

## Laboratory Results

### Summary Report

PATIENT			SPECIMEN			PROVIDER
Name:	Phone #:	Patient ID #:	Report Status:	Accession #:	Specimen ID:	Requesting HCP1:
Anderton, Tyler	(425) 417-3604	2422993	Final	3317699	LGC-6627-6297-3714	Tiffany Liles
DOB:	Age:	Sex:	Collection Date:	Collection Time:	Type: Plasma (Capillary), Saliva	NPI: 1922480599
05/26/1995	27	M	04/17/2023	5:52 AM		Requesting Practice: LetsGetChecked
MRN#:		Height:	Received Date:	Received Time:		
EMCARN		Weight:	04/19/2023	2:23 PM		
Address:		Race:	Completed Date:	Completed Time:		
1805 Flying Horseshoe Bnd		White	04/19/2023	4:22 PM		
Address2:	County:	Ethnicity:				
Apt 309		Not Hispanic				
City:	State:	Zip Code:				
Georgetown	TX	78628				

#### Ordered Items:

LGC Male Hormone Complete

#### RESULTS SUMMARY

##### CRITICAL RESULTS

##### ABNORMAL RESULTS

Prolactin

#### LAB NOTES

#### ENDOCRINOLOGY

TESTS	FLAG	UNITS	RESULTS	PREVIOUS RESULTS
Cortisol	N/A	ug/dL	1.430 Ref Range: See notes NOTES: Collection Time 06:30 - 11:30 (0.183 ug/dL - 1.142 ug/dL) Collection Time 12:00 - 18:00 (<0.481 ug/dL) For collection at 2300 hr. the normal cortisol concentration is less than 0.183 ug/dL. Patients with Cushings Syndrome have concentrations of 0.183 ug/dL or greater.	N/A
Estradiol	Normal	pg/mL	35 NORMAL Ref Range: <45 pg/mL NOTES:	N/A
Prolactin	High	ng/mL	31.0 HIGH Ref Range: 4.0-15.2 ng/mL NOTES: Increased prolactin levels in healthy people may be normal and can be caused by stress, sleep, exercise, sexual intercourse, and low blood sugar. Increased prolactin is also seen in lactation, pregnancy, and the post-partum state. Multiple medications can also increase prolactin levels. These include estrogens, dopamine blockers/antagonists, some stomach acid reducers, opiates, some high blood pressure medications, anti-depressants, and anti-psychotics. Pathologic causes of elevated prolactin includes prolactinoma (pituitary gland tumor), diseases of the hypothalamus, primary hypothyroidism, compression of the pituitary stalk, chest wall lesions, renal insufficiency, polycystic ovarian disease and ectopic tumors. Falsely elevated levels can also be caused by macroprolactin (prolactin bound to immunoglobulin). This assay shows low reactivity with most forms of macroprolactin. If there is clinical suspicion of macroprolactin follow up testing with a venous blood sample may be required.	N/A
Testosterone	Normal	ng/dL	631 NORMAL Ref Range: 249-836 ng/dL NOTES: Reference intervals may not apply to adults with pubertal delays	N/A
Sex Hormone Binding Globulin	Normal	nmol/L	49.70 NORMAL Ref Range: 17.40-53.60 nmol/L NOTES: Reference intervals may not apply to adults with pubertal delays	N/A

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Free Androgen Index (Calc)	Normal	N/A	<div> <div>44.06</div> <div>NORMAL</div> </div> <div>Ref Range: 36.00-114.00</div>	N/A
NOTES: Reference intervals may not apply to adults with pubertal delays				
Testosterone, Free (Calc)	Normal	ng/dL	<div> <div>10.6</div> <div>NORMAL</div> </div> <div>Ref Range: 4.7-24.4 ng/dL</div>	N/A
NOTES:				