

26114-0202

Lab ID
Patient ID P000060
Ext ID 26114-0202

Test Patient

Sex: Female • 56yrs • 01-Jan-70
123 Home Street, Test Suburb VIC 3125

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24-Apr-26

EndoSTAT

Specimen type - Urine, Dried

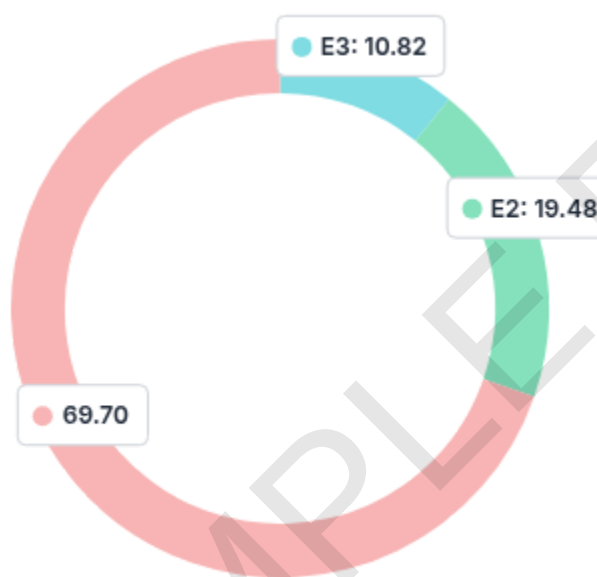
Collected

15-Jan-25 06.30am, 11.45am, 04.25pm, 08.40pm

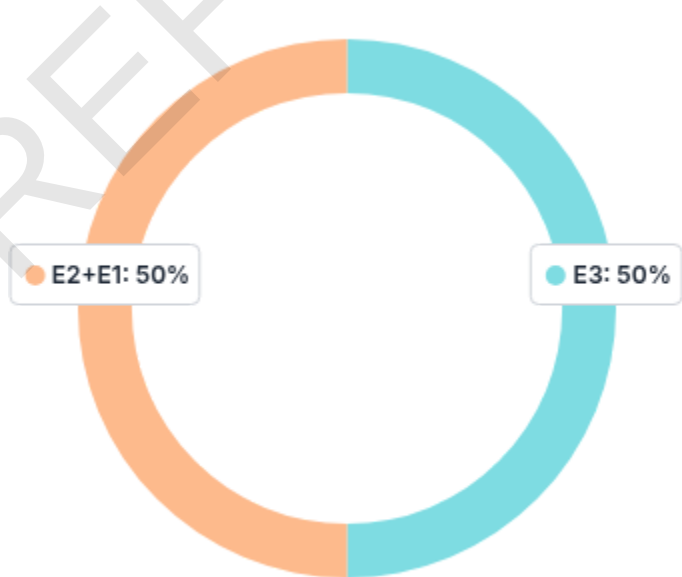
KEY STEROID HORMONES SUMMARY

SERVICE	RESULT	H/L		REFERENCE	UNITS
Estradiol (E2)	0.45			(0.10-0.80)	ug/gCR
Progesterone (serum equivalent)	0.53	L		(0.60-4.00)	ng/mL
Testosterone	1.40			(0.50-3.05)	ug/gCR

Estrogen Balance (as %)

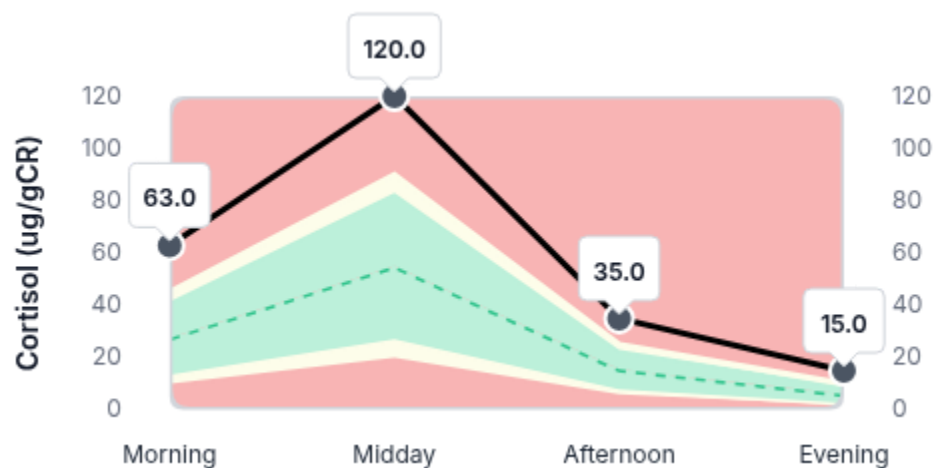


Healthy Estrogens Balance



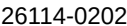
Adrenal Function - Free Cortisol

SERVICE	RESULT	H/L	REFERENCE	UNITS
● Cortisol, Morning	63.00	H	(10.00-45.00)	ug/gCR
● Cortisol, Midday	120.00	H	(20.00-90.00)	ug/gCR
● Cortisol, Afternoon	35.00	H	(6.00-25.00)	ug/gCR
● Cortisol, Evening	15.00	H	(2.00-10.00)	ug/gCR



Adrenal Function - Key Markers

SERVICE	RESULT	H/L		REFERENCE	UNITS
● Total Cortisol	46.30	H		(13.00-44.00)	ug/gCR
● Tetrahydrocortisol (THF)	295			(150-860)	ug/gCR
● DHEA Prod'n (DHEA+Androst+Etioch)	410.30	L		(500.00-3000.00)	ug/gCR
● Metabolised Cortisol (THF + THE)	1096			(700-1700)	ug/gCR



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SERVICE	RESULT	H/L		REFERENCE	UNITS
Estradiol (E2)	0.45			(0.10-0.80)	ug/gCR
Estrone (E1)	1.61			(0.50-2.70)	ug/gCR
Estriol (E3)	0.25			(0.20-1.30)	ug/gCR
Estrogen Quotient - E3/[E2+E1]	0.12	L		(>0.25)	ratio

SERVICE	RESULT	H/L		REFERENCE	UNITS
2-OH Estradiol	0.73	H		(0.05-0.45)	ug/gCR
2-OH Estrone	1.45	H		(0.20-1.10)	ug/gCR
4-OH Estradiol	0.13			(0.02-0.20)	ug/gCR
4-OH Estrone	0.20			(0.06-0.22)	ug/gCR
16-OH Estrone	0.36			(0.05-0.45)	ug/gCR
2-OH(E1+E2)/16-OHE1	6.06			(1.40-8.20)	ratio

SERVICE	RESULT	H/L		REFERENCE	UNITS
2-MeOH Estradiol	0.12	H		(0.01-0.08)	ug/gCR
2-MeOH Estrone	0.57	H		(0.05-0.35)	ug/gCR
2-MeOH E1/2-OH E1	0.39			(0.15-0.40)	ratio
4-OH Estradiol	0.13			(0.02-0.20)	ug/gCR
4-OH Estrone	0.20			(0.06-0.22)	ug/gCR
4-MeOH E2/4-OH E2	0.54			(0.10-0.80)	ratio
4-MeOH E1/4-OH E1	0.15			(0.02-0.40)	ratio

OH Group	E1 Value
2OH-E1	1.45 H
16OH-E1	0.36
4OH-E1	0.20

A donut chart illustrating the percentage of respondents who have used a mobile app to book a flight. The chart is divided into three segments: a large green segment representing 60-80%, a medium orange segment representing 13-30%, and a small red segment representing 11%.

Percentage Range	Color
60-80%	Green
13-30%	Orange
11%	Red

Donut chart showing the distribution of methanol (MeOH) in the feed:

- 4MeOH: 5.00
- 2MeOH: 95.00

A donut chart illustrating the distribution of responses regarding the current situation. The chart is divided into two segments: a small dark blue segment representing 'Very bad' at 5-12%, and a large green segment representing 'Bad' at 60-88%.

Category	Percentage
Very bad	5-12%
Bad	60-88%

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ENDOCRINE DISRUPTORS

SERVICE	RESULT	H/L		REFERENCE	UNITS
Bisphenol A (BPA)	2.00			(<4.00)	ug/gCR
Polyfluoroalkyl Substances (PFAS)	0.40			(<0.70)	ug/gCR
Perfluorooctanoic Acid (PFOA)	0.00			(<0.10)	ug/gCR
Perfluorooctane Sulphonic Acid (PFOS)	0.00			(<0.60)	ug/gCR
Aluminium	1.90			(<14.00)	ug/gCR
Arsenic	32.00	H		(<26.50)	ug/gCR
Cadmium	0.50			(<0.60)	ug/gCR
Chromium	2.60			(<4.60)	ug/gCR
Lead	3.80			(<38.60)	ug/gCR
Mercury	29.0	H		(<17.9)	ug/gCR
Nickel	0.70			(<1.23)	ug/gCR

PROGESTERONE METABOLISM

SERVICE	RESULT	H/L		REFERENCE	UNITS
Pregnanediol	47	L		(50-225)	ug/gCR
Allopregnanolone	0.86			(0.20-1.40)	ug/gCR
Allopregnanediol	4.00			(1.00-6.90)	ug/gCR
3a-Dihydroprogesterone	0.55			(0.15-1.00)	ug/gCR
20a-Dihydroprogesterone	1.79			(0.30-5.50)	ug/gCR
Deoxycorticosterone	1.16			(0.30-2.10)	ug/gCR
Corticosterone	2.77			(2.20-10.50)	ug/gCR
Pregnanediol/Estradiol	104	L		(500-1500)	ratio

PRIMARY ANDROGENS

SERVICE		RESULT	H/L		REFERENCE	UNITS
● DHEA		20.30			(8.00-39.00)	ug/gCR
● DHEA-S						ug/gCR
● Androstenedione		1.60	L		(1.80-8.50)	ug/gCR
● Androsterone		155			(145-550)	ug/gCR
● Etiocholanolone		235			(220-800)	ug/gCR
● Testosterone		1.40			(0.50-3.05)	ug/gCR
● Epi-Testosterone		1.84	H		(0.30-1.45)	ug/gCR
● DiHydroxyTestosterone (DHT)		0.81			(0.25-1.05)	ug/gCR
● 5a-Androstanediol		1.00	L		(2.20-9.00)	ug/gCR



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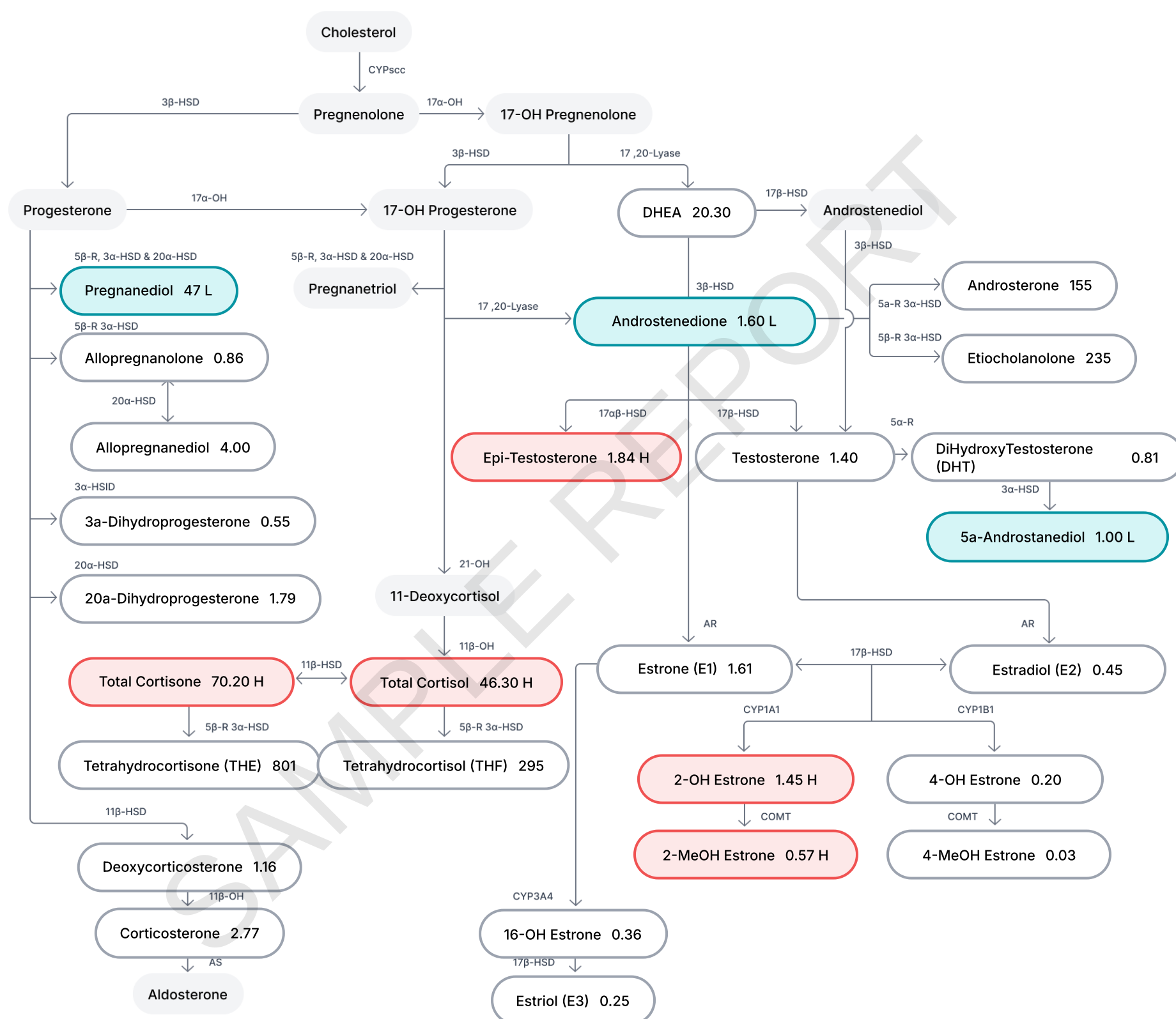
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Legend

Hormone not tested

Within range

Out of range - Low

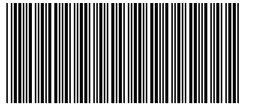
Out of range - High

Enzyme Abbreviations

5α-R	5 α -Reductase
5β-R	5 β -Reductase
11β-oH	11 β -Hydroxylase
17α-OH	17 α -Hydroxylase
17,20-Lyase	Same enzyme as 17 α -OH
21-OH	21-Hydroxylase

3α-HSD	3α-Hydroxysteroid dehydrogenase
3β-HSD	3β-Hydroxysteroid dehydrogenase
11β-HSD	11β-Hydroxysteroid dehydrogenase
17α-HSD	17α-Hydroxysteroid dehydrogenase
17β-HSD	17β-Hydroxysteroid dehydrogenase
20α-HSD	20α-Hydroxysteroid dehydrogenase

AR | Aromatase
AS | Aldosterone Synthase
CYP | Cytochrome p450 (scc, 1A1, 1B1 & 3A4)
COMT | Catechol-O-Methyl-Transferase



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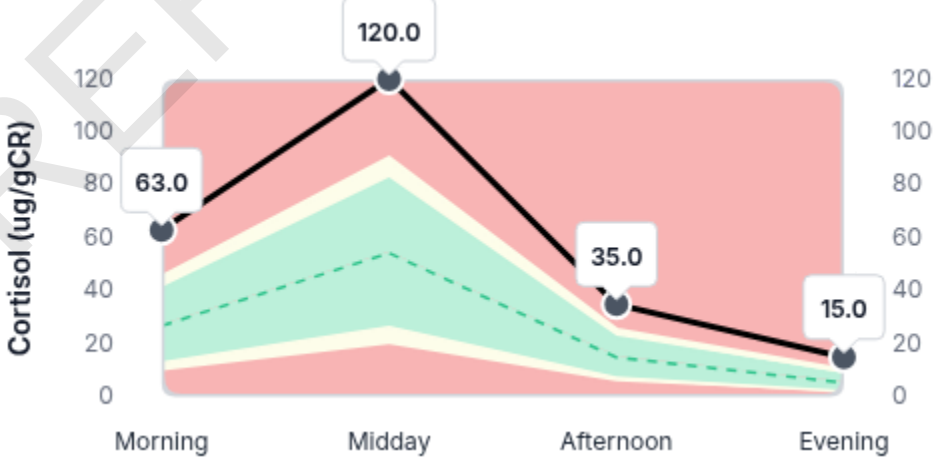
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URINARY GLUCOCORTICOIDS

SERVICE	RESULT	H/L	REFERENCE	UNITS
Total Cortisol	46.30	H	(13.00-44.00)	ug/gCR
Total Cortisone	70.20	H	(22.00-62.00)	ug/gCR
Total Cortisol/Cortisone	0.66		(0.20-0.70)	ratio
Tetrahydrocortisol (THF)	295		(150-860)	ug/gCR
Tetrahydrocortisone (THE)	801		(540-1550)	ug/gCR
Metabolised Cortisol (THF + THE)	1096		(700-1700)	ug/gCR
11b-HSD-Index (THF/THE)	0.37	L	(0.59-1.42)	ug/gCR

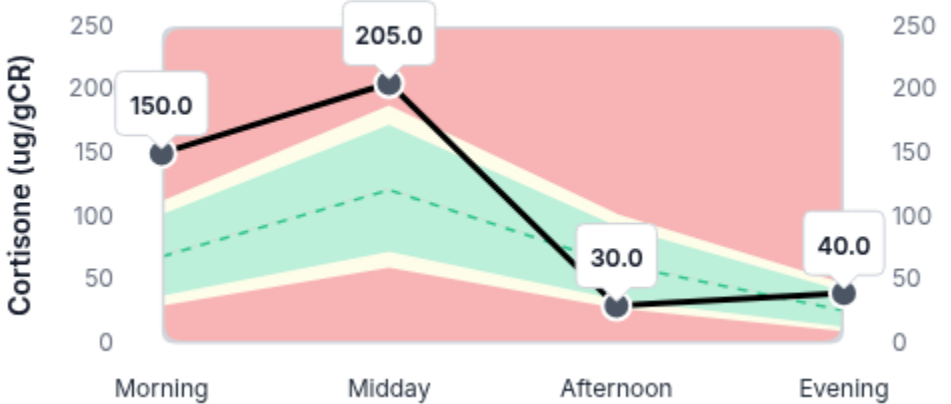
Free Cortisols

SERVICE	RESULT	H/L	REFERENCE	UNITS
Cortisol, Morning	63.00	H	(10.00-45.00)	ug/gCR
Cortisol, Midday	120.00	H	(20.00-90.00)	ug/gCR
Cortisol, Afternoon	35.00	H	(6.00-25.00)	ug/gCR
Cortisol, Evening	15.00	H	(2.00-10.00)	ug/gCR



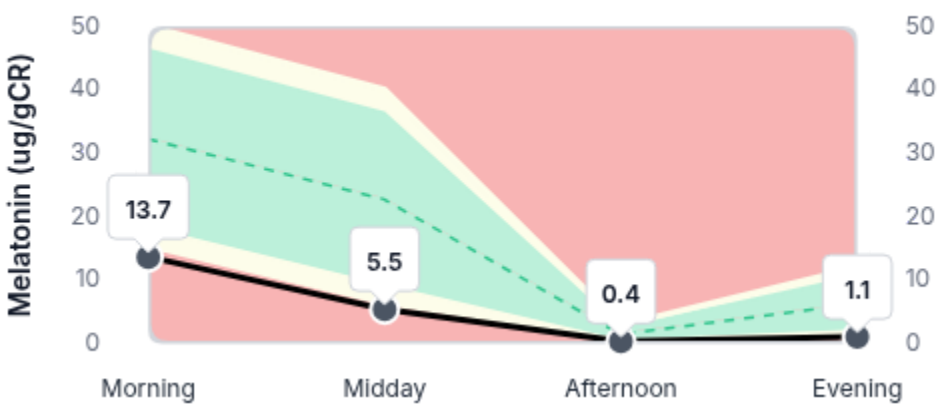
Free Cortisones

SERVICE	RESULT	H/L	REFERENCE	UNITS
Cortisone, Morning	150.00	H	(30.00-110.00)	ug/gCR
Cortisone, Midday	205.00	H	(60.00-185.00)	ug/gCR
Cortisone, Afternoon	30.00		(28.00-100.00)	ug/gCR
Cortisone, Evening	40.00		(10.00-45.00)	ug/gCR



URINARY DIURNAL MELATONINS

SERVICE	RESULT	H/L	REFERENCE	UNITS
Melatonin, Morning	13.70	L	(15.00-50.00)	ug/gCR
Melatonin, Midday	5.50	L	(6.00-40.00)	ug/gCR
Melatonin, Afternoon	0.40	L	(0.50-3.00)	ug/gCR
Melatonin, Evening	1.10	L	(1.20-12.00)	ug/gCR



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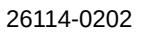
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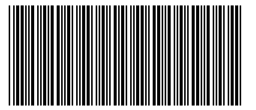
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Estrogen & Progesterone Deficiency	66.67%	
Estrogen Dominance/Progesterone Deficiency	66.67%	
Low Androgens	52.22%	
High Androgens	55.56%	
Low Cortisol	58.73%	
High Cortisol	47.37%	
Hypometabolism	50.00%	
Metabolic Syndrome	33.33%	

0. NONE	1. MILD	2. MODERATE	3. SEVERE
Rapid aging	Elevated triglycerides	Decreased flexibility	Cold body temperature
Headaches	Sensitivity to chemicals	Decreased libido	Decreased stamina
Rapid heartbeat	Nails breaking or brittle	Decreased urine flow	Bone loss
Depressed	Low blood sugar	Swelling or puffy eyes/face	Developmental delays
Decreased erections	Apathy	Oily skin or hair	Neck or back pain
High blood pressure	Anxious	Panic attacks	Slow pulse rate
Burned out feeling	Ringing in ears	Decreased muscle size	Autism Spectrum Disorder
Hair dry or brittle	Increased urinary urge	Sugar craving	Difficulty sleeping
Eating disorders	Hearing loss	Stress	Goiter
Weight gain - Waist	Acne	Thinning skin	Irritable
ADD/ADHD	Hot flashes	Mania	Prostate problems
	Decreased sweating	Infertility problems	
	Decreased mental sharpness	Nervous	
	Morning fatigue	Mental fatigue	
	Weight gain - Breasts/hips	Heart palpitations	
	High cholesterol	Low blood pressure	
	Constipation	Allergies	
	OCD	Hoarseness	
	Addictive behaviours	Night sweats	
	Dizzy spells	Evening fatigue	



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Urinary Androgens Comment

5 α ,3 α -Androstenediol is a metabolite of 5 α -DHT and serves as a marker for the breakdown of active androgenic metabolites. In postmenopausal women, low levels of 5 α ,3 α -androstenediol may indicate reduced 5 α -DHT activity or metabolism, potentially leading to diminished androgenic effects. This can manifest as reduced vitality, libido, and hair health. Monitoring 5 α ,3 α -androstenediol levels can help assess androgen metabolism in postmenopausal women and provide insights into symptoms of androgen deficiency.

Androstenedione is a precursor hormone involved in the synthesis of both testosterone and estrogen, playing a central role in steroidogenesis. In postmenopausal women, low levels of androstenedione may indicate adrenal insufficiency, ovarian dysfunction, or a natural decline in hormone production due to aging. Clinically, reduced levels of androstenedione are associated with decreased androgenic activity, which can manifest as symptoms such as fatigue, reduced muscle mass, diminished libido, and overall hormonal imbalance.

A elevated ratio indicates increased testosterone production relative to epi-testosterone, suggesting heightened androgenic activity.

Urinary Glucocorticoids Comment

Elevated urinary cortisol levels at multiple time points throughout the day suggest hypercortisolism, reflecting chronic stress, adrenal hyperactivity, or conditions such as Cushing's syndrome or pseudo-Cushing's states (e.g., due to obesity, alcohol use, or severe stress). This state results in prolonged activation of the hypothalamic-pituitary-adrenal (HPA) axis, contributing to symptoms like anxiety, sleep disturbances, fatigue, abdominal weight gain, insulin resistance, hypertension, and immune suppression. Chronic hypercortisolism may also lead to muscle catabolism, bone loss, and impaired wound healing.

Management strategies include addressing underlying causes, such as evaluating for Cushing's syndrome through confirmatory tests (e.g., A salivary 4 point cortisol including a 12am sample). Nutritional support can help modulate cortisol levels, including adaptogenic herbs like ashwagandha and rhodiola, magnesium, vitamin C, and B vitamins. Anti-inflammatory and low-glycemic diets are beneficial, while minimising stimulants like caffeine. Stress management techniques and consistent sleep-wake cycles are important interventions.

Urine Melatonin Comment

Consistently low or low-normal melatonin levels across all time points suggest potential circadian rhythm disruption or poor pineal gland function. This can be indicative of insufficient sleep quality or quantity, excessive exposure to artificial light (especially blue light from screens), or stress-related dysregulation. Symptoms may include difficulty falling asleep, poor sleep quality, or insomnia. Treatment strategies include improving sleep hygiene, minimising light exposure before bedtime, and promoting relaxation through dietary support such as magnesium or melatonin supplementation in the evening. Lifestyle changes such as reducing caffeine intake and managing stress levels are also beneficial. If melatonin supplementation is warranted, daily doses of 0.5 mg to 5 mg with 2mg being the most common dose shows similar effectiveness, although sleep onset may be quicker at the higher dose.

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Liquid Chromatography-Mass Spectrometry (LC-MS/MS/MS), Inductively Coupled Plasma Mass Spectrometry (ICP-MS)