| | | | |
|---|---|---|---|
| Patient Name | : MissADITI KALRA | Collected | : 11/Oct/2018 09:11AM |
| Age/Gender | : 26 Y 3 M 17 D/F | Received | : 11/Oct/2018 10:30AM |
| UHID/MR No | : CKOR.0000147903 | Reported | : 11/Oct/2018 12:31PM |
| Visit ID | : CKOROPV150334 | Status | : Final Report |
| Ref Doctor | : Dr.Dr MEENAKSHI M | | |

## DEPARTMENT OF IMMUNOLOGY

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **FOLLICLE STIMULATING HORMONE (FSH)** , *SERUM* | 4.77 | mIU/mL | | CLIA |

**Comment:**

| REFERENCE GROUP | REFERENCE RANGE IN mIU/mL |
|---|---|
| **FEMALES** | |
| * FOLLICULAR PHASE | 2.5 – 10.2 |
| * MID CYCLE PEAK | 3.4 – 33.4 |
| * LUTEAL PHASE | 1.5 – 9.1 |
| * PREGNANCY | < 0.3 |
| * POST MENOPAUSAL | 23-116 |
| **MALES** | 1.4- 18.1 |

Abnormal FSH levels are interpreted with increased or decreased levels of other fertility hormones such as LH, estrogens, progesterone, and testosterone.

Increased FSH levels are associated with menopause and primary ovarian hypofunction in females and primary hypogonadism in males.Decreased FSH levels are associated with primary ovarian hyperfunction in females and primary hypergonadism in males. Normal or decreased FSH levels are associated with polycystic ovary disease in females.

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## DEPARTMENT OF IMMUNOLOGY

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **LH:LUTEINIZING HORMONE ,** *SERUM* | 6.21 | mIU/mL | | CLIA |

**Comment:**

| REFERENCE GROUP | REFERENCE RANGE IN mIU/mL |
|---|---|
| **FEMALES** | |
| * FOLLICULAR PHASE | 2.1 – 11.0 |
| *MID CYCLE PEAK | 19.2 – 103 |
| *LUTEAL PHASE | 1.2 – 12.8 |
| *PREGNANCY | < 1.5 |
| *POST MENOPAUSAL | 10.8 – 58.6 |
| **MALES** | 1.2 – 8.6 |

Abnormal LH levels are interpreted with increased or decreased levels of other fertility hormones such as FSH, estrogens, progesterone, and testosterone.
Increased LH levels are associated primary ovarian hypogonadism and gonadotropin secreting pituitary tumors. Decreased LH levels are associated with Hypothalamic GnRH deficiency, Pituitary LH deficiency, Ectopic steroid hormone production, GnRH analog treatment.

| | | | |
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## DEPARTMENT OF IMMUNOLOGY

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **PROLACTIN ,** *SERUM* | 22.95 | ng/mL | | CLIA |

**Comment:**

| REFERENCE GROUP | REFERENCE RANGE IN ng/mL |
|---|---|
| **ADULT FEMALES** | |
| * PRE-MENOPAUSAL | 3.3 – 26.7 |
| * PREGNANCY | 9.7 – 208.5 |
| * POST MENOPAUSAL | 2.7 – 19.6 |
| **MALES** | 2.6 – 13.1 |

Normal prolactin secretion varies with time, which results in serum prolactin levels two to three times higher at night than during the day.

Serum prolactin levels during the menstrual cycle are variable and commonly exhibit slight elevations during the mid-cycle.

Prolactin levels in normal individuals tend to rise in response to physiologic stimuli including sleep, exercise, nipple stimulation, sexual intercourse, hypoglycemia, pregnancy, and surgical stress.

Prolactin values that exceed the reference values may be due to macroprolactin (prolactin bound to immunoglobulin). Macroprolactin should be evaluated if signs and symptoms of hyperprolactinemia are absent or pituitary imaging studies are not informative

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## DEPARTMENT OF IMMUNOLOGY

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **TESTOSTERONE, TOTAL ,** *SERUM* | 32.71 | ng/dL | 12.09-59.46 | CLIA |

**Comment:**

Testosterone exhibits significant circadian variations in young men, and early morning samples are recommended.
Increased levels are seen in precocious puberty (males), androgen resistance, CAH, ovarian stromal hyperthecosis.
Decreased levels are seen in delayed puberty (males), gonadotropin deficiency, testicular feminization, estrogen therapy and certain systemic diseases

***** End Of Report *****

Result/s to Follow:
CORTISOL, SERUM (MORNING SAMPLE 8 AM), DEHYDROEPIANDROSTERONE SULPHATE - (DHEAS)

DR. SHALINI SINGH
M.B.B.S, MD
Consultant Pathologist



SIN No:SESPL1081555

**This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Bangalore**

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)
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