



PENNY WADDELL-WOOD
08-Jul-1987 **Female**

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COOK ACT 2614

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LAB ID : 3846700
UR NO. : 6613371
Collection Date : 13-Oct-2022
Received Date:17-Oct-2022



3846700

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Clinical Notes: THYROID EXTRACT, VIT D, NAC

ENDOCRINOLOGY SALIVA

SALIVA	Result	Range	Units	
Female Hormone Profile-Extensive				
Progesterone (P4)	310.7	276.0 - 1725.0	pmol/L	
DHEAS.	10.5	2.5 - 27.0	nmol/L	
Androstenedione...	0.74	0.70 - 5.60	nmol/L	
Testosterone.	66.9	56.0 - 183.0	pmol/L	
Estradiol (E2)	10.5	3.7 - 18.0	pmol/L	
Estrone (E1)	15.3	9.5 - 71.0	pmol/L	
Estriol (E3)	27.0	7.7 - 49.0	pmol/L	
E3/[E2+E1]	1.05	> 1.00	RATIO	
P4/E2 Ratio (Saliva)	29.6	4.0 - 108.0	RATIO	
Androstenedione/E1 Ratio	0.05	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	DHEAS	E2	E1	E3
Pre/menarcheal	90-390		3.1-13	9.5-71	7.7-49
Follicular	90-480		3.1-17	9.5-71	7.7-49
Mid-Cycle	85-590		5.0-22	9.5-71	7.7-49
Luteal	276-1725		3.7-18	9.5-71	7.7-49
Post Menop.	80-820	1.8-18.5	3.7-16	9.0-65	9.0-62
Premenopausal, No OC's		2.5-27.0			
Premenopausal, with OC's		2.0-8.0			
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	Testosterone	E2	E1	E3
Oral	320-1998		7-73		69-139
Patch	-		4-18	-	-
Cream/Gel	3180-15000	F: 277-867 M: 347-1734	37-184	-	1040-1734

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 within range. Suggestive of a normal estrogen metabolism.

SALIVA The Progesterone level is within range and suggestive of luteal phase. Aim for a



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ratio of E2:Prog of 1:200 (200 parts Progesterone to 1 part Estradiol) during this phase of cycle.

LOW NORMAL DHEAS LEVEL:

Saliva DHEAs level is below the mean range and suggestive of the need for supplementation with 15mg of DHEA.

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

ANDROSTENEDIONE COMMENT:

Androstenedione is secreted by the adrenal cortex, testis and ovary and is a synthesised precursor of testosterone and oestradiol. It is a weak androgen, with anabolic activity about 10-20 % that of testosterone.

LOW TESTOSTERONE LEVEL:

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

SPECIMEN RECEPTION

SALIVA	Result	Range	Units
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DISCLAIMER for Self Referred Episodes

REPORT DISCLAIMER:

As this episode has been self referred/self requested/self initiated by the patient, it is highly recommended (to the patient) that interpretation of these results be discussed/reviewed under the supervision and guidance of a qualified healthcare practitioner.

Nutripath does not accept liability for any injury, loss or damage incurred by inappropriate use of this report.

Nutripath can offer assistance in locating a suitable practitioner to assist you with the interpretation of this report.