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

25342-0052

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

Lab ID
Patient ID PAT-100009
Ext ID 25342-0052

Test Patient

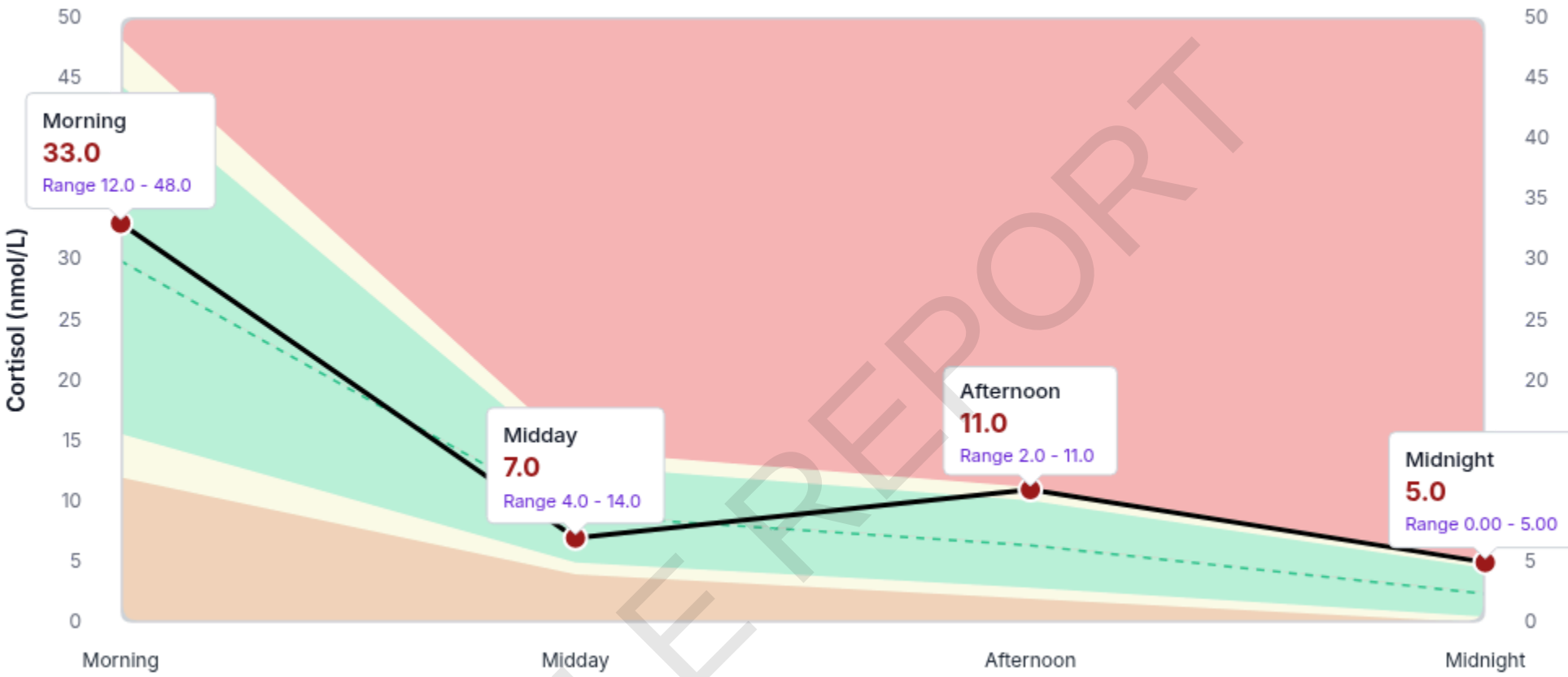
Sex: Male • 45yrs • 01-Jan-80
123 Home Street, Test Suburb Vic 3125

RECEIVED
08-Dec-25

ADRENOCORTEX STRESS PROFILE & FEMALE BASIC.

Specimen type - Saliva

Collected
05-Dec-25 08:11am, 11:50am, 04:20pm, 08:30pm



CORTISOL Values

TEST	RESULT	H/L	REFERENCE	UNITS
Cortisol, Morning	33.0		(12.0-48.0)	nmol/L
Cortisol, Midday	7.0		(4.0-14.0)	nmol/L
Cortisol, Afternoon	11.0		(2.0-11.0)	nmol/L
Cortisol, Midnight	5.00		(0.00-5.00)	nmol/L
Cortisol Daily Total	56.0		(11.0-76.0)	nmol/L

DHEAS Values

TEST	RESULT	H/L	REFERENCE	UNITS
DHEAS, Morning	13.0		(1.8-18.0)	nmol/L
DHEAS/Cortisol AM	0.39		(0.02-0.64)	ratio

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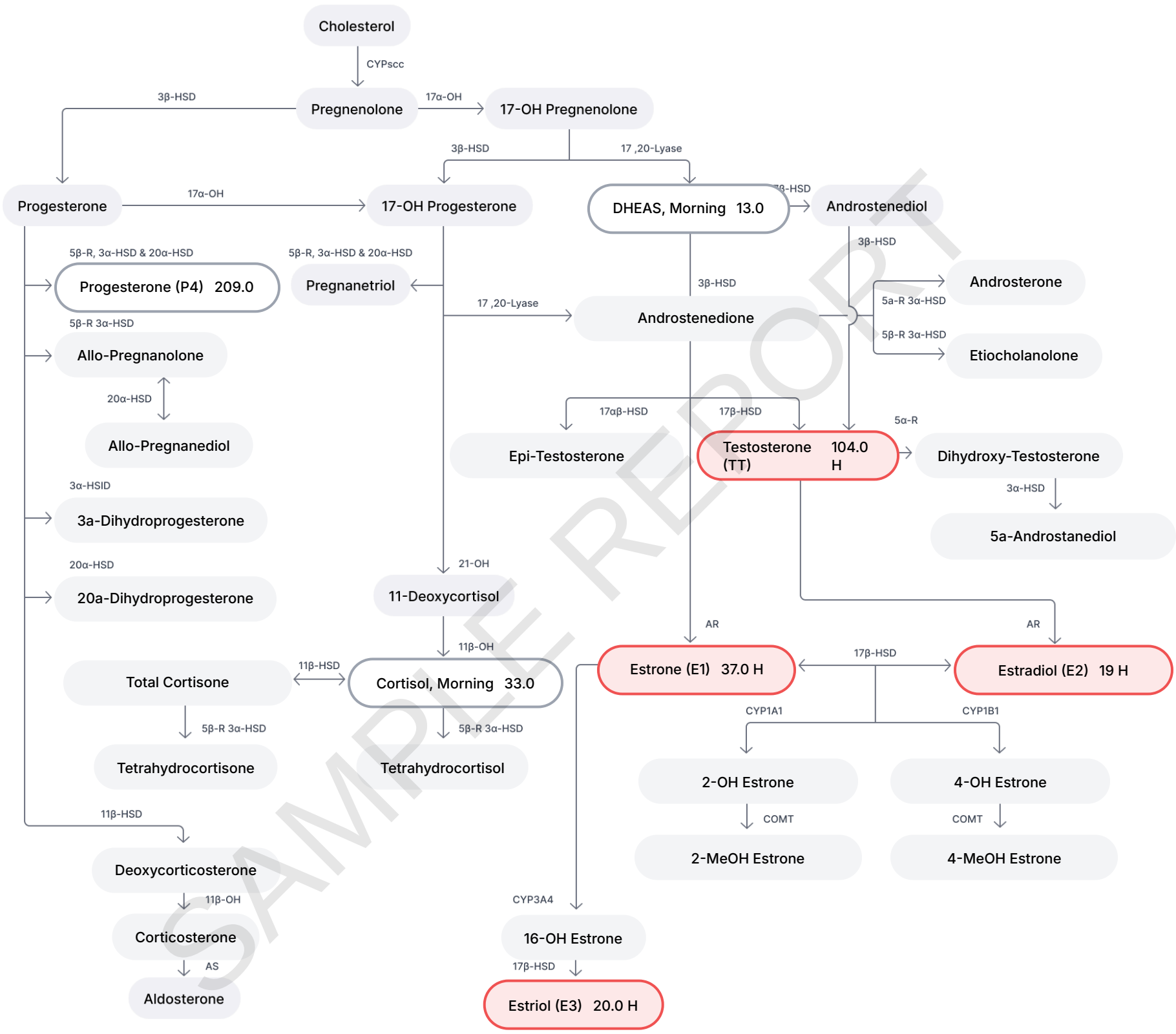

Legend Hormone not tested | Within range | Out of range | L = Low, LL = Critically Low | H = High , HH = Critically High

Enzyme 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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FEMALE Hormones

SERVICE	RESULT	H/L	REFERENCE	UNITS
Progesterone (P4)	209.0		(43.2-723.0)	pmol/L
Testosterone (TT)	104.0	H	(10.0-90.0)	pmol/L
Estradiol (E2)	19	H	(1.9-12.0)	pmol/L
Estrone (E1)	37.0	H	(3.9-25.5)	pmol/L
Estriol (E3)	20.0	H	(0.0-15.0)	pmol/L

HORMONE RATIOS

TEST	RESULT	H/L	REFERENCE	UNITS
Estrogen Quotient - E3/[E2+E1]	0.36	L	(>0.40)	ratio
P4/E2 Ratio	11.0		(4.0-300.0)	ratio

Adrenocortex Stress Comments

HIGH NORMAL MORNING CORTISOL LEVEL:

This is indicative of adrenal hyperactivity. consider investigation of Noradrenaline, Adrenaline , GABA, melatonin. Use appropriate adaptagenic herbs or pharmaceutical interventions.

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.

LATE AFTERNOON CORTISOL LEVEL IS WITHIN RANGE: Late afternoon cortisol level is adequate and within range.

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

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.

DHEA-S NORMAL:

Saliva DHEA-S levels are normal.

TESTOSTERONE (TT) ELEVATED:

Salivary testosterone is above the expected reference range for a premenopausal woman. Testosterone supports libido, energy, muscle mass, bone density, mood, and cognitive function.

High testosterone may present with hirsutism, acne, deepening of voice, menstrual irregularities, and increased muscle mass. Causes may include polycystic ovary syndrome (PCOS), adrenal hyperactivity, or exogenous androgen therapy.

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Management Considerations:

Hormonal: Investigate underlying cause (e.g., PCOS, adrenal disorder); Review hormone dosage if applicable.

Lifestyle/Natural: Weight management, regular exercise, balanced diet, and management of insulin resistance where relevant.

ESTRADIOL (E2) ELEVATED:

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.

Management Considerations:

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.

ESTRONE (E1) ELEVATED:

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.

Management Considerations:

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).

ESTRIOL (E3) ELEVATED:

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.

Treatment Considerations:

Hormonal: Reassess estrogen-containing therapies.

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

E3/(E1 + E2) RATIO LOW

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

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