VRIKSH
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info@vrikshfertility.com
www.vrikshfertility.com

Patient Name : MRS. EKTA MISHRA
Age / Gender : 35 years / Female
Mobile No. : 9686390985
Patient ID : 792
Source : Vriksh Fertility

Scan to Validate

Referral : Dr. SNEHA SHETTY
Collection Time : May 05, 2024, 11:00 a.m.
Receiving Time : May 05, 2024, 11:05 a.m.
Reporting Time : May 05, 2024, 06:04 p.m.
Sample ID : 000512624

Test Description	Value(s)	Reference Range		Unit(s)
ESTRODIOL E-2				pg/mL
- Estradiol level Method : CLIA	683.4	Women:		
		Follicular phase	18 - 147	
		Pre-ovulatory peak	93 - 575	
		Luteal phase	43 - 214	
		Menopause	<58	
		Postmenopause	Less than 54.7	
		Pregnancy		
		1st trimister	215 - 4300	
		Childerns (1 - 10 years)	boys - less than 20.0 girls- 6.0 - 27.0	

Comments:
Estrogen tests are used to detect a deficiency or excess in a woman and to help diagnose a variety of conditions associated with this imbalance. They may also be used to help determine the timing of a woman's ovulation and may be ordered to monitor the health status of the developing baby and placenta during pregnancy..Estrogen tests measure one of three components: estrone (E1), estradiol (E2), or estriol (E3). These tests each have different uses.In Girls and WomenEstradiol (E2) and/or estrone (E1) testing may be ordered to:Help diagnose early-onset puberty, when a young girl develops secondary sex characteristics sooner than expected; or delayed puberty, when a girl shows delayed development of secondary sex characteristics or start of menstruationInvestigate menstrual abnormalities, such as lack of menstrual periods (amenorrhea), infertility, and abnormal vaginal bleeding,Evaluate the function of the ovaries and detect ovarian failure,Monitor follicle development in the ovary in the days prior to in vitro fertilization by making serial measurements of estradiolMonitor hormone replacement therapy that is given to assist fertilityMonitor menopausal hormone replacement therapy that is given to alleviate symptoms associated with estrogen deficiency,Detect estrogen-producing tumorsMonitor anti-estrogen therapy, as in breast cancer.

Increased Level	Decreased Level
Feminization syndromes	Failing pregnancy
Precocious puberty	Turner syndrome

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Test Description	Value(s)	Reference Range	Unit(s)
Ovarian tumor		Hypopituitarism	
Testicular tumor		Primary and secondary hypogonadism	
Adrenal tumor		Stein-Leventhal syndrome	
Gonadal tumors		Menopause	
Normal pregnancy		Anorexia nervosa	
Hepatic cirrhosis			
Liver necrosis			
Hyperthyroidism			

Interfering Factors

- Recent administration of radioisotopes may alter test results if RIA methods are used.
- Glycosuria and urinary tract infections (UTIs) can increase urine estriol levels.
- Drugs that may increase levels include adrenocorticosteroids, ampicillin, estrogencontaining drugs, phenothiazines, and tetracyclines.
- Drugs that may decrease levels include clomiphene.

END OF REPORT

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Consultant Pathologist

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Test Description	Value(s)	Reference Range	Unit(s)
Luteinizing Hormone-LH			
Luteinising Hormone-LH	2.34	Women:	mIU/mL
Method : ECLIA		Ovulation peak (15) 9.6 - 80.0	
		Follicular phase :	
		First half (0 to 6) 1.5 - 8.0	
		Second half (7 to 13) 2.0 - 8.0	
		Luteal phase (18 to 30) 0.2 - 6.5	
		Menopause 8 - 33	

Comments:

Luteinizing hormone (LH), is associated with reproduction and the stimulation of the release of an egg from the ovary (ovulation) in women and testosterone production in men, has several uses.In both women and men, LH is often used in conjunction with other tests (FSH, testosterone, estradiol and progesterone):In the workup of InfertilityTo aid in the diagnosis of pituitary disorders that can affect LH productionTo help diagnose conditions associated with dysfunction of the ovaries or testicles

Clinical Use

- Diagnosis of gonadal function disorders
- Diagnosis of pituitary disorders Increased levels
- Primary hypogonadism
- Gonadotropin secreting pituitary tumors
- Menopause
- Luteal phase of menstrual cycle • Polycystic ovarian disease

Decreased levels

- Hypothalamic GnRH deficiency
- Pituitary LH deficiency
- Ectopic steroid hormone production

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Test Description	Value(s)	Reference Range	Unit(s)
• GnRH analog treatment			

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Test Description	Value(s)	Reference Range	Unit(s)
S.ELECTROLYTES			
Sodium	141	135 - 148	mEq/L
Method : Ion Selective Electrodes			
Potassium	4.2	3.5 - 5.5	mEq/L
Method : Ion Selective Electrodes			
Chloride	101	97 - 108	mEq/L
Method : Ion Selective Electrodes			

Comments:

A low level of blood sodium(hyponatremia) may be due to losing too much sodium, most commonly from conditions such diarrhea, vomiting, excessive sweating, use of diuretics, kidney disease or low levels of cortisol, aldosterone and sex hormones. A high blood sodium level (hypernatremia) is almost always caused by losing too much water (dehydration) without drinking enough water.

Low potassium levels (hypokalemia) may be seen in conditions such as diarrhea and vomiting, hyperaldosteronism, a complication of acetaminophen overdose, in diabetes, the potassium level may fall after someone takes insulin, particularly if the person has not managed his or her diabetes well. High potassium levels (hyperkalemia) may be seen in conditions such as kidney disease, injury to tissue, infection, diabetes,dehydration.

A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease.

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Test Description	Value(s)	Reference Range	Unit(s)
CALCIUM	9.0	8.6 - 10.3	mg/dL
cium			

Method : Arsenazo

Comments

The most common cause of low total calcium is: • Low blood protein levels, especially a low level of albumin, which can result from liver disease or malnutrition, both of which may result from alcoholism or other illnesses. • Underactive parathyroid gland (hypoparathyroidism) • Inherited resistance to the effects of parathyroid hormone • Extreme deficiency in dietary calcium • Decreased levels of vitamin D • Magnesium deficiency • Increased levels of phosphorus • Acute inflammation of the pancreas (pancreatitis) • Renal failure

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