REFERRAL LABO

Lal PathLabs

18483

OPD

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 SILVER FORTUNE, GF-01, 7/A, Shreenagar Society, Nr. Jain Temple, Akota, Vadodara 390020, Gujarat
Collected At	: KGP HOSPITAL		

Test Report

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

te

Since prolactin is secreted in a pulsatile manner and is also influenced by a variety of physiologic
nuli, 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
nunoglobulin occur which can give falsely high Prolactin results.
Macroprolactin assay is recommended if prolactin levels are elevated, but signs and symptoms of
perprolactinemia are absent or pituitary imaging studies are normal

nical Use

iagnosis & management of pituitary adenomas
fferential diagnosis of male & female hypogonadism

reased Levels

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

edications:

sychiatric medications like Phenothiazine, Haloperidol, Risperidone, Domperidone,
oexetine, Amitriptylene, MAO inhibitors etc.,
ntihypertensives: Alphamethyldopa, Reserpine, Verapamil
piates: Heroin, Methadone, Morphine, Apomorphine
strogens
al contraceptives
imetidine / 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

Decreased levels

Pituitary deficiency: Pituitary necrosis / infarction
Bromocriptine administration
Pseudohypoparathyroidism

TSH (ECLIA)	3.49	µU/mL	0.27 - 4.2