

Name	Ms. KIRAN KASODHAN	Age	38 Years
Lab No.	471847202	Gender	Female
Ref By	Dr. KGP HOSPITAL	Reported	29/10/2024 07:00:50 PM
Collected	29/10/2024 05:49:00 PM	Report Status	Final
A/c Status	P	Processed At	APRL
Collected At	KGP HOSPITAL	SILVER FORTUNE, GF-01, 7/A, Shreenagar Society, Nr. Jain Temple, Akota, Vadodara 390020, Gujarat	

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Prolactin, Serum	20.870	ng/mL	Male: 4.4-15.2 Female (not-pregnant): 4.79-23.3
ECLIA Sample			

Since prolactin is secreted in a pulsatile manner and is also influenced by a variety of physiologic stimuli, it is recommended to test 3 specimens at 20-30 minute intervals after pooling. Major circulating form of Prolactin is a nonglycosylated monomer, but several forms of Prolactin linked with immunoglobulin occur which can give falsely high Prolactin results. Macroprolactin assay is recommended if prolactin levels are elevated, but signs and symptoms of hyperprolactinemia are absent or pituitary imaging studies are normal.

Clinical Use

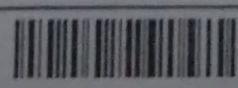
Diagnosis & management of pituitary adenomas
Differential diagnosis of male & female hypogonadism

Elevated Levels

Physiologic: Sleep, stress, postprandially, pain, coitus, pregnancy, nipple stimulation or nursing
Systemic disorders: Chest wall or thoracic spinal cord lesions, Primary / Secondary hypothyroidism, Renal insufficiency, Chronic renal failure, Cirrhosis

Medications:

Psychiatric medications like Phenothiazine, Haloperidol, Risperidone, Domperidone, Cloxetine, Amitriptylene, MAO inhibitors etc.,
Antihypertensives: Alphamethyldopa, Reserpine, Verapamil
Narcotics: Heroin, Methadone, Morphine, Apomorphine
Estrogens
Oral contraceptives
Cimetidine / Ranitidine





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Test Report

Prolactin secreting pituitary tumors: Prolactinoma, Acromegaly
Miscellaneous: Polycystic ovarian disease, Epileptic seizures, Ectopic secretion of prolactin by non-pituitary tumors, pressure / transaction of pituitary stalk, macroprolactinemia
Idiopathic

Increased levels

Pituitary deficiency: Pituitary necrosis / infarction
Bromocriptine administration
Pseudohypoparathyroidism

TSH (ECLIA)	3.49	μU/mL	0.27 - 4.2
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