-.ALEXANDRA MIDDLETON



P: 1300 688 522

E: info@nutripath.com.au A: PO Box 442 Ashburton VIC 3142 Date of Birth: 06-Jul-1985

Sex : F

Collected: 9/Mar/2022 Received: 15/Mar/2022 6/65 PACIFIC PARADE DEE WHY NSW 2099

Lab id: **3803045** UR#: 6598668

6 EDWARDS BAY ROAD MOSMAN NSW 2088

ENDOCRINOLOGY SALIVA							
SALIVA	Result	Range	Units				
Progesterone (P4)	1070.0	276.0 - 1725.0	pmol/L				
Androstenedione	0.70	0.70 - 5.60	nmol/L	•			
Testosterone.	95.6	56.0 - 183.0	pmol/L				
Salivary Estrogens							
Estradiol (E2)	7.0	3.7 - 18.0	pmol/L				
Estrone (E1)	22.2	9.5 - 71.0	pmol/L	•			
Estriol (E3)	19.7	7.7 - 49.0	pmol/L				
E3/[E2+E1]	<i>0.67</i> *L	> 1.00	RATIO	•			
P4/E2 Ratio (Saliva)	<i>152.2</i> *H	4.0 - 108.0	RATIO	•			
Androstenedione/E1 Ratio	<i>0.03</i> *L	0.04 - 1.10	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	1	DHEAS	1	E2	l 	E1	 	E3
Pre/menarcheal	90-390	ı		ı	3.1-13	ı	9.5-71	1	7.7-49
Follicular	90-480	1		1	3.1-17	1	9.5-71	1	7.7-49
Mid-Cycle	85-590	1		1	5.0-22	1	9.5-71	1	7.7-49
Luteal	276-1725	1		1	3.7-18	1	9.5-71	1	7.7-49
Post Menop.	80-820	1	1.8-18.5	1	3.7-16	1	9.0-65	1	9.0-62
Premenopausal,	No OC's	1	2.5-27.0	1		1		1	
Premenopausal,	with OC's	1	2.0-8.0	1		1		1	
MALE	<230	1	5.0-32.0	1	2.7-11	1	7.7-50	1	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	7-73	1		69-139
Patch	-	1	4-18	- 1	-	-
Cream/Gel	3180-15000	F: 277-867	37-184	- 1	-	1040-1734
	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.

SALIVA E1 is within range.

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

SALIVA E2 level is adequate and within range.

Saliva E3 level is within range and adequate.

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

(*) Result outside normal reference range

(H) Result is above upper limit of reference range (L) Result is below lower limit of reference range

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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.

SALIVA FREE TESTOSTERONE level is within range and adequate.

Tests ordered: 5Horm, Andro-SAL, Andst/E1