NutriPATH PATHOLOGY · PATIENT REPORT
16 Harker St, Burwood VIC, 3125 • info@nutripath.com.au • 1300 688 522

25343-0076

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

Lab ID
Patient ID P000061
Ext ID 25343-0076

Test Patient

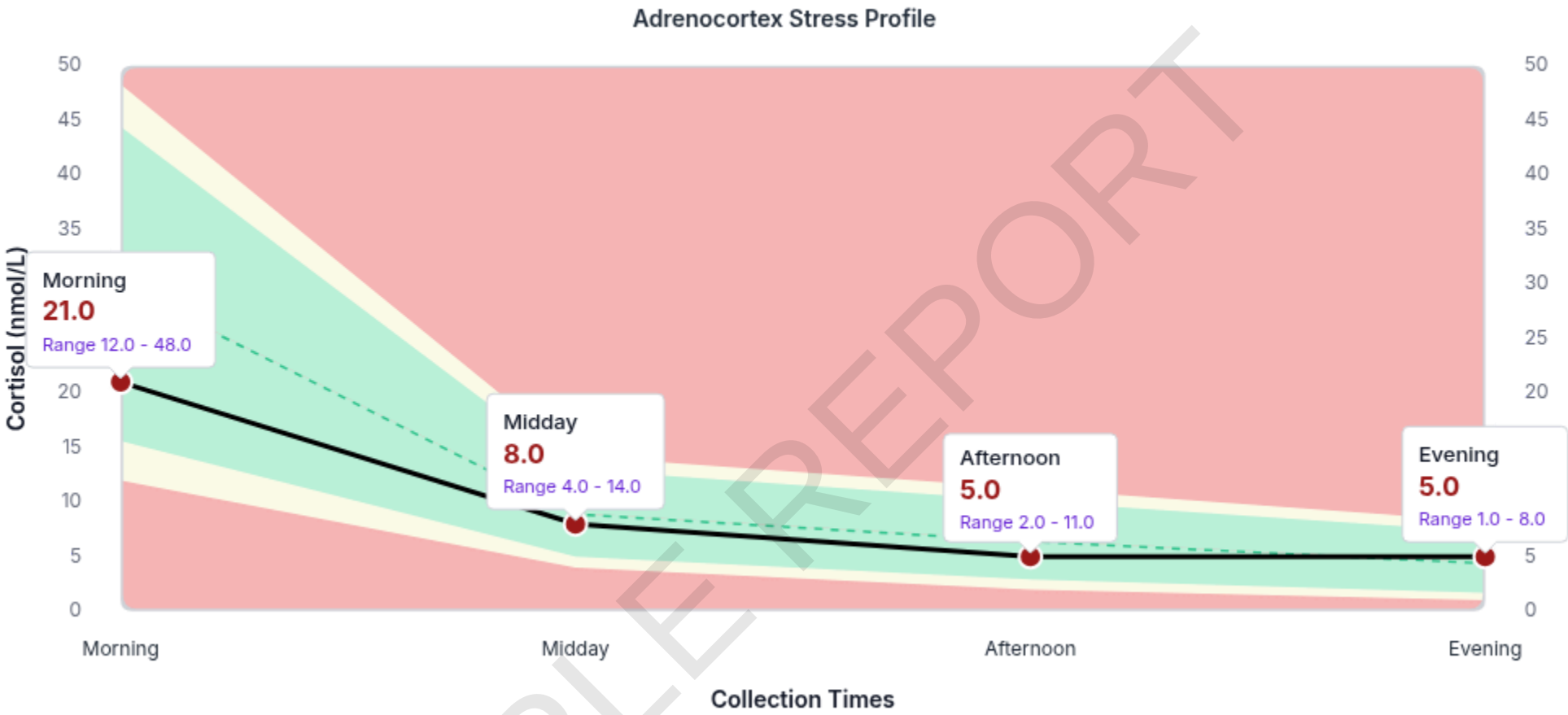
Sex: Male • 55yrs • 01-Jan-70
123 Home Street, Test Suburb VIC 3125

RECEIVED
09-Dec-25

ADRENOCORTEX AND MALE BASIC PROFILE

Specimen type - Saliva

Collected
05-Dec-25 08:00am, 12:00pm, 04:00pm, 08:00pm



CORTISOL Values

TEST	RESULT	H/L	REFERENCE		UNITS
Cortisol, Morning	21.0		(12.0-48.0)		nmol/L
Cortisol, Midday	8.0		(4.0-14.0)		nmol/L
Cortisol, Afternoon	5.0		(2.0-11.0)		nmol/L
Cortisol, Evening	5.0		(1.0-8.0)		nmol/L
Cortisol Daily, Total	39.0		(11.0-76.0)		nmol/L

DHEAS Values

TEST	RESULT	H/L	REFERENCE		UNITS
DHEAS, Morning	6.6		(2.5-25.0)		nmol/L
DHEAS/Cortisol AM	0.31		(0.02-0.64)		ratio

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MALE Hormones

TEST	RESULT	H/L	REFERENCE	UNITS
Testosterone (TT)	288.0		(80.0-360.0)	pmol/L
Estradiol (E2)	7	H	(1.7-4.5)	pmol/L
Estrone (E1)	14.0	H	(2.5-12.0)	pmol/L

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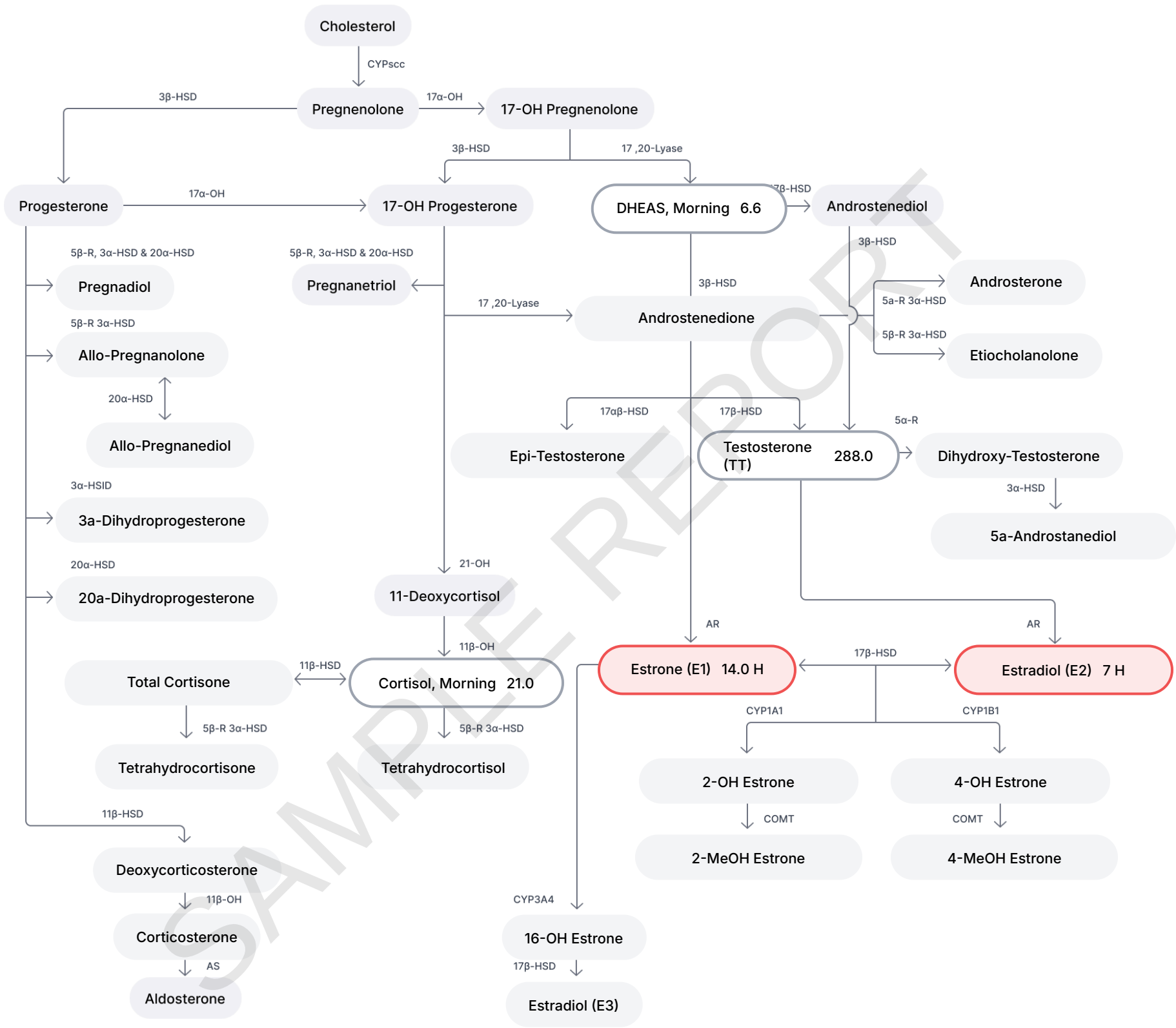

Legend Hormone not tested | Within range | Out of range | L = Low, LL = Critically Low | H = High , HH = Critically High

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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Adrenocortex Stress Comments

LOW NORMAL MORNING SALIVA CORTISOL LEVEL:

Saliva morning cortisol level is below mean range and suggestive of adrenal insufficiency. This suggests a degree of adrenal hypofunction, maladaption/abnormal pacing with abnormal HPAA. If all four cortisol readings are also low, suspect adrenal fatigue.

Suggest supplementation with DHEA and standard adrenal support. Investigate melatonin and GABA levels.

LOW/LOW NORMAL MIDDAY CORTISOL LEVEL:

Midday Cortisol level is below mean range and suggestive of adrenal insufficiency. This suggests suboptimal adrenal functioning, and if accompanied by low evening cortisol and low DHEA, suspect adrenal fatigue.

Suggest supplementation with DHEA and standard adrenal support.

LOW/LOW NORMAL LATE AFTERNOON CORTISOL LEVEL:

Late afternoon cortisol level is below mean range and suggestive of adrenal insufficiency. This suggests suboptimal adrenal functioning, and if accompanied by low evening cortisol and low DHEA, suspect adrenal fatigue.

Suggest supplementation with DHEA and standard adrenal support.

EVENING CORTISOL LEVEL WITHIN RANGE: Saliva evening cortisol level is normal and within range.

CORTISOLS SUMMARY:

Cortisol concentrations are within the expected reference range across all four collection points, indicating a normal diurnal rhythm. Results should be interpreted in the context of clinical history, reported symptoms, and other endocrine markers, with consideration of the expected optimal cortisol output pattern.

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.

SALIVA DHEAs/CORTISOL RATIO - NORMAL:

The ratio of DHEAs to cortisol is normal. This ratio indicates a relative balance of the adrenal output of androgens and cortisol. Both of the hormones are released in response to ACTH from the pituitary and a normal ratio indicates a balanced function of the hypothalamic-pituitary-adrenal axis.

ACCREDITATION SCOPE: Please note that the above test is currently not under the laboratory's scope of accreditation.

Saliva Hormone Comments

TESTOSTERONE (TT) NORMAL:

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

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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) ELEVATED:

Salivary estrone is above the expected reference range for a male. Excess estrone can arise from increased aromatisation of testosterone in adipose tissue.

High estrone may contribute to gynecomastia, reduced libido, erectile dysfunction, weight gain (particularly central obesity), and increased cardiovascular/metabolic risk.

Treatment considerations: Address obesity and alcohol intake, review testosterone therapy (dose/formulation), consider aromatase inhibitors. 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 E1 level does not decrease adequately.

Methodology

Automated Chemistry/Immunochemistry, Liquid Chromatography-Mass Spectrometry (LC-MS/MS/MS)