NutriPATH PATHOLOGY · **PATIENT REPORT**

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25343-0074

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

Lab ID
Patient ID P000061
Ext ID 25343-0074

Test Patient

Sex: Male • 55yrs • 01-Jan-70

123 Home Street, Test Suburb VIC 3125

RECEIVED
09-Dec-25

MALE HORMONES, BASIC

Specimen type - Saliva

Collected
05-Dec-25

MALE HORMONES, Basic

TEST	RESULT	H/L	REFERENCE	UNITS
DHEA-S	4.9		(2.5-25.0)	nmol/L
Testosterone (TT)	205.0		(80.0-360.0)	pmol/L
Estradiol (E2)	6	H	(1.7-4.5)	pmol/L
Estrone (E1)	8.5		(2.5-12.0)	pmol/L

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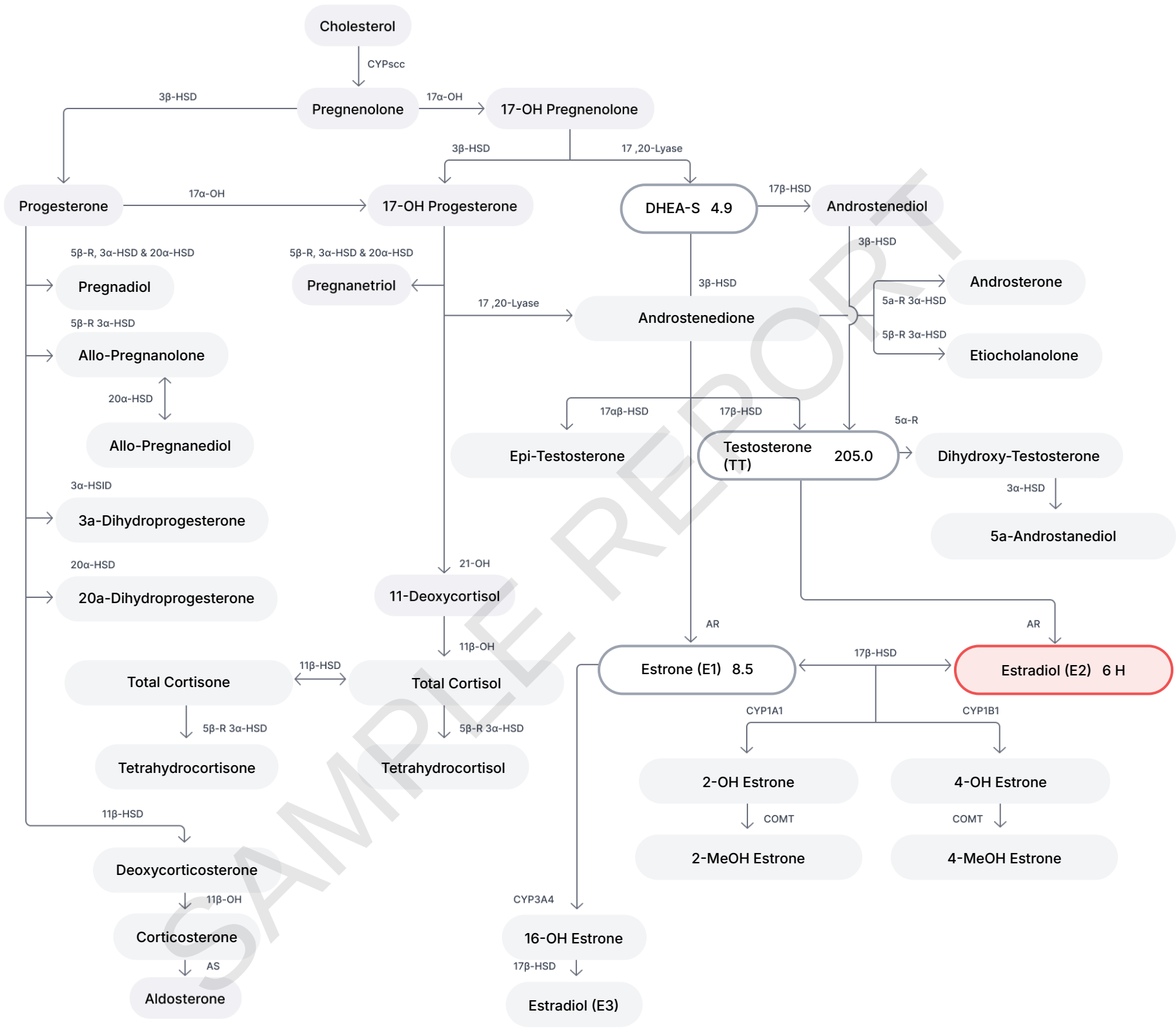

Legend Hormone not tested | Within range | Out of range | L = Low, LL = Critically Low | H = High , HH = Critically High

Enzyme Abbreviations

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

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Saliva Hormones Comment

DHEA-S LOW NORMAL:

Salivary DHEA-S is below the expected range for a male. DHEA-S, secreted by the adrenal glands, serves as a precursor to both estrogens and androgens, supporting adrenal function, energy, bone health, immunity, and mood.

Low DHEA-S may manifest as fatigue, low libido, decreased resilience to stress, cognitive difficulties, and reduced bone or muscle mass.

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

Treatment Considerations:

Hormonal: DHEA supplementation under medical supervision (typical oral dose 25–50 mg/day); 25mg of DHEA for 1 month.
Consider using 7Keto form of DHEA if testosterone is elevated.

Lifestyle/Natural: Stress management, sufficient sleep, regular exercise, balanced diet, and adaptogenic support (e.g. ashwagandha) where appropriate.

TESTOSTERONE (TT) NORMAL:

Saliva testosterone level for a male is within range and adequate.

ESTRADIOL (E2) ELEVATED:

Salivary estradiol is above the expected range for a male. Elevated estradiol may result in gynecomastia, low libido, erectile dysfunction, fluid retention, mood swings, and increased cardiovascular risk.

Causes: Obesity, increased aromatase activity, liver dysfunction, excess alcohol, or testosterone therapy without aromatase control.

Treatment considerations: Weight reduction, review testosterone therapy.

Suggest using 5% transdermal Chrysin and / or 50mg Zinc. The use of Arimidex 1/2 tablet every second day may also be considered if the E2 level does not decrease adequately.

ESTRONE (E1) NORMAL:

Saliva Estrone (E1) level is within range for a male, indicating minimal aromatisation of androgens to E1.

Methodology

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