



SHARNA JONES
19-Nov-1992 Female

16E ALBERT STREET
BRUNSWICK EAST VIC 3057

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-.STEFANY KAYE
WILDFLOWER THERAPIES
107 QUEENS PARADE
CLIFTON HILL VIC 3068

LAB ID : 4011485
UR NO. : 6288769
Collection Date : 05-Aug-2024
Received Date: 07-Aug-2024



4011485

ENDOCRINOLOGY SALIVA

SALIVA	Result	Range	Units	
Female Hormone Profile-Basic				
Progesterone (P4)	947.3	276.0 - 1725.0	pmol/L	
DHEAS.	23.6	2.5 - 27.0	nmol/L	
Testosterone.	103.7	56.0 - 183.0	pmol/L	
Estradiol (E2)	18.3 *H	3.7 - 18.0	pmol/L	
Estrone (E1)	89.0 *H	9.5 - 71.0	pmol/L	
Estriol (E3)	47.0	7.7 - 49.0	pmol/L	
E3/[E2+E1]	0.44 *L	> 1.00	RATIO	
P4/E2 Ratio (Saliva)	51.7	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	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.

ELEVATED/HIGH NORMAL ESTRONE (E1) LEVEL:

Saliva E1 is elevated/high normal. This level is suggestive of supplementation or abnormal estrogen metabolism. Assess the Estrogen quotient ($E3/[E2+E1]$). If this is <1 then suggest the use of indole-3-carbinol and check serum TSH levels. Suggest follow up testing to check morning void urine for 16OH, 4OH and 2OH E1 estrogen metabolites.

SALIVA E2 levels for a non-menopausal female should be assessed relative to the day of



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cycle that the specimen was collected.

SALIVA E2 levels for a non-menopausal female should be assessed relative to the day of cycle that the specimen was collected. The E2 level is suggestive of a midcycle level or suggestive of supplementation or oestrogen dominance.

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.

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 DHEAs level is adequate and within range.

SALIVA FREE TESTOSTERONE level is within range and adequate.

Tests ordered: 1005P,GOG148

(*) Result outside normal reference range

(H) Result is above upper limit of reference range

(L) Result is below lower limit of reference range