



**TEST PATIENT**

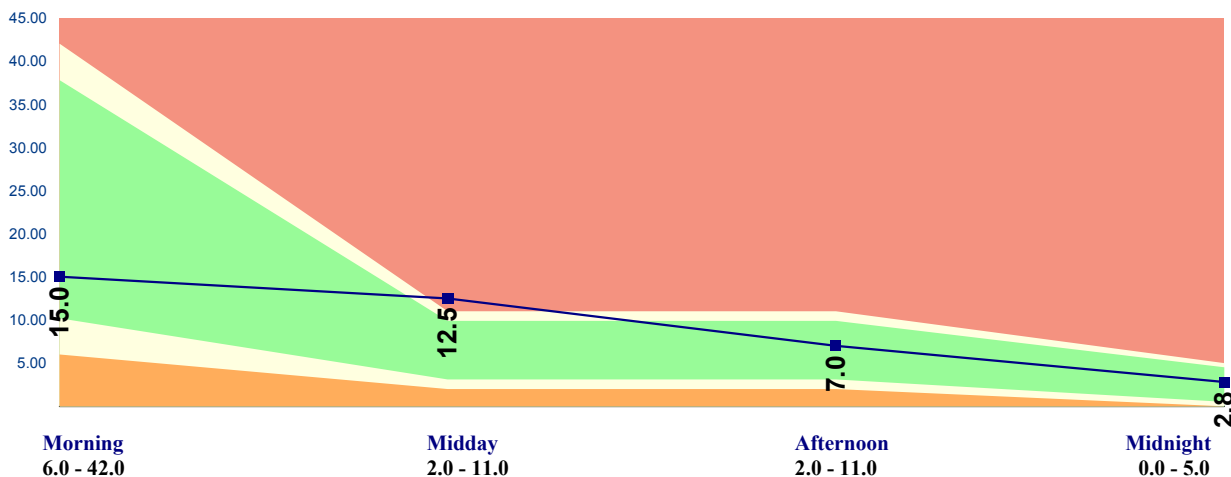
GUa d'Y'HYgh'BUa Y  
 Sex : :  
 DUHy Collected : 00-00-0000  
 111 H9GH ROAD TEST SUBURB  
**@AB =8: 00000000** UR#:0000000

**TEST PHYSICIAN**

DR JOHN DOE  
 111 CLINIC STF 99H  
 7@B=7'GI 6I F6'J=7'' \$\$\$

P: 1300 688 522  
 E: info@nutripath.com.au  
 A: PO Box 44Z Ashburton VIC 3142

**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	15.0		6.0 - 42.0 nmol/L
Cortisol Profile, Midday	12.5 <sup>H</sup>		2.0 - 11.0 nmol/L
Cortisol Profile, Afternoon	7.0		2.0 - 11.0 nmol/L
Cortisol Profile, Midnight	2.80		0.00 - 5.00 nmol/L
Cortisol Daily Total	37.3		11.0 - 76.0
DHEAS Values		Result	Range
DHEAS Profile Morning	5.1		5.0 - 30.0 nmol/L
DHEAS/CORTISOL AM	0.34		0.20 - 0.60 RATIO





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**Adrenocortex Stress Comments**

**LOW NORMAL MORNING SALIVA CORTISOL LEVEL:**

Saliva morning cortisol level is below mean range and suggestive of adrenal insufficiency. This suggests a degree of adrenal hypofunction, maladaptation/abnormal pacing with abnormal HPA. If all four cortisol readings are also low, suspect adrenal fatigue. Suggest supplementation with DHEA and standard adrenal support.

Investigate melatonin and GABA levels.

**ELEVATED MIDDAY CORTISOL LEVEL:**

Is this due to supplementation, adrenal stress, inflammation, medication or fasting?

Suggestive of blood sugar imbalance.

**LATE AFTERNOON CORTISOL LEVEL IS WITHIN RANGE:**

Late afternoon cortisol level is adequate and within range.

**LOW DHEAS LEVEL:**

Saliva DHEAs level is below the mean range and suggestive of the need for supplementation with 50mg of DHEA.

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

**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.

(\*) Result outside normal reference range

(H) Result is above upper limit of reference rang



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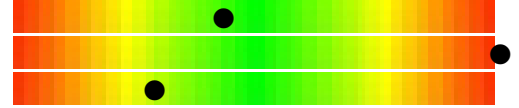
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**ENDOCRINOLOGY SALIVA**

SALIVA

**Testosterone.**  
**Estradiol (E2)**  
**Estrone (E1)**

Result	Range
<b>346.0</b>	100.0 - 720.0pmol/L
<b>29.0 *H</b>	1.0 - 6.0 pmol/L
<b>4.0</b>	1.5 - 22.0 pmol/L



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**Saliva Hormone Comments**

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

	E2	E1	E3	Progesterone	DHEAS
<b>FEMALE</b>					
Follicular	<18	1.7-29	15-38	<318	
Mid-Cycle	11-29	1.7-29	15-38	-	
Luteal	<18	1.7-29	15-38	318-1590	
Post Men.	<6	1.7-29	2-53	<159	<6.5
Premenopausal, no oral contraceptives					2.5-25.0
Premenopausal, with oral contraceptives					2.0-8.0
<b>MALE</b>					
	<6	1.5-22	12-28	<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

\*\*\* 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 level is within range for a male, indicating minimal aromatisation of androgens to E1.

**ELEVATED E2 LEVEL:**

Saliva E2 level is elevated for a male and suggestive of aromatisation of androgens to estrogens. Suggest using 5% transdermal Chrysin and / or 50mg Zinc. The use of Arimidex 1/2 tablet every second day may also be considered if the E2 level does not decrease adequately.

SALIVA FREE TESTOSTERONE level is above the mean reference range and essentially adequate.

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Tests ordered: E2-SAL, TES-SAL, E1-SAL, SADREN2

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