 β -HSD	11 β Hydroxysteroid dehydrogenase	CYP	Cytochrome p450 (scc, 1A1, 1B1 & 3A4)
	17 α -OH	17 α -Hydroxylase	17 α -HSD	17 α -Hydroxysteroid dehydrogenase	COMT	Catechol-O-Methyl-Transferase
	17,20-Lyase	Same enzyme as 17 α -OH	17 β -HSD	17 β -Hydroxysteroid dehydrogenase		
	21-OH	21-Hydroxylase	20 α -HSD	20 α -Hydroxysteroid dehydrogenase		



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DHEA-S NORMAL:

Saliva DHEA-S levels are normal.

Salivary testosterone is low normal for a premenopausal woman. Testosterone, produced by the ovaries and adrenal glands, supports libido, energy, muscle mass, bone density, mood, and cognitive function.

Low normal testosterone may present with decreased libido, fatigue, reduced muscle mass, low mood, poor concentration, and decreased bone strength.

Hormonal: Bioidentical testosterone therapy may be considered (typically transdermal 0.5–1% gel, 300–500 mcg/day); 0.5 % preferred, adjusted according to symptoms and saliva monitoring alongside.

Salivary estradiol is above the expected reference range for a premenopausal woman. Estradiol is the most potent estrogen in reproductive years, regulating menstrual cycles, bone and cardiovascular health, and cognitive function.

High estradiol may manifest as heavy or irregular periods, breast tenderness, fluid retention, mood changes, and increased risk of estrogen-sensitive disorders. Causes may include exogenous estrogen therapy, ovarian cysts, or impaired estrogen clearance.

Hormonal: Evaluate current hormone therapy or oral contraceptives; dose adjustment may be indicated.

Lifestyle/Natural: Maintain healthy weight, increase dietary fiber, support liver function (adequate hydration, cruciferous vegetables), and limit alcohol.

Salivary estrone is above the expected reference range for a premenopausal woman. Estrone is an estrogen primarily produced by the ovaries and peripheral tissues, acting as a precursor to estradiol and contributing to menstrual regulation, bone health, and reproductive function.

High estrone may be associated with heavy menstrual bleeding, breast tenderness, bloating, mood swings, and increased risk of estrogen-sensitive conditions. Potential causes include exogenous estrogen therapy, ovarian hyperactivity, or impaired metabolism of estrogens.

Hormonal: Review and adjust exogenous estrogen therapy if applicable.

Lifestyle/Natural: Weight management, increased fiber intake to support estrogen metabolism, regular exercise, and avoidance of xenoestrogens (e.g., plastics, certain personal care products).

Salivary estriol is above the expected reference range for a premenopausal woman. Estriol is a weaker estrogen metabolite, primarily formed peripherally from estradiol and estrone, and contributes to urogenital health and mild estrogenic activity.

High estriol may be associated with mild estrogen excess symptoms, such as breast tenderness, bloating, or mild mood changes. Causes may include supplementation, enhanced peripheral conversion, or altered liver metabolism.

Hormonal: Reassess estrogen-containing therapies.

Lifestyle/Natural: Support estrogen metabolism with fiber-rich diet, weight management, and regular exercise.

E3/(E1 + E2) RATIO LOW



Dr Test Doctor (Test Doctor) Test Clinic. 123 Test Street, Test Suburb Victoria 3125

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The ratio of estriol (E3) to total estrogens (E1 + E2) is below the expected range. This ratio reflects the balance of weaker versus more potent estrogens in circulation, with lower ratios potentially indicating reduced peripheral metabolism of estradiol/estrone to estriol. Consider further investigations with serum TFT's and serum LFT's.

Methodology

Liquid Chromatography-Mass Spectrometry (LC-MS/MS/MS)