Pathkind Labs

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. CL80**	Billing Date	:	07/07/2023 12:19:52
Age	:	35 Yrs	Sample Collected on	:	10/07/2023 10:01:31
Sex	:	Female	Sample Received on	:	10/07/2023 11:02:13
P. ID No.	:	P1000100012695	Report Released on	:	15/07/2023 11:00:01
Accession No	:	**10002304751**	Barcode No.	:	10002304751-01
Referring Doctor	:	Self			
Referred By	:		Ref no.	:	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
		BIOCHEMISTRY	
Hormone Levels: LH, FSH & PRL			
Follicle-Stimulating Hormone (FSH) *Sample: Serum* *Method: ECLIA*	4.56	Follicular Phase : 3.5 - 12.5 Ovulatory Phase : 4.7 - 21.5 Luteal Phase : 1.7 - 7.7 Postmenopausal : 25.8 - 134.8	mIU/mL
Luteinizing Hormone (LH) *Sample: Serum* *Method: ECLIA*	12.0	Follicular Phase : 2.4 - 12.6 Ovulatory Phase : 14.0 - 96.0 Luteal Phase : 1.0 - 11.4 Postmenopausal : 7.7 - 59.0	mIU/mL
Prolactin (PRL) *Sample: Serum* *Method: ECLIA*	20.0	6.0 - 29.9	ng/mL

Follicle-Stimulating Hormone (FSH)

Clinical Significance :

FSH levels are raised In both males and females in primary hypogonadism.,primary gonadal failure, Complete testicular feminization syndrome,Precocious puberty and Menopause. Normal or decreased FSH are seen in Polycystic ovary disease.

Luteinizing Hormone (LH)

Clinical Significance :

Lutenizing Hormone (LH) levels are raised in both males and females in primary hypogonadism, menopause, Complete testicular feminization syndrome, Precocious puberty , Primary ovarian hypodysfunction in females and Polycystic ovary disease in females. LH is decreased in Primary ovarian hyperfunction in females , Primary hypergonadism in males and in both males and females in failure of the pituitary or hypothalamus.

Prolactin (PRL)

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Customer Care: 75000-75111

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

1. Prolactin is secreted in a pulsatile manner and is also influenced by a variety of physiologic stimuli, it is recommended to test pooled sample ie 3 specimens at 20-30 minute intervals.
2. 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.
3. 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

Increased Levels
* Physiologic: Sleep, stress, postprandially, pain, coitus, pregnancy, nipple stimulation or nursing
* Systemic disorders: Chest wall or thoracic spinal cord lesions, Primary / Secondary hypothyroidism, Adrenal insufficiency, Chronic renal failure, Cirrhosis
* Medications:
    * Psychiatric medications like Phenothiazine, Haloperidol, Risperidone, Domperidone, Fluoexetine, Amitriptylene, MAO inhibitors etc.,
    * Antihypertensives: Alphamethyldopa, Reserpine, Verapamil
    * Opiates: Heroin, Methadone, Morphine, Apomorphine
    * Estrogens
    * Oral contraceptives
    * Cimetidine / Ranitidine
* 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

** End of Report**

Dr. Aarti Khanna Nagpal
DNB (Pathology)
Senior Consultant

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