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-.KIRSTY LAKSTINS-ADAMS KIRSTY LAKSTINS-ADAMS 28 GEOGRAPHE WAY THORNLIE WA 6108

COURTNEY MOWATT 13-Dec-1995 Female

2 BELLEVUE TERRACE FREMANTLE WA 6160

LAB ID : 3914145 UR NO. : 6188655 Collection Date : 16-Aug-2023 Received Date: 23-Aug-2023



3914145

Clinical Notes: Doxycycline, Fish oil, Probiotics, VIT E&D

ENDOCRINOLOGY SALIVA									
SALIVA	Result	Range	Units						
Cortisol Morning	44.70	12.00 - 48.00	nmol/L						
Progesterone (P4)	<i>223.3</i> *L	276.0 - 1725.0	pmol/L						
Testosterone.	70.3	60.0 - 191.0	pmol/L						
Salivary Estrogens									
Estradiol (E2)	8.4	3.7 - 18.0	pmol/L		•				
Estrone (E1)	15.9	9.5 - 71.0	pmol/L						
Estriol (E3)	23.8	7.7 - 49.0	pmol/L		•				
E3/[E2+E1]	<i>0.98</i> *L	> 1.00	RATIO						
P4/E2 Ratio (Saliva)	26.6	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	I	DHEAS	I	E2	I	E1	I	E3
Pre/menarcheal	90-390	١		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		Ī	3.7-18	ı	9.5-71	1	7.7-49
Post Menop.	80-820	1	1.8-18.5	Ī	3.7-16	ı	9.0-65	1	9.0-62
Premenopausal,	No OC's	1	2.5-27.0	Ī		ı		1	
Premenopausal,	with OC's	İ	2.0-8.0	İ		İ		Ì	
MALE	<230	١	5.0-32.0	١	2.7-11	ı	7.7-50	ı	6.6-38

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

	Progestero	ne Testosteron	ie E2	 	E1	 	E3
Oral	320-1998	1	7-7	73		1	69-139
Patch	-	1	4-1	L8	-	- 1	_
Cream/Gel	3180-15000	F: 277-867	37-1	L84	-	- 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.



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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 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, 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.

HIGH NORMAL MORNING CORTISOL LEVEL:

This is indicative of adrenal hyperactivity. consider investigation of Noradrenaline, Adrenaline, GABA, melatonin.

Use appropriate adaptagenic herbs or pharmaceutical interventions.

LOW TESTOSTERONE LEVEL:

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

Tests ordered: 5Horm, CORTMORN