EndoMAP Hormone Report
Sample Client

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SAMPLE REPORT — FOR ILLUSTRATION ONLY. This is not a real client's data. All names and results are invented to show the format and depth of a genuine EndoMAP Hormone Report.

Patient	SAMPLE, Client (Illustrative Example Only)	Lab ID	SAMPLE-0000
DOB	Not applicable (illustrative example)	Laboratory	NutriPath | EndoMAP Dried Urine Hormone Panel
Test	1501	Report Date	Sample report, for illustration only

1. Executive Summary

Your EndoMAP test measures how your hormones are being produced AND how they are being broken down and cleared from your body. This is important because hormones can look 'normal' on a standard blood test while still causing symptoms. What matters is the full picture of hormone metabolism.

Your key findings at a glance:

Oestrogen balance: Your oestradiol and oestrone are both reading near the top of their range while oestriol, the gentler and more protective oestrogen, is low. This oestrogen-relative-to-progesterone pattern is one of the clearer themes in your results.

Oestrogen clearance: The way your body neutralises the more reactive oestrogen breakdown products, through an enzyme called COMT, is running slow. This is a genuine area to support, and it responds well to targeted nutrition.

Progesterone and its byproducts: Progesterone and the calming byproducts it converts into are low across the board, which fits a pattern of pelvic discomfort and premenstrual irritability.

Adrenal androgens: Your adrenal glands are producing androgens at the higher end of the normal range, which is a likely driver of skin changes and can feed into mood shifts.

Cortisol and fatigue: Your daily cortisol rhythm is healthy, which is reassuring. However, one marker of how well cortisol is activated inside your tissues is low, which fits a pattern of morning fatigue.

Plenty of good news: Your Phase I oestrogen breakdown favours the protective route, your heavy metals are low, your melatonin looks healthy, and your core nutrient markers are good. These are real strengths to build from.

2. Your Symptom Score Profile

Your reported symptoms were scored across several hormonal categories. Listed from highest to lowest, they line up closely with the biochemistry in the rest of this report.

Symptom Category	Your Score	Clinical Significance
Oestrogen Dominance / Progesterone Deficiency	**52.00%**	Highest, matches your hormone balance
High Androgens	**34.00%**	Fits your adrenal androgen levels
Low Cortisol	**30.00%**	Part of the tissue-cortisol pattern, see cortisol section
Hypometabolism	**20.00%**	Consistent with reported fatigue

3. Oestrogen: Levels and Metabolism

Oestrogen is not a single hormone. It is a family of hormones that your body also processes and clears in several steps. Both the levels and the breakdown pathway matter.

Primary Oestrogen Levels

Marker	Your Result	Reference Range	Status
Oestradiol (E2)	**1.74 ug/gCR**	0.40–1.80	**High-normal**
Oestrone (E1)	**5.21 ug/gCR**	1.20–5.50	**High-normal**
Oestriol (E3)	**0.41 ug/gCR**	0.30–2.10	**Low-normal**
Oestrogen Quotient (E3/[E2+E1])	**0.06**	>0.25	**Favouring E2+E1**

What This Means For You	Your two main active oestrogens, oestradiol and oestrone, are both reading near the top of their range, while oestriol, the gentler and more protective oestrogen, is low. This is the classic biochemistry behind cyclical pelvic discomfort, breast tenderness, bloating, and premenstrual mood changes. In plain terms, the attention needs to go on the balance between your oestrogens, and on how efficiently oestrogen is cleared once it has done its job. Encouragingly, the next section shows the first stage of that clearance is working well in your favour.

Phase I Oestrogen Metabolism (How Oestrogen is Broken Down)

Marker	Your Result	Reference Range	Status
2-OH Oestradiol	**0.28 ug/gCR**	0.10–0.75	**Normal**
2-OH Oestrone	**1.61 ug/gCR**	0.20–2.60	**Normal**
4-OH Oestradiol	**0.12 ug/gCR**	0.03–0.40	**Normal**
4-OH Oestrone	**0.14 ug/gCR**	0.05–0.80	**Low-normal**
16-OH Oestrone	**0.29 ug/gCR**	0.10–1.10	**Low-normal**
2-OH(E1+E2)/16-OHE1 Ratio	**5.90**	1.20–5.60	**Protective**

What This Means For You	This is a real strength in your results. Phase I is the first step of breaking oestrogen down, and your body is strongly favouring the 2-hydroxy pathway, which produces the safest, most protective breakdown products. The ratio here is actually above the reference range in the favourable direction, and your 4-hydroxy pathway, the more reactive, inflammation-linked arm, is producing only small amounts. In short, your body is choosing the right doorway for breaking oestrogen down, which is exactly what you want to see.

Phase II Oestrogen Metabolism (Methylation: The Final Clearance Step)

Marker	Your Result	Reference Range	Status
2-MeOH Oestradiol	**0.04 ug/gCR**	0.02–0.12	**Normal**
2-MeOH Oestrone	**0.39 ug/gCR**	0.05–0.75	**Normal**
4-MeOH Oestradiol	**0.01 ug/gCR**	<0.05	**Low-normal**
4-MeOH Oestrone	**<DL**	<0.05	**Below detection**
2-MeOH E1 / 2-OH E1 Ratio	**0.24**	0.10–0.60	**Normal**
4-MeOH E1 / 4-OH E1 Ratio	**0.03**	0.02–0.30	**Low-normal**

What This Means For You	Phase II is called methylation, the step where your body attaches a small chemical tag to oestrogen breakdown products so they can be safely cleared. On the main 2-hydroxy arm this is working well, comfortably within range. The area that needs support is the 4-hydroxy arm, where the methylated marker sits at the bottom of its range and one reading was below the level the lab can detect. In

	practical terms, your 4-hydroxy oestrogens are not being methylated and cleared as fast as they should be, and the ratios point to slow, sluggish activity from COMT, the enzyme that does this job. The reassuring part is that COMT is highly responsive to the right nutrients, including magnesium, B12, and methyl donors, so this is a genuinely supportable finding.

4. Progesterone Metabolism

Progesterone is your balancing hormone. It counters oestrogen, and supports mood, sleep, and cycle regularity. This section looks at how progesterone and its related hormones are being made and processed.

Marker	Your Result	Reference Range	Status
Pregnanediol	**158 ug/gCR**	100–1650	**Low-normal**
Allopregnanolone	**0.79 ug/gCR**	1.20–15.50	**Low**
Allopregnanediol	**8.60 ug/gCR**	4.00–78.00	**Low-normal**
3a-Dihydroprogesterone	**0.35 ug/gCR**	0.50–5.00	**Low**
20a-Dihydroprogesterone	**0.48 ug/gCR**	1.00–12.00	**Low**
Deoxycorticosterone	**0.88 ug/gCR**	0.50–2.50	**Normal**
Corticosterone	**10.20 ug/gCR**	2.00–12.00	**High-normal**
Pregnanediol/Oestradiol Ratio	**91**	100–2000	**Below optimal**

What This Means For You	Progesterone and its byproducts are low across every arm of this panel. Taken together with the oestrogen picture above, this points to an under-supported luteal phase, where progesterone output looks genuinely low relative to oestrogen. This is reinforced by the low Pregnanediol to Oestradiol ratio, which weighs progesterone directly against oestrogen and confirms the balance is tipped toward oestrogen. This matters directly, because progesterone calms inflammation and settles the nervous system, and its calming byproduct allopregnanolone, which is also low here, dampens pain and steadies mood. A shortfall here fits a pattern of pelvic discomfort and heightened emotional sensitivity through the second half of the cycle. The two adrenal markers here are separate from this picture: deoxycorticosterone is normal and corticosterone sits at the high end of range, together pointing to mild adrenal activation rather than anything of concern.

5. Androgen Status

Androgens are often called 'male hormones' but they are essential in women too, at the right levels. Your androgen picture is a secondary but relevant part of your results.

Marker	Your Result	Reference Range	Status
DHEA	**132.40 ug/gCR**	15.00–135.00	**High-normal**
DHEA-S	**3820.0 ug/gCR**	200.0–4000.0	**High-normal**
Androstenedione	**13.60 ug/gCR**	3.00–14.50	**High-normal**
Androsterone	**574 ug/gCR**	150–1000	**Normal**
Etiocholanolone	**890 ug/gCR**	250–1100	**High-normal**
Testosterone (TT)	**3.40 ug/gCR**	0.95–5.50	**Normal**
Epi-Testosterone	**3.95 ug/gCR**	1.30–7.00	**Normal**
DHT	**0.94 ug/gCR**	0.25–2.50	**Normal**
5a-Androstanediol	**9.80 ug/gCR**	2.50–15.00	**Normal**

Key Androgen Ratios

Ratio	Your Result	Reference Range	Status
DHEA Production	**1580.00 ug/gCR**	500.00–3000.00	**Normal**
5a-Reductase Activity	**0.62**	0.60–2.20	**Low-normal**
Testosterone/Epi-Testosterone	**0.86**	0.40–5.50	**Normal**

What This Means For You	Your adrenal glands are producing androgen building blocks, DHEA, DHEA-S, and androstenedione, right at the top of the normal range. This abundant supply of adrenal androgens is a likely driver of hormonal skin changes, and it can add to irritability and mood changes. Here is the reassuring nuance: your actual testosterone and its potent partner DHT are both comfortably mid-range, and the enzyme that would ramp androgens up into their strongest, most skin and hair driving form is running at the low end. This reflects efficient, tidy clearance of androgens rather than high androgen activity. So the picture is plenty of raw material, but a calm downstream conversion, which is a much gentler situation than the numbers might first suggest.

6. Adrenal Function and Cortisol Rhythm

Cortisol is your primary stress hormone, produced by your adrenal glands. It follows a daily rhythm: higher in the morning to get you going, then gradually declining through the day.

Daily Free Cortisol Pattern

Time Point	Your Result	Reference Range	Status
Free Cortisol: AM #1 (early morning)	**6.10 ug/gCR**	7.00–45.00	**Low**
Free Cortisol: AM #2 (mid-morning)	**28.40 ug/gCR**	11.00–90.00	**Normal**
Free Cortisol: Afternoon	**13.90 ug/gCR**	4.00–30.90	**Normal**
Free Cortisol: Evening	**1.55 ug/gCR**	1.00–18.72	**Low-normal**

Overall Cortisol Metabolism

Marker	Your Result	Reference Range	Status
Total 24hr Free Cortisol	**49.95 ug/gCR**	39.26–200.00	**Low-normal**
Total 24hr Cortisone	**142.10 ug/gCR**	130.50–488.35	**Low-normal**
Cortisol/Cortisone Ratio	**0.35**	0.20–1.00	**Normal**
THF (Cortisol Metabolite)	**478 ug/gCR**	160–600	**Normal**
THE (Cortisone Metabolite)	**920 ug/gCR**	400–1450	**Normal**
Metabolised Cortisol (THF+THE)	**1398 ug/gCR**	700–1700	**High-normal**
11b-HSD Index (THF/THE)	**0.52**	0.59–1.42	**Low**

What This Means For You	The shape of your cortisol day is healthy: it lifts appropriately by mid-morning and settles by evening, which is exactly the rhythm we want to see and is strong evidence against adrenal burnout. Your very first morning reading looks low, but your mid-morning peak, the more important morning number, is solidly normal, so this single low point is not over-read. The one genuinely actionable finding is the 11b-HSD index, which is low. This is a ratio, so it is not affected by sample concentration and can be trusted. It reflects how well your tissues switch inactive cortisol back into its active form right where it is needed. When this runs low, you can feel under-energised and foggy even though your overall cortisol looks fine, which fits a pattern of morning fatigue.

7. Melatonin and Sleep-Wake Regulation

Melatonin is far more than a sleep signal. It is a potent antioxidant, an immune supporter, and it has direct calming effects on hormone-sensitive tissue.

Time Point	Your Result	Reference Range	Status
Melatonin: AM #1	**46.20 ug/gCR**	10.00–70.00	**Normal**
Melatonin: AM #2	**6.10 ug/gCR**	4.00–50.00	**Low-normal**
Melatonin: Afternoon	**3.80 ug/gCR**	0.50–6.00	**High-normal**
Melatonin: Evening	**8.20 ug/gCR**	0.80–15.00	**Normal**

What This Means For You	This is more good news. Your overnight melatonin, captured in the important first morning sample, is healthy and sits comfortably in mid-range, and your evening level is rising as it should ahead of sleep. This matters more than it might seem given the rest of your results. Melatonin gently dials down aromatase, the enzyme that makes more oestrogen, it mops up oxidative stress, and it supports the immune system's ability to keep watch over hormone-sensitive tissue. A healthy melatonin rhythm is quietly working in your favour at exactly the points where your oestrogen balance needs the help. The aim is simply to protect what is already working: steady sleep and wake times, natural light soon after waking, and dimmer, screen-reduced evenings.

8. Environmental Toxins and Heavy Metals

Endocrine disruptors are chemicals that can interfere with how hormones are made, processed, and cleared. Even when individual values sit within range, the cumulative load matters, particularly with oestrogen-sensitive symptoms.

Toxin	Your Result	Reference	Status	Significance
BPA	**0.31 ug/gCR**	<4.00	**Acceptable**	Low concern
PFAS	**0.05 ug/gCR**	<0.70	**Acceptable**	Low concern
PFOA	**0.07 ug/gCR**	<0.10	**Acceptable**	Upper range, reduce
PFOS	**0.01 ug/gCR**	<0.60	**Acceptable**	Low concern
Aluminium	**0.60 ug/gCR**	<14.00	**Acceptable**	Low concern
Arsenic	**<DL**	<26.50	**Below detection**	Reassuring
Cadmium	**0.04 ug/gCR**	<0.60	**Acceptable**	Low concern
Chromium	**0.02 ug/gCR**	<4.60	**Acceptable**	Low concern
Lead	**0.16 ug/gCR**	<38.60	**Acceptable**	Low concern
Mercury	**0.28 ug/gCR**	<17.9	**Acceptable**	Low concern
Nickel	**<DL**	<1.23	**Below detection**	Reassuring

What This Means For You	Your heavy metal load is reassuringly low across the board, which is genuinely good news. There is one marker worth keeping an eye on: your PFOA, one of the so-called forever chemicals found in non-stick cookware, grease-resistant food packaging, and treated fabrics, is sitting toward the upper part of its range rather than down low like everything else. It is still under the laboratory cut-off, so this is not a cause for alarm, but because these chemicals build up over time and have hormone-disrupting effects, it is worth reducing further exposure. Practical swaps make a real difference here: stainless steel or cast iron instead of scratched non-stick pans, avoiding grease-resistant takeaway packaging and microwave popcorn bags, and filtering drinking water. Aside from PFOA, nothing else is raised, which tells us your broader hormonal picture is not being driven by a heavy toxic load.

9. Nutritional and Metabolic Organic Acids

Organic acids give us indirect information about your nutritional status and metabolic function. Think of these as the 'engine room' markers that help explain why hormone metabolism might be running smoothly or not.

Marker	Your Result	Reference Range	Status
Xanthurenic Acid (B6 marker)	**0.09 mmol/molCR**	<0.96	**Normal**
3-Hydroxyisovaleric Acid (Biotin marker)	**2.40 mmol/molCR**	<29.00	**Normal**
Methylmalonic Acid (B12 marker)	**0.31 mmol/molCR**	<1.90	**Normal**
HVA (Dopamine metabolite)	**0.48 mmol/molCR**	0.10–5.30	**Low-normal**
VMA (Adrenaline metabolite)	**1.35 mmol/molCR**	0.40–3.60	**Normal**
Kynurenic Acid	**0.21 mmol/molCR**	<2.20	**Normal**
Quinolinic Acid	**2.55 mmol/molCR**	<9.10	**Normal**
8-OHdG (Oxidative DNA damage)	**1.70 mmol/molCR**	<2.70	**Upper-normal**
Pyroglutamic Acid	**7.10 mmol/molCR**	4.50–33.00	**Low-normal**
Indoleacetic Acid (Gut marker)	**0.22 mmol/molCR**	<11.00	**Normal**

What This Means For You	Several of your engine-room markers are genuinely good: there is no signal of B6, B12, or biotin deficiency, and your gut marker is very low, which argues against gut bacteria recycling oestrogen back into your system. Three markers connect directly to the oestrogen-clearance story from earlier and are worth acting on. First, your dopamine breakdown marker (HVA) is in the low part of its range, which fits a sluggish COMT enzyme, the same enzyme that methylates and clears your 4-hydroxy oestrogens, so supporting COMT helps both oestrogen clearance and dopamine balance. Second, your DNA-stress marker, 8-hydroxy-deoxyguanosine, is creeping into the upper part of its range, a sign of some oxidative stress that fits the picture of 4-hydroxy oestrogens not being fully cleared. Third, your glutathione-related marker (pyroglutamic acid) is on the low side, suggesting your antioxidant reserve may not be keeping full pace with that demand. None of these is alarming on its own, but together they build a coherent case for targeted methylation and antioxidant support, which is mapped out in your Health Plan.

** This is a sample report built to illustrate the depth and format of a real EndoMAP Hormone Report. All results shown are invented for illustration only and do not belong to any real client. Reference ranges reflect the ranges printed on an actual NutriPath EndoMAP panel. A real client's report interprets her own results, using the EndoMAP Clinical Interpretation Reference. Treatment, supplement, and lifestyle recommendations are provided separately in the Health Plan.*

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Prepared by Tegan Hollows, Naturopath & Medical Herbalist
This EndoMAP Report has been prepared by your naturopath and is intended as a guide to support your wellbeing.
It is not a substitute for medical advice. Please consult your GP or specialist for any urgent health concerns.