



**Ms. WOLLEY ANGELA**  
  
PID NO: P36180008830  
Age: 30 Year(s) Sex: Female

**Reference:**  
Sample Collected At:  
GILEAD MEDICAL & DENTAL CENTER  
HOUSE NO BALB NO C896/3,KANDA  
HIGHWAY NORTH RIDGE,ACCRA-  
14911.  
014911

**VID: 36180109175**  
  
Registered On:  
18/07/2018 11:21 AM  
Collected On:  
18/07/2018  
Reported On:  
19/07/2018 02:35 PM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>FSH - Follicle Stimulating Hormone</b> (Serum)	8.20	mIU/mL	Normal Menstruating Women Follicular Phase : 3.0 - 12.0 Mid Cycle Phase : 8.0 - 22.0 Luteal Phase : 2.0 - 12.0 Post Menopausal : 35.0 - 151.0
<b>LH- Luteinizing hormone</b> (Serum,CMIA)	4.20	mIU/mL	Follicular phase: 2.4-12.6 Midcycle peak: 14.0-95.66 Luteal phase: 1.0-11.4 Post menopausal: 7.7-58.5 Post Menopausal: 7.7-58.2

**Interpretation :**

Intact PTH has been demonstrated to be labile and is susceptible to fragmentation. This instability depends on both time and temperature . In room temperature EDTA sample stability is 8 hours and serum is for 4 hours. At 4degree C. EDTA sample stability is 72 hours and serum is for 48 hours.



Page 1 of 3 \*\*Referred **Mr. David Adjei Adu** the sample as received  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Prolactin</b> (Serum,CMA)	18.20	ng/mL	5.18-26.53

### Interpretation:

Prolactin secretion from pituitary shows significant diurnal, episodic and cyclical variations. Following is a suggested approach to hyperprolactinaemia in females -

Serum Prolactin levels	Interpretation	Remark "
<b>5.18 to 26.53 ng/ml</b>	<b>Normal</b>	<b>Biological Reference Interval "</b>
26.53 to 50 ng/ml	Mild prolactin excess	Often seen with physiological conditions like physical/emotional stress, exercise, pregnancy, lactation, etc. This may not be associated with clinical hyperprolactinaemia & needs review after a month"
51 to 75 ng/ml	Moderate prolactin excess	Often associated with clinical hyperprolactinaemia(short luteal phase,oligomenorrhea), hypothyroidism (often subclinical), macroprolactinaemia."
Above 100 ng/ml	Marked prolactin excess	Often associated with clinical hyperprolactinaemia- hypogonadism, amenorrhea, galactorrhea, hypothyroidism (often subclinical), macroprolactinaemia."
Above 200 ng/ml	Marked prolactin excess	Often associated with pituitary adenoma requiring further workup. High levels may be repeated with tripooled sample.

### References :

1. Diagnosis & Treatment of hyperprolactinaemia. The endocrine society clinical practice guideline, 2011
2. Diagnosis & Management of hyperprolactinemia. Canadian Medical Association CMAJ .Sept.16, 2003;169(6)

Page 2 of 3 <sup>\*\*Referred</sup> **Mr. David Adjei Adu** sample as received  
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Investigation	Observed Value	Unit	Biological Reference Interval
<b>HCG Beta Subunit, Serum</b>			
<b>HCG Beta Subunit</b> (Serum,CMIA)	Below 1.2	mIU/mL	Less than 5.3
<b>Post LMP Period</b>	--		

Pregnant Woman - Weeks of gestation(Gest.)	Weeks post Last Menstrual Period (LMP)	Range(mIU/ml)
1.3 to 2	3.3 to 4	16 to 156
2 to 3	4 to 5	101 to 4,870
3 to 4	5 to 6	1,110 to 31,500
4 to 5	6 to 7	2,560 to 82,300
5 to 6	7 to 8	23,100 to 151,000
6 to 7	8 to 9	27,300 to 233,000
7 to 11	9 to 13	20,900 to 291,000
11 to 16	13 to 18	6,140 to 103,000
16 to 21	18 to 23	4,720 to 80,100
21 to 39	23 to 41	2,700 to 78,100

-- End of Report --

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