

NATMED

NATURAL MEDICINE CLINIC



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TEST PATIENT

Sample Test Name
 Sex : F
 Date Collected : 00-00-0000
 111 TEST ROAD TEST SUBURB
LAB ID: 00000000 UR#:00000000

TEST PHYSICIAN

DR JOHN DOE
 111 CLINIC STREET
 CLINIC SUBURB VIC 3000

ENDOCRINOLOGY SALIVA

SALIVA	Result	Range	Units	
Female Hormone Profile-Basic				
Progesterone (P4)	586.0		pmol/L	
DHEAS.	14.4	2.5 - 25.0	nmol/L	
Testosterone.	40.0	25.0 - 190.0	pmol/L	
Estradiol (E2)	16.0		pmol/L	
Estrone (E1)	14.0	9.6 - 20.0	pg/mL	
Estril (E3)	12.0	0.0 - 29.0	pg/mL	
E3/[E2+E1]	0.40 *L	> 1.00	RATIO	
P4/E2 Ratio (Saliva)	36.6	4.0 - 108.0	RATIO	

Saliva Hormone Comments

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

	E2	E1	E3	Progesterone	DHEAS
FEMALE					
Follicular	<18	9.6-20	15-29	<318	
Mid-Cycle	11-29	9.6-20	15-29	-	
Luteal	<18	9.6-20	15-29	318-1590	
Post Men.	<6	9.6-20	1-41	<159	<6.5
Premenopausal, no oral contraceptives					2.5-25.0
Premenopausal, with oral contraceptives					2.0-8.0
MALE					
	<6	9.6-20	16-25	<159	5.0-30.0

TARGET REFERENCE RANGES: (ON HRT - 24hr post last dose)

	E2	E1	E3	Progesterone	Testosterone
					Age Dpndt
Oral	7-73	-	69-139	318-1590	
Patch	4-18	-	-	-	
Cream/Gel	37-184	-	1040-1734	3180-31797	F: 277-867 M: 347-1734

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.

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.

LOW DHEAS LEVEL:

Saliva DHEAS level is below the mean range and suggestive of the need for



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supplementation with 15mg of DHEA.

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

LOW TESTOSTERONE LEVEL:

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