Patient Name	: Miss.RITUJA BHATTACHARYA	Collected	: 24/Jul/2022 12:15PM
Age/Gender	: 21 Y 0 M 0 D /F	Received	: 24/Jul/2022 06:05PM
UHID/MR No	: DSPA.0000000366	Reported	: 24/Jul/2022 07:10PM
Visit ID	: DSPAOPV541	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: PCC SILPARA
IP/OP NO	:	Patient location	: Kolkata,Kolkata

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.04	ng/mL	0.7-2.04	
THYROXINE (T4, TOTAL)	9.00	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	**11.870**	µlU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism,TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	**Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)**
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

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UHID/MR No	: DSPA.0000000366	Reported	: 24/Jul/2022 08:16PM
Visit ID	: DSPAOPV541	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: PCC SILPARA
IP/OP NO	:	Patient location	: Kolkata,Kolkata

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
FOLLICLE STIMULATING HORMONE (FSH) , *SERUM*	4.52	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.

Apollo Health and Lifestyle Limited
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For more information contact us at : customer.care@apollodiagnostics.in
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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
LH:LUTEINIZING HORMONE , *SERUM*	11.73	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*	47.97	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.

Increased levels of prolactin upto 100ng/mL are documented with the use of following drugs: Neuroleptics, antidepressants, antipsychotics, medications for nausea such as metoclopramide, birth control pills, estrogen analogs, dopamine antagonists, some blood pressure medications like methyldopa, reserpine, and opiates.

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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
CA -125 , *SERUM*	12.84	U/mL	0-35	ELFA

Comment:

1. This test is not suggested for screening asymptomatic women
2. CA 125 is elevated in over 90% of patients with advanced ovarian cancer. Many other advanced malignancies can also secrete the CA125 antigen such as breast, pancreas, colon, lung, or liver carcinoma. CA125 antigen has also been reported to be elevated in non-malignant conditions
3. Sequential determinations are more useful than a single test, because levels in benign disease do not show significant change but progressive rise occurs in malignant disease
4. Measurements may also be used to monitor response to chemotherapy. Rising level of CA-125 during chemotherapy is associated with tumor progression, and fall to normal is associated with response. It remains elevated in stable or progressive serous carcinoma of the ovary
5. It should be noted that 0.6% of normal women older than 50 years of age have increased levels of CA-125.
6. Normal concentration of CA-125 does not exclude tumor

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

Dr. SOHAM MAZUMDAR
M.D (PATH)
Consultant Pathologist

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