Skin Care & Laser Centre

C-20, Opp. Deep Nursing Home, Krishna Nagar, Mathura-281004 (U.P.)

Dr. Shailendra Pratap Singh
MBBS, MD (SKIN)
डॉ. शैलेन्द्र प्रताप सिंह
एम.बी.बी.एस., एम.डी., (त्वचा रोग, कुष्ठ रोग, गुप्त रोग विशेषज्ञ)
डर्मेटोलोजिस्ट, कॉस्मेटोलोजिस्ट एवं डर्मेटोसर्जन

Regn. No.: MCI/23634
Regn. No.: LMUP/4614
Clinic Ph. No.: 7055065563
E-mail : drsps@rediffmail.com
skindrsps@gmail.com

CHESHTAA BHARDWAJ

नाम Miss. Cheshta Bhardwaj आयु/स्त्री/पुरुष 26y/F पता Mathura दिनांक 31/12/24

C/LA : Hair thinning

Counselled Δ ? F.F.A / FHS.

Rx

Tb Hair bless 10m ——— yes (30)

Tb Vitagreat 100 ——— Both (30)

Tb Dailyshine 60 K weekly ——— SUN (W)

Redenser serum or Lamaltese — Night scalp (hair roots)

Adv: . PCOS Profile
. CBC.

S. 01-25

C/F : 2–3 month

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RECEIPT

UHID P10211074599

Online ID / PASS. 102425910 / 2F850D80

Patient ID	**102425910**	Receipt Date	31/12/2024 5:59:16 PM Receipt No. 10/24-25/26735
Patient Name	**Ms. CHESHTAA BHARDWAJ**	**F/H Name**	
Gender/Age	Female 26 Yrs	Address	GOVIND NAGAR, MATHURA
Mobile No	9456054209	Refd By	DR SHAILENDRA PATAP SINGH

Received with thanks a sum of Rs. 3250 from Ms. CHESHTAA BHARDWAJ By : Cash on a/c of :

Sr.	Investigations	Charge	Discount	Net Amount	Test Qty	Date of Report
1	PCOD PROFILE	4000	1000	3000	1	0
2	COMPLETE BLOOD COUNT (CBC)	280	30	250	1	0
3	BLOOD GLUCOSE (RANDOM)	60	60	0	1	0

Total Amount	**Rs.**	**4340**
Discount	**Rs.**	**1090**
Net	**Rs.**	**3250**
Received	**Rs.**	**3250**
Balance	**Rs.**	**0**

J.P. DIAGNOSTICS JSR TOWER GOVERDHAN CROSSING MATHURA

Authorised Signatory

Created By : LOKESH

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Patient ID	**102425910**	**UHID**	**P10211074599**	Reg. Date	31/12/2024 17:55:29
Name	**Ms. CHESHTAA BHARDWAJ**			Received Date	31/12/2024 18:20:19
Sex/Age	Female 26 Yrs			Report Date	01/01/2025 11:02:25
Ref. By	DR SHAILENDRA PATAP SINGH			Print Date	01/01/2025 14:38:55
Mobile No.	9456054209	Address	GOVIND NAGAR, MATHURA		

Test Name	Value	Unit	Biological Ref Interval
PCOD PROFILE			
INSULIN (RANDOM) *Method:- Enhance Chemiluminescense Immunoassay*	14.30	uIU/mL	2.00 - 24.90

Comment:

Significance of the test Insulin is the prinicipal hormone resposible for the control of glucose metabolism. Secretion of insulin is mainly controlled by plasma glucose concentration, and the homone has number of important metabolic actions. First principal function is to control the uptake and utilization of glucose in peripheral tissue via the glucose transporter. This and other hypoglycemic activites, such as the inhibition of hepatic gluconeogenesis and glycogenolysis are counteracted by the hyperglycaemic hormones including glucagon,epinephrine, growth hormone and cortisol. The total insulin levels include the free and bound form. In patients without insulin antibodies total and free levels are similar, but in patients with insulin antibodies the total insulin levels are dependent upon binding capacity of the circulating endogenous insulin antibodies and the availability of insulin to bind to the antibody site. This test is used to determine the insulin doasge of IDDM. Insulin concentrations are severely reduced in IDDM and some other conditions such as hypopituitarism. Insulin levels are raised in NIDDM, obesity, insulinoma and some endocrine dysfucntions such as cushing's syndrome and acromegaly.

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Name	**Ms. CHESHTAA BHARDWAJ**	Received Date	31/12/2024 18:20:19
Sex/Age	Female 26 Yrs	Report Date	01/01/2025 08:48:25
Ref. By	DR SHAILENDRA PATAP SINGH	Print Date	01/01/2025 14:38:55
Mobile No.	9456054209 Address GOVIND NAGAR, MATHURA		

Test Name	Value	Unit	Biological Ref Interval
FOLLICLE STIMULATING HORMONE (FSH) *Method:- Enhance Chemiluminescense Immunoassay*	3.62	mIU/mL	Follicular Phase : 1.98 - 11.6 mIU/mL Mid cycle peak : 5.14 - 23.4 mIU/mL Luteal Phase : 1.38 - 9.58 mIU/mL Post-menopause : 21.5 - 131 mIU/mL

Comment:

In women, FSH helps control the menstrual cycle and stimulates the growth of eggs in the ovaries. FSH levels in women change throughout the menstrual cycle, with the highest levels happening just before an egg is released by the ovary. This is known as ovulation.

In men, FSH helps control the production of sperm.

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Ref. By	DR SHAILENDRA PATAP SINGH	Print Date	01/01/2025 14:38:55
Mobile No.	9456054209 Address GOVIND NAGAR, MATHURA		

Test Name	Value	Unit	Biological Ref Interval
LUTEINIZING HORMONE (LH), Serum *Method:- Enhance Chemiluminescense Immunoassay*	4.12	mIU/ml	Follicular Phase : 2.58 - 12.1 mIU/mL Mid cycle peak : 27.3 - 96.9 mIU/mL Luteal Phase : 0.833 - 15.5 mIU/mL Post-menopause : 13.1 - 86.5 mIU/mL

Comment:

An LH test works closely with another hormone called follicle-stimulating hormone (FSH) to control sexual functions. So an FSH test is often done along with an LH test. These tests are used in different ways, depending on whether you are a woman, man, or child.

In women, these tests are most often used to:.

- Help find the cause of infertility
- Find out when ovulation occurs, this is the time when you are most likely to get pregnant.
- Find the reason for irregular or stopped menstrual periods.

In men, these tests are most often used to:

- Help find the cause of infertility
- Find the reason for a low sperm count
- Find the reason for low sex drive

In children, these tests are most often used to help diagnose early or delayed puberty.

- Puberty is considered early if it starts before age 9 in girls and before age 10 in boys.
- Puberty is considered delayed if hasn't started by age 13 in girls and by age 14 in boys.

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Name	**Ms. CHESHTAA BHARDWAJ**	Received Date	31/12/2024 18:20:19
Sex/Age	Female 26 Yrs	Report Date	01/01/2025 11:58:32
Ref. By	DR SHAILENDRA PATAP SINGH	Print Date	01/01/2025 14:38:55
Mobile No.	9456054209 Address GOVIND NAGAR, MATHURA		

Test Name	Value	Unit	Biological Ref Interval
TESTOSTERONE TOTAL, Serum *Method:- Enhance Chemilumenescense immunoassay*	0.32	nmol/L	Normal menstrual cycles : 0.198 - 2.67 nmol/L

Comment:

Testosterone is a steroid hormone (androgen) made by the testes in males. Testosterone is also produced by the adrenal glands in both males and females and, in small amounts, by the ovaries in females. In males, a decreased testosterone level may indicate hypothalamic or pituitary disease or damage to the testes. Genetic diseases also can cause decreased testosterone production in young men (Klinefelter's, Kallman's, and Prader-Willi syndromes) or testicular failure and infertility (as in myotonic dystrophy, a form of muscular dystrophy). A decreased testosterone level also can indicate impaired testosterone production because of acquired damage to the testes, such as alcoholism, physical injury, or viral diseases like mumps. Increased testosterone levels in males can indicate testicular tumors, adrenal tumors that are producing testosterone, or use of androgens (also called anabolic steroids). Increased testosterone in boys is usually the cause of early puberty. In women, increased testosterone levels can indicate PCOS or an ovarian or adrenal gland tumor.

PROLACTIN, Serum *Method:- Enhance Chemilumenescense Immunoassay*	38.7	ng/mL	3.0 - 18.6

Comment:

- Prolactin (PRL) is a hormone produced by the posterior pituitary gland, and its primary function is lactation. Prolactin plays a major role in lactation in women post childbirth. But the role of Prolactin in men is not much. Prolactin plays another major role in male and female sexual satisfaction.

Prolactin quantities in the blood help diagnose:

- The reasons of galactorrhea (milky or clear white discharge from breasts of non-pregnant/lactating women). Galactorrhea is common in women, men and also in infants.
- The reasons for headaches and visual disturbances Ascertain infertility and erectile dysfunction in men.
- Detection of infertility in females to asses and monitor anterior pituitary gland function (along with other hormones) In cases of failed lactation.

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Name	**Ms. CHESHTAA BHARDWAJ**	Received Date	31/12/2024 18:20:19
Sex/Age	Female 26 Yrs	Report Date	01/01/2025 14:34:03
Ref. By	DR SHAILENDRA PATAP SINGH	Print Date	01/01/2025 14:38:55
Mobile No.	9456054209 Address GOVIND NAGAR, MATHURA		

Test Name	Value	Unit	Biological Ref Interval
ESTRADIOL (E2), Serum *Method:- Enhance Chemilumenescense Immunoassay*	457.47	pmol/L	Follicular Phase : 97.5 - 592 pmol/L Pre-ovulatory : 685 - 1404 pmol/L Luteal Phase : 120 - 738 pmol/L Post Menopause : 19.7 - 141 pmol/L

Comment:

Estradiol (E2) is the most important form of estrogen found in the body. Most of it is made in and secreted from the ovaries, adrenal cortex, and placenta. Estradiol is responsible for the development and function of reproductive organs and the formation of secondary sex characteristics in women. It promotes breast development and the growth of the outer genitals. E2 levels vary depending on a woman's age and reproductive status. They are a good marker of ovarian function. Though considered the main sex hormones for women, they are also found in men and play a role in bone metabolism and growth in both sexes.

Note: Drug Fulvestrant will increase the apparent concentration of estradiol in women being treated with this drug.

PROGESTERONE **Serum** *Method:- Electro Chemilumenescense Immuno Assay*	3.92	ng/mL	Follicular Phase : 0.2 - 1.5 ng/mL Ovulatory Phase : 0.8 - 3.0 ng/mL Luteal Phase : 1.7 - 27 ng/mL Postmenopause : 0.1 - 0.8 ng/mL

Comment:

Group		Progesterone (ng/ml)
Male		0.2 - 1.4
Female	Follicular phase	0.2 - 1.5
	Ovulatory phase	0.8 - 3.0
	Luteal phase	1.7 - 27
	Postmenopause	0.1 - 0.8

Progesterone is a C-21 steroid hormone involved in the female menstrual cycle, pregnancy and embryogenesis of humans and other species. Progesterone is sometimes called the "hormone of pregnancy", and it has many roles relating to the development of the fetus. Progesterone levels may be monitored in women who have trouble maintaining a pregnancy, as low levels of the hormone can lead to miscarriage. If a woman is receiving progesterone injections to help support her early pregnancy, her progesterone levels may be monitored on a regular basis to help determine the effectiveness of that treatment. Increased progesterone levels also are seen occasionally with luteal ovarian cysts, molar pregnancies, and with a rare form of ovarian cancer.

TSH 3RD GENERATION ULTRASENSITIVE (THYROID STIMULATING HORMONE) *Method:- Enhance Chemilumenescense immunoassay*	3.6100	mIU/L	0.4650 - 4.6800

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Name	**Ms. CHESHTAA BHARDWAJ**	Received Date	31/12/2024 18:20:19
Sex/Age	Female 26 Yrs	Report Date	31/12/2024 18:32:15
Ref. By	DR SHAILENDRA PATAP SINGH	Print Date	01/01/2025 14:38:55
Mobile No.	9456054209 Address GOVIND NAGAR, MATHURA		

Test Name	Value	Unit	Biological Ref Interval
COMPLETE BLOOD COUNT (CBC)			
Hemoglobin (HB) *Method:- Spectrophotometer/Automated cell counter*	**11.9**	g/dL	12.0 - 15.0
Total Leucocyte Count (TLC) *Method:- Impedance/Aumated cell counter*	8440	/cumm	4000 - 11000
Total RBC Count (TRBC) *Method:- Impedance/Aumated cell counter*	**4.48**	millions/cumm	4.50 - 6.50
Hematocrit (PCV) *Method:- Calculated*	36.4	%	35.0 - 45.0
MCV (Mean Corpuscular Volume) *Method:- RBC Histogram derivation*	81.3	fL	80.0 - 100.0
MCH (Mean Corp Hb) *Method:- Calculated*	**26.6**	pg	27.0 - 31.0
MCHC (Mean Corp Hb Conc) *Method:- Calculated*	**32.7**	gm/dL	33.0 - 37.0
Platelet Count *Method:- Impedance/Aumated cell counter*	3.22	Lakh/cmm	1.50 - 4.50
RDW (CV) *Method:- Automated Cell Counter*	13.3	%	11.5 - 14.0
Differential Leucocyte Count *Method:- Flowcytometry/Microscopy*			
Neutrophil	65	%	40 - 70
Lymphocyte	29	%	20 - 45
Monocyte	05	%	00 - 10
Eosinophil	01	%	01 - 07
Basophil	00	%	00 - 00
Absolute Neutrophils count	5.48	10^3/ micro litre	2.00 - 7.00
Absolute Lymphocytes count	2.42	10^3/ micro litre	1.00 - 3.00
Absolute Monocytes count	0.42	10^3// micro litre	0.20 - 1.00
Absolute Eosinophil count (AEC)	0.11	10^3 /micro litre	0.02 - 0.50
Absolute Basophils count	**0.01**	10^3/micro litre	0.02 - 0.10

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Name	**Ms. CHESHTAA BHARDWAJ**	Received Date	31/12/2024 18:20:19
Sex/Age	Female 26 Yrs	Report Date	31/12/2024 18:32:46
Ref. By	DR SHAILENDRA PATAP SINGH	Print Date	01/01/2025 14:38:55
Mobile No.	9456054209 Address GOVIND NAGAR, MATHURA		

Test Name	Value	Unit	Biological Ref Interval
BLOOD GLUCOSE (RANDOM) *Method:- GOD-POD*	91.0	mg/dL	80.0 - 160.0

***** End of Report *****

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