

**FUNCTIONAL PATHOLOGY**

1868 DANDENONG ROAD CLAYTON VIC 3168 PH: 1300 554 480

**PATIENT:**

**RASHID VIC TEST**

3 CHAPPEL ST

FOOTSCRAY VIC 3011

PH: 95386742

DOB: 16/11/1989

SEX: FEMALE

UR#:

REF:

**REQUEST DETAILS:**

LAB REF: 17-4675484-SHM-0

REFERRED: 26/02/17

COLLECTED: 26/02/17 06:45

REPORTED: 24/04/17 11:50

TESTED: 01/03/17

BATCH: 0 0

**TESTING SYSTEMS DEPARTMENT**

IT DEPARTMENT

1868 DANDENONG ROAD

CLAYTON VIC 3168

**SALIVARY HORMONES**

**SPECIMEN: Saliva**

**Date** 26/02/2017  
**Collection Time** 06:45  
**Request** 17-4675484

**Baseline Hormones**

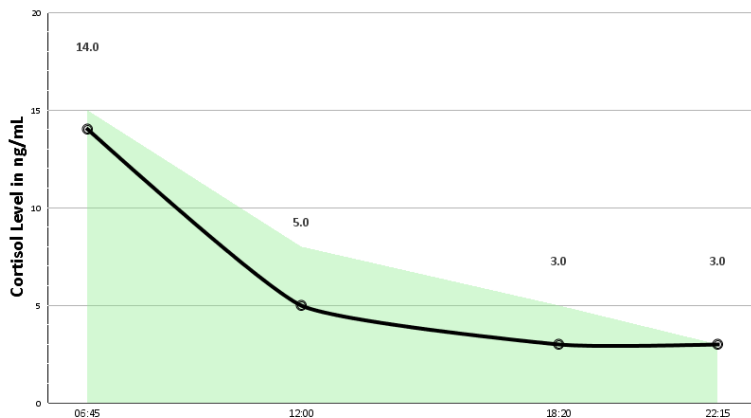
		Units	Reference Range
<b>COLLECTION DETAILS</b> [DAY:32] 26/02/17 06:45			
Salivary Oestrone (E1)	119	pmol/l	
Salivary Oestradiol (E2)	21	pmol/l	
Salivary Oestriol (E3)	30	pmol/l	
Salivary Progesterone (P4)	91	pmol/l	
Salivary Testosterone (TT)	286	pmol/l	
Salivary DHEA-S	<b>19.9*</b>	nmol/l	0.7 - 8.7

**Cortisol Studies**

		Units	Reference Range
Cortisol (Morning)	14	nmol/L	< 15
Cortisol (Mid day)	5	nmol/L	< 8
Cortisol (Evening)	< 3	nmol/L	< 5
Cortisol (Midnight)	< 3	nmol/L	< 3

FUNCTIONAL PATH

**Adrenal Function Graph**



PATIENT: RASHID VIC TEST

ALL TESTS COMPLETE

PANEL CODES: SHM-R,SCL-R,FBH-R

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**Salivary Hormone Optimised Reference Ranges for Female**

Hormone	E1 Ref. Range (pmol/L)	E2 Ref. Range (pmol/L)	E3 Ref. Range (pmol/L)	P4 Ref. Range (pmol/L)	TT Ref. Range (pmol/L)	DHEA Ref. Range (pmol/L)
Follicular phase	10 - 95	2 - 8	< 112	62 - 275	24 - 137	0.7 - 8.7
Luteal phase	19 - 78	6 - 17	< 112	315-1058	24 - 137	0.7 - 8.7
Post-menopausal	10 - 81	2 - 7	< 112	19 - 179	24 - 137	0.7 - 8.7

**Oestrone (E1) Females**

Hormone Result	Possible Causes	Treatment Considerations
Low Oestrone (E1)	<ul style="list-style-type: none"> <li>• Ovarian dysfunction</li> <li>• Adrenal dysfunction</li> </ul>	<ul style="list-style-type: none"> <li>• Support co-factors for steroid production and ovarian function</li> <li>• Assess and support adrenal hormones</li> </ul>
Elevated Oestrone (E1)	<ul style="list-style-type: none"> <li>• Excessive aromatisation</li> <li>• Impaired Phase II liver detoxification</li> <li>• Exogenous supplementation</li> <li>• Stress or inflammation</li> <li>• Blood sugar dysregulation</li> </ul>	<ul style="list-style-type: none"> <li>• Assess and support liver detoxification</li> <li>• Assess 2+ 16 hydroxylation pathways</li> <li>• Dietary evaluation for weight loss if required</li> <li>• Assess and support adrenal health</li> <li>• Reduce exposure to xenoestrogens</li> <li>• Indole 3-carbinol/DIM/Cruciferous vegetables</li> </ul>

**Oestradiol (E2) Females**

Hormone Result	Possible Causes	Treatment Considerations
Low Oestradiol (E2)	<ul style="list-style-type: none"> <li>• Reduced ovarian function</li> <li>• Adrenal dysfunction</li> <li>• Elevated SHBG</li> </ul>	<ul style="list-style-type: none"> <li>• Support co-factors for steroid production</li> <li>• Assess and support adrenal hormones</li> <li>• Assess and support bone mineral loss</li> </ul>
Elevated Oestradiol (E2)	<ul style="list-style-type: none"> <li>• Ovarian dysfunction</li> <li>• Adrenal dysfunction</li> <li>• Impaired Phase II liver detoxification</li> <li>• Exogenous supplementation</li> <li>• Low SHBG</li> </ul>	<ul style="list-style-type: none"> <li>• Assess and support liver detoxification</li> <li>• Assess 2+ 16 hydroxylation pathways</li> <li>• Dietary evaluation for weight loss if required</li> <li>• Reduce exposure to xenoestrogens</li> <li>• Indole 3-carbinol/DIM/Cruciferous vegetables</li> <li>• Assess thyroid hormone levels</li> </ul>

**Oestriol (E3) Females**

Hormone Result	Possible Causes	Treatment Considerations
Low Oestriol (E3)	<ul style="list-style-type: none"> <li>• Ovarian dysfunction</li> <li>• Adrenal dysfunction</li> </ul>	<ul style="list-style-type: none"> <li>• Support co-factors for steroid production and ovarian function</li> <li>• Assess and support adrenal hormones</li> </ul>
Elevated Oestriol (E3)	<ul style="list-style-type: none"> <li>• Increased conversion from E1</li> <li>• Exogenous supplementation</li> </ul>	<ul style="list-style-type: none"> <li>• Assess and support 2+ 16 hydroxylation pathways</li> </ul>

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ALL TESTS COMPLETE

PANEL CODES: SHM-R,SCL-R,FBH-R

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**Progesterone (P4) Females**

Hormone Result	Possible Causes	Treatment Considerations
Low Progesterone (P4)	<ul style="list-style-type: none"> <li>• Adrenal dysfunction</li> <li>• Excess Oestrogens</li> <li>• Thyroid insufficiency</li> </ul>	<ul style="list-style-type: none"> <li>• Assess and support adrenal and steroid hormones</li> <li>• Support liver detoxification</li> <li>• Herbal support such as Chaste Tree</li> <li>• Progesterone Therapy</li> <li>• Optimise thyroid function</li> </ul>
Elevated Progesterone (P4)	<ul style="list-style-type: none"> <li>• Excess progesterone supplementation</li> <li>• Adrenal dysfunction</li> </ul>	<ul style="list-style-type: none"> <li>• Re-evaluate progesterone dosage as required.</li> <li>• Indole 3-carbinol/DIM/Cruciferous vegetables</li> <li>• Support liver detoxification</li> </ul>

**Testosterone (TT) Females**

Hormone Result	Possible Causes	Treatment Considerations
Low Testosterone (TT)	<ul style="list-style-type: none"> <li>• Adrenal dysfunction</li> <li>• Ovarian dysfunction</li> </ul>	<ul style="list-style-type: none"> <li>• Assess and support adrenal hormones</li> <li>• Assess and support ovarian function</li> <li>• Acetyl-L-Carnitine may increase TT</li> <li>• Zinc (cofactor for support of TT)</li> </ul>
Elevated Testosterone (TT)	<ul style="list-style-type: none"> <li>• Ovarian and/or adrenal dysfunction</li> <li>• Excessive aromatisation</li> <li>• Impaired Phase II liver detoxification</li> <li>• Exogenous supplementation</li> <li>• Low SHBG</li> <li>• Increased stress</li> <li>• Insulin resistance</li> <li>• Low thyroid function</li> <li>• PCOS</li> </ul>	<ul style="list-style-type: none"> <li>• Assess and support liver detoxification</li> <li>• Assess and support ovarian function</li> <li>• Assess and support adrenal hormones</li> <li>• Assess blood sugar regulation</li> <li>• Increase SHBG if low (dietary fibre, flaxseed, soy, weight loss)</li> <li>• Assess thyroid function</li> <li>• Manage any underlying progesterone deficiency</li> <li>• Aromatase Inhibitors- natural aromatase inhibitors include exercise, chrysin, isoflavones</li> </ul>

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PANEL CODES: SHM-R,SCL-R,FBH-R

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**Cortisol and DHEA Female and Male**

	Common Symptoms	Treatment Considerations
<b>Low Cortisol</b>	<ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Depression</li> <li>• Allergies</li> <li>• Fibromyalgia</li> <li>• Chronic Fatigue</li> <li>• Depression</li> <li>• Hypoglycaemia</li> <li>• Impotence</li> <li>• Infertility</li> <li>• Insomnia</li> <li>• Sugar and or salt cravings</li> </ul>	<ul style="list-style-type: none"> <li>• Rest - emotional, mental and physical.</li> <li>• Moderate exercise</li> <li>• Restful sleep</li> <li>• A diet low in refined carbohydrates and sugar, and high in good quality protein and vegetables.</li> <li>• B vitamins, Vitamin C, Magnesium, EFAs, Zinc</li> <li>• Adaptogens such as Korean ginseng, Siberian ginseng, Rehmannia, Rhodiola and/or Licorice</li> <li>• Test other steroid hormones and DHEA-S and manage accordingly</li> </ul>
<b>High Cortisol</b>	<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• High Blood pressure</li> <li>• Irritability</li> <li>• Insulin resistance</li> <li>• Immune dysregulation</li> <li>• Obesity</li> <li>• Osteoporosis</li> <li>• Steroid hormone imbalance</li> <li>• Insomnia</li> </ul>	<ul style="list-style-type: none"> <li>• Rest - emotional, mental and physical.</li> <li>• Moderate exercise</li> <li>• Restful sleep</li> <li>• A diet low in refined carbohydrates and sugar, and high in good quality protein and vegetables.</li> <li>• B vitamins, Vitamin C, Magnesium, EFAs, Zinc, Phosphatidylserine</li> <li>• Adaptogens such as Siberian ginseng, Withania</li> <li>• Nervines such as Passionflower, Skullcap, Hops and Valerian</li> <li>• Test other steroid hormones and DHEA-S and manage accordingly</li> </ul>
<b>Low DHEA</b>	<ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Decline in immune function</li> <li>• Depression</li> <li>• Low libido</li> <li>• Insomnia</li> <li>• Vaginal atrophy and dryness</li> </ul>	<ul style="list-style-type: none"> <li>• Consider lifestyle, dietary, and herbal options (outlined under high cortisol) if indicated to correct the balance of these hormones</li> <li>• DHEA-S or pregnenolone supplementation may be indicated</li> <li>• Consider measuring testosterone and/or oestradiol levels and manage accordingly</li> </ul>
<b>High DHEA</b>	<ul style="list-style-type: none"> <li>• Acne</li> <li>• Hirsutism</li> <li>• Panic attacks</li> <li>• PCOS</li> <li>• Fatigue</li> </ul>	<ul style="list-style-type: none"> <li>• Consider lifestyle, dietary, and herbal options (outlined under low cortisol) if indicated to correct the balance of these hormones</li> <li>• Consider measuring testosterone and/or oestradiol levels and manage accordingly</li> </ul>

**Comments:**

Please note: as of 17/12/2015 the assay kit for saliva oestriol (E3) has changed.

NATA accreditation does not cover the performance of this service.

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PANEL CODES: SHM-R,SCL-R,FBH-R