

Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name : Mrs. CL52 **Billing Date** 07/07/202312:19:22 : 35 Yrs Sample Collected on Age 10/07/2023 10:01:31 : Female Sample Received on 10/07/2023 11:02:13 Sex : P1000100012670 Report Released on P. ID No. 14/07/2023 18:57:37 : 10002304726 Accession No Barcode No. 10002304726-01

Referring Doctor: Self

Referred By Ref no.

Report Status - Final

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Test Name	Result	Biological Ref. Interval	Unit

BIOCHEMISTRY

Estradiol (E2) 651.00 5.00 - 4300.00 pg/mL Sample: Serum

Method: FCLIA

Follicular Phase 12.5 - 166 Ovulatory Phase 85.5 - 498 Luteal Phase 43.8 - 211 Post Menopause 5 - 54.7

Pregnancy 1st Trimester 215 - 4300

Estradiol (E2)

Clinical Significance:

Estradiol (E2) levels are low in hypogonadism. If low E2 levels are associated with high luteinizing hormone (LH) and follicle stimulating hormone (FSH) levels, it is indicative of primary gonadal failure. The main causes are genetic, autoimmune and toxic (eg, related to chemotherapy or radiation therapy for malignant disease). If LH/FSH levels are low or normal, it is indicative of hypogonadotrophic hypogonadism. This may be due to functional causes, such as starvation, overexercise, severe physical or emotional stress, heavy drug and/or alcohol use and due to organic disease of the hypothalamus or pituitary. Irregular or absent menstrual periods with normal or high E2 levels are seen in possible polycystic ovarian syndrome, androgen producing tumors, or estrogen producing tumors. E2 levels also change during the menstrual cycle. Levels are low Post-menses and then rise during the follicular phase to a pre-ovulatory peak, and fall in the luteal phase. Low baseline levels and a lack of rise, as well as persistent high levels without midcycle rise, are indicative of anovulatory cycles.

** End of Report**

Dr. Aarti Khanna Nagpal

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NATIONAL REFERENCE LAB



