

Lab ID
Patient ID P000061
Ext ID 25343-0075

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

RECEIVED
09-Dec-25

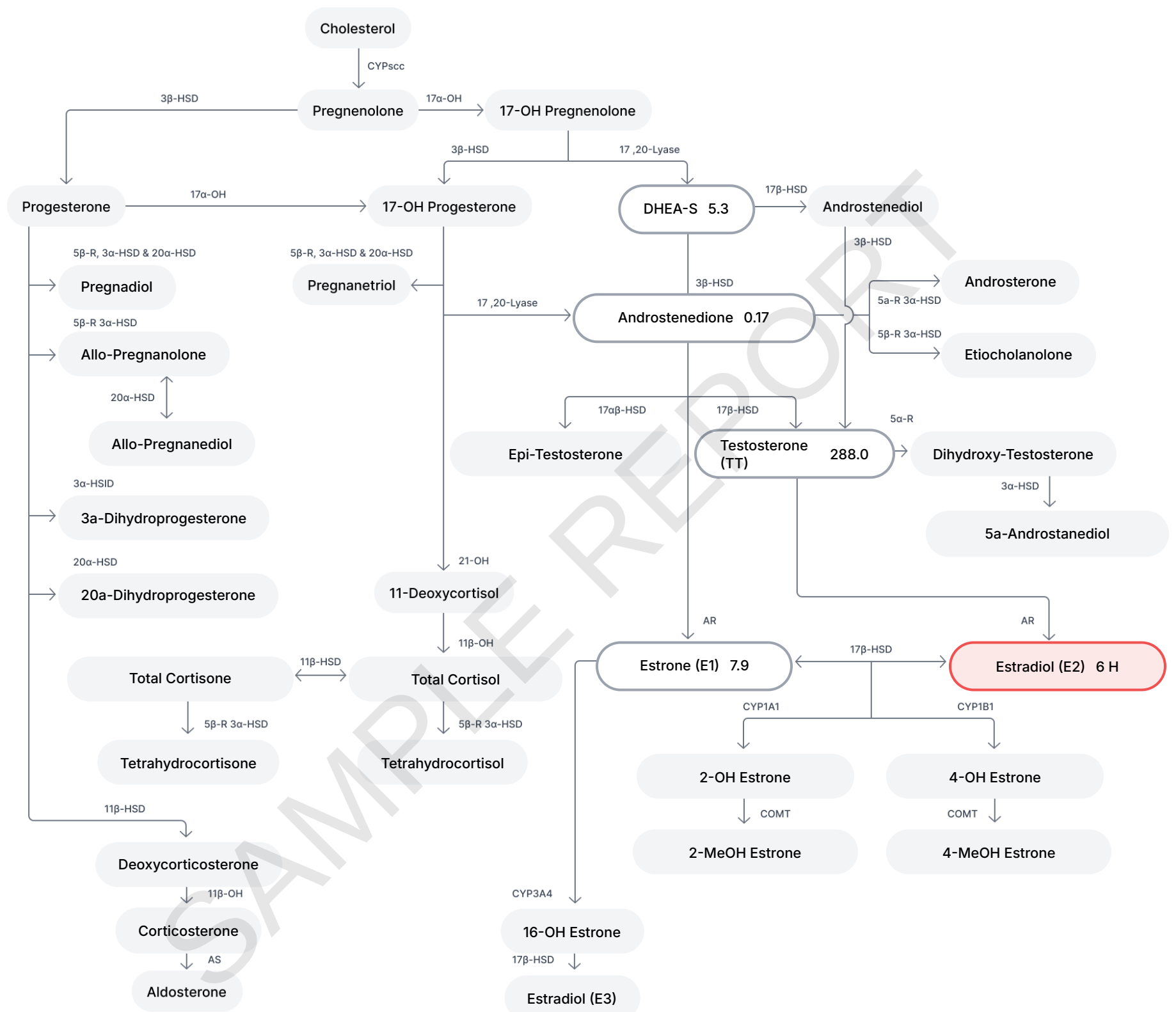
MALE HORMONES, EXTENSIVE

Specimen type - Saliva

Collected

05-Dec-25

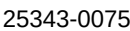
MALE HORMONES, Extensive						
TEST	RESULT	H/L		REFERENCE	UNITS	
DHEA-S	5.3			(2.5-25.0)	nmol/L	
Androstenedione	0.17			(0.15-0.42)	nmol/L	
Testosterone (TT)	288.0			(80.0-360.0)	pmol/L	
Estradiol (E2)	6	H		(1.7-4.5)	pmol/L	
Estrone (E1)	7.9			(2.5-12.0)	pmol/L	
Androstenedione/E1 Ratio	0.022			(0.005-1.100)	ratio	

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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		

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.



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Maladaptation 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)