

P: 1300 688 522 E: info@nutripath.com.au

-.TAMARA GRYSIEWICZ INTEGRATED WELLNESS CLINIC L5, SUITE 505, 45 BRISBANE ROAD MOOLOOLABA QLD 4557

HANNAH BRIDGEMENT 18-Jan-1999 Female

35 THEILE STREET HOPE VALE QLD 4895

LAB ID : 3892647 UR NO. : 6190988 Collection Date : 18-May-2023 Received Date: 23-May-2023



3892647

ENDOCRINOLOGY SALIVA								
SALIVA	Result	Range	Units					
Female Hormone Profile-Basic								
Progesterone (P4)	282.1	276.0 - 1725.0	pmol/L	•				
DHEAS.	4.9	2.5 - 27.0	nmol/L	•				
Testosterone.	<i>55.7</i> *L	60.0 - 191.0	pmol/L	•				
Estradiol (E2)	5.2	3.7 - 18.0	pmol/L	•				
Estrone (E1)	7.6 *L	9.5 - 71.0	pmol/L	•				
Estriol (E3)	11.4	7.7 - 49.0	pmol/L	•				
E3/[E2+E1]	0.89 *L	> 1.00	RATIO	•				
P4/E2 Ratio (Saliva)	53.9	4.0 - 108.0	RATIO					



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Saliva Hormone Comments

** PLEASE NOTE NEW REFERENCE RANGES AS OF 20.08.2021 **

TABLE 1: SALIVARY HORMONE REFERENCE RANGES: (NOT ON HRT - BASELINE)

 FEMALE 	Progesterone	 	DHEAS	 	E2	 	E1	 	E3
 Pre/menarcheal Follicular Mid-Cycle	90-390 90-480 85-590	1		 - -	3.1-13 3.1-17 5.0-22	 	9.5-71 9.5-71 9.5-71	 	7.7-49 7.7-49 7.7-49
Luteal Post Menop. Premenopausal, Premenopausal,		i	1.8-18.5 2.5-27.0 2.0-8.0	 	3.7-18 3.7-16	•	9.5-71 9.0-65	 	7.7-49 9.0-62
 MALE 	<230	 	5.0-32.0	 	2.7-11	 	7.7-50	 	6.6-38

TABLE 2: TARGET REFERENCE RANGES: (ON HRT - 24 to 48 hr post last dose)

	Progesterone	e Testosterone	E2	 	E1	 	E3
Oral	320-1998	1	7-7:	3		1	69-139
Patch	-		4-1	8	_	- 1	-
Cream/Gel	3180-15000	F: 277-867	37-1	84	-	1	L040-1734
	1	M: 347-1734	- 1	1		- 1	

SALIVA ESTRONE (E1) is produced primarily from androstenedione originating from the gonads or the adrenal cortex. In premenopausal women, more than 50% of the E1 is secreted by the ovaries. In prepubertal children, men and non-supplemented postmenopausal women, the major portion of E1 is derived from peripheral tissue conversion of androstenedione. Interconversion of E1 and E2 also occurs in peripheral tissue. Bioassay data indicate that the estrogenic action is much less than E2. E1 is a primary estrogenic component of several pharmaceutical preparations, including those containing conjugated and esterified estrogens. In premenopausal women E1 levels generally parallel those of E2. After menopause E1 levels increase, possibly due to increased conversion of androstenedione to E1.

LOW ESTRONE (E1) LEVEL:

Saliva E1 level is below reference range. E1 result should be interpreted relative to the total estrogens. A low E1 is preferable.

SALIVA E2 levels for a non-menopausal female should be assessed relative to the day of cycle that the specimen was collected.

LOW NORMAL E2 LEVEL:

Saliva E2 level is low normal and suggestive of the need for supplementation with 0.5 mg of E2 or 1 mg Biest.

Saliva E3 level is within range and adequate.

(*) Result outside normal reference range

(L) Result is below lower limit of reference range

Page 2 of 3 Final Report Printed:May 24, 2023



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The Estrogen Quotient is low and suggestive of an abnormal estrogen metabolism. Suggest checking morning void urine for E1 metabolites 160H, 40H and 20H metabolites and their ratios. Also check serum TSH and LFT. Use of Indole-3-Carbinol/DIM has been shown to improve estrogen metabolism to correct ratios.

SALIVA The Progesterone level is within range and suggestive of luteal phase. Aim for a ratio of E2:Prog of 1:200 (200 parts Progesterone to 1 part Estradiol) during this phase of cycle.

LOW/LOW NORMAL DHEAS LEVEL:

Saliva DHEAs level is below the mean range and suggestive of the need for supplementation with 25mg of DHEA. If however, testosterone/androgens are elevated, consider 7 Keto form of DHEA.

Maladaption if consistently elevated cortisol. Adrenal fatigue if morning and evening cortisol only elevated, or if all markers low.

LOW TESTOSTERONE LEVEL:

Saliva Free testosterone level is low and suggestive of the need for supplementation with 1% transdermal testosterone.

Tests ordered: 1005P,GOG148

(*) Result outside normal reference range

Page 3 of 3 Final Report Printed:May 24, 2023