

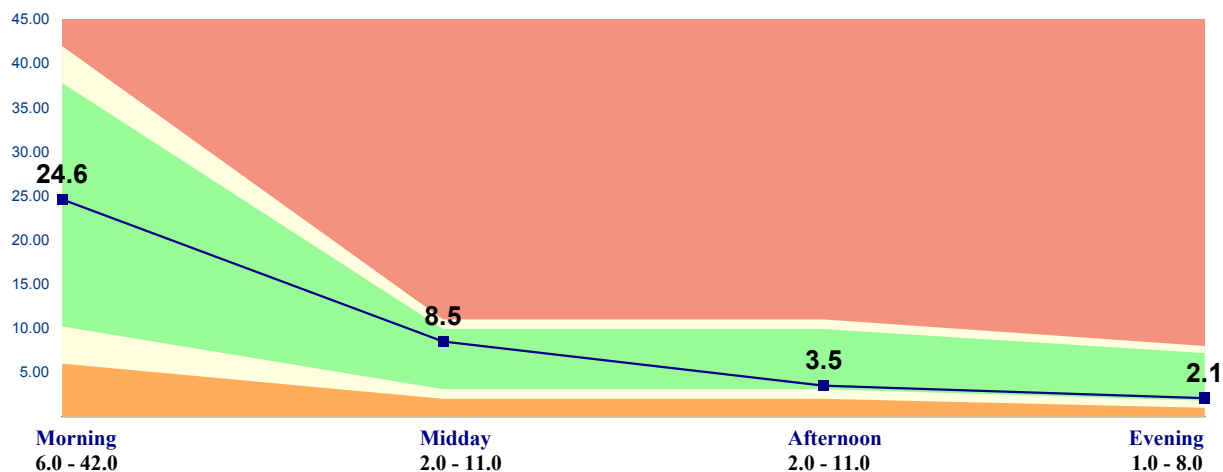


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Date of Birth : 03-Jul-1977  
Sex : F  
Collected : 12/Mar/2021  
Received: 16-Mar-2021  
301/32 ENFIELD STREET  
MARRICKVILLE NSW 2204  
Lab id : **3727504** UR#: 6066686

THE BALANCED WAY  
19 MYRTLE STREET  
STANMORE NSW 2048

## ADRENOCORTEX STRESS PROFILE



Cortisol Reference Range - nmol/L

Colour Key Ranges :  
Above: Red  
Borderline: Yellow  
Normal: Green  
Below: Orange

Cortisol Values	Result		Range
Cortisol Profile, Morning	24.6		6.0 - 42.0 nmol/L
Cortisol Profile, Midday	8.5		2.0 - 11.0 nmol/L
Cortisol Profile, Afternoon	3.5		2.0 - 11.0 nmol/L
Cortisol Profile, Evening	2.1		1.0 - 8.0 nmol/L
Cortisol Daily, Total	38.7		11.0 - 76.0 nmol/L

DHEAS Values	Result		Range
DHEAS Profile Morning	6.1		2.5 - 25.0 nmol/L
DHEAS/CORTISOL AM	0.25		0.20 - 0.60 RATIO





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## Adrenocortex Stress Comments

### MORNING SALIVA LEVEL WITHIN RANGE:

Saliva morning cortisol level is adequate and within range.

### MIDDAY CORTISOL LEVEL IS WITHIN RANGE:

Midday Cortisol level is adequate and within range.

### LOW LATE AFTERNOON CORTISOL LEVEL:

Late afternoon 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.

### LOW EVENING CORTISOL LEVEL:

Saliva evening cortisol levels should be lower than the mean of the range. If all 4 readings in the adrenal stress profile are low, suspect adrenal fatigue, otherwise maladaptation.

### LOW 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.

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

### SALIVA DHEAS Ranges:

Premenopausal, no oral contraceptives:	2.5 - 25	nmol/L
Premenopausal, with oral contraceptives:	2.0 - 8.0	nmol/L
Postmenopausal:	< 6.5	nmol/L

### 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.



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## ENDOCRINOLOGY SALIVA

SALIVA	Result	Range	
<b>Progesterone (P4)</b>	<b>185.9 *L</b>	320.0 - 1998. pmol/L	
<b>Testosterone.</b>	<b>122.3</b>	25.0 - 190.0 pmol/L	
<b>Salivary Estrogens</b>			
<b>Estradiol (E2)</b>	<b>8.0</b>	2.0 - 18.0 pmol/L	
<b>Estrone (E1)</b>	<b>34.7</b>	9.5 - 40.0 pmol/L	
<b>Estriol (E3)</b>	<b>40.0</b>	7.7 - 49.0 pmol/L	
<b>E3/[E2+E1]</b>	<b>0.94 *L</b>	> 1.00 RATIO	
<b>P4/E2 Ratio (Saliva)</b>	<b>23.2</b>	4.0 - 108.0 RATIO	



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### Saliva Hormone Comments

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

	E2	E1	E3	Progesterone	DHEAS
<b>FEMALE</b>					
Pre/menarcheal				44-195	
Follicular	<18	9.5-40	7.7-49	<320	
Mid-Cycle	11-29	9.5-40	7.7-49	-	
Luteal	<18	9.5-40	7.7-49	320-1998	
Post Men.	<6	9.5-40	9.0-62	<213	<6.5
Premenopausal, no oral contraceptives					2.5-25.0
Premenopausal, with oral contraceptives					2.0-8.0
<b>MALE</b>	<6	7.7-40	6.6-38	<213	5.0-30.0

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

	E2	E1	E3	Progesterone	Testosterone
					Age Dpndt
Oral	7-73	-	69-139	320-1998	
Patch	4-18	-	-	-	
Cream/Gel	37-184	-	1040-1734	3180-15000	F: 277-867 M: 347-1734

\*\*\* PLEASE NOTE NEW SALIVA HORMONES REFERENCE RANGES \*\*\*

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 16OH, 4OH and 2OH 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.



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**SALIVA** The Progesterone level is within range, IF the specimen was collected through the follicular phase; otherwise it is low. Aim for a ratio of E2:Prog of 1:50 - 1:80 (50 to 80 parts Progesterone to 1 part estradiol) during this phase (Luteal) of the cycle.

If confirmed that the specimen was collected during the Luteal phase, then the level is relatively low, suggest 200 mg Oral Progesterone supplementation at nights or 2% transdermal cream 1g daily.

**SALIVA FREE TESTOSTERONE** level is within range and adequate.