Dr Test Doctor   Test Clinic. 123 Test Street, Test Suburb Victoria 3125
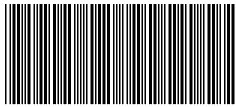
Lab ID
Patient ID PAT-100009
Ext ID   25343-0050

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

RECEIVED
09-Dec-25

ADRENOCORTEX STRESS PROFILE
Specimen type - Saliva

Collected
05-Dec-25 08.00am, 12.00pm, 04.00pm, 08.00pm

Morning
46.0
Range 12.0 - 48.0

Midday
16.0
Range 4.0 - 14.0

Afternoon
13.0
Range 2.0 - 11.0

Evening
3.0
Range 1.0 - 8.0

Y-axis: Cortisol (nmol/L)
X-axis: Collection Time

CORTISOL Values

TEST	RESULT	H/L		REFERENCE	UNITS
Cortisol, Morning	46.0			(12.0-48.0)	nmol/L
Cortisol, Midday	16.0	H		(4.0-14.0)	nmol/L
Cortisol, Afternoon	13.0	H		(2.0-11.0)	nmol/L
Cortisol, Evening	3.0			(1.0-8.0)	nmol/L
Cortisol Daily, Total	78.0	H		(11.0-76.0)	nmol/L

TEST	RESULT	H/L		REFERENCE	UNITS
DHEAS, Morning	13.0			(1.8-18.0)	nmol/L
DHEAS/Cortisol AM	0.28			(0.20-0.60)	ratio

NUTRIPATH · PATIENT REPORT

16 Harker St, Burwood VIC, 3125 • info@nutripath.com.au • 1300 688 522

NATA RCPA
The Royal College of Pathologists of Australasia

NATA Accreditation: #20770

25343-0050

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

Lab ID
Patient ID PAT-100009
Ext ID   25343-0050

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

RECEIVED
09-Dec-25

Adrenocortex Stress Comments

The salivary cortisol profile shows elevated concentrations in the morning, midday, and afternoon samples, followed by a return to the reference range in the evening. This pattern reflects an exaggerated daytime cortisol output with partial preservation of the expected nocturnal decline. The findings indicate heightened hypothalamic–pituitary–adrenal (HPA) axis activity during the active phase of the day, consistent with increased physiological or psychological stress load, disrupted sleep architecture, or inflammatory/metabolic drivers of cortisol overproduction.

Individuals with this pattern may experience symptoms such as anxiety, irritability, reduced stress tolerance, abdominal weight gain, impaired glycaemic control, or afternoon fatigue despite persistently high cortisol exposure. The normalisation of cortisol in the evening suggests that circadian rhythm entrainment is retained, reducing the likelihood of primary adrenal pathology.

Correlation with clinical context, sleep patterns, medication use (including stimulants or glucocorticoids), and metabolic markers is recommended. Management typically focuses on identifying and reducing daytime stressors, addressing sleep hygiene, and supporting circadian regulation.

Methodology

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