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. CL96**	Billing Date	:	07/07/2023 12:20:13
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.	:	P1000100012707	Report Released on	:	15/07/2023 17:34:46
Accession No	:	**10002304763**	Barcode No.	:	10002304763-01, 10002304763-02, 10002304763-04, 10002304763-03
Referring Doctor	:	Self			
Referred By	:		Ref no.	:	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
PCOD Panel			
Fasting Plasma Glucose *Sample: Fluoride Plasma - F* *Method: Hexokinase*	98	74 - 99	mg/dL
Glucose Post-Prandial *Sample: Fluoride Plasma - PP* *Method: Hexokinase*	**149 H**	Normal : 70-140 Impaired Glucose Tolerance : 141-199 Diabetes : >200	mg/dL
Insulin Fasting *Sample: Serum* *Method: ECLIA*	12.60	2.60 - 24.90	µU/mL
Insulin PP (Post Prandial) *Sample: Serum-PP* *Method: ECLIA*	25.0	5.0 - 55.0	µU/mL
Luteinizing Hormone (LH) *Sample: Serum* *Method: ECLIA*	5.3	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
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
Prolactin (PRL) *Sample: Serum* *Method: ECLIA*	25.6	6.0 - 29.9	ng/mL
Testosterone Total *Sample: Serum* *Method: ECLIA*	**1.00 H**	0.06 - 0.82	ng/mL
Testosterone Free *Sample: Serum* *Method: ELISA*	23.00	Pre- Menopausal : 0.0 - 1.70 Post- Menopausal : 0.0 - 2.34	pg/mL

Glucose Post-Prandial

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COMMENTS / INTERPRETATION:

Any of the following results, confirmed on a subsequent day, can be considered diagnostic for diabetes:
-Fasting plasma or serum glucose > or =126 mg/dL after an 8-hour fast
-2-Hour plasma or serum glucose > or =200 mg/ dL during a 75-gram oral glucose tolerance test (OGTT)
-Random glucose >200 mg/dL, plus typical symptoms

Patients with "impaired" glucose regulation are those whose fasting serum or plasma glucose fall between 101 and 126 mg/dL, or whose 2-hour value on oral glucose tolerance test fall between 140 and 199 mg/dL. These patients have a markedly increased risk of developing type 2 diabetes and should be counseled for lifestyle changes and followed up with more testing.

Insulin Fasting

Clinical Significance :

Insulin is a hormone produced in the pancreas and it regulates the uptake and utilization of glucose. Type 1 diabetes (insulin-dependent diabetes) is caused by insulin deficiency due to destruction of insulin-producing pancreatic islet cells. Type 2 diabetes is characterized by insulin resistance. Insulin levels may be increased in patients with pancreatic beta cell tumors (insulinoma).
Insulin levels generally decline in patients with type 1 diabetes mellitus. In the early stage of type 2 diabetes, insulin levels are either normal or elevated. In the late stage of type 2 diabetes, insulin levels decline.

Insulin PP (Post Prandial)

No standard reference range has been established for Insulin PP in any standard textbook. However, some studies have mentioned a range of 5-55 µU/mL which may be used for clinical purposes.

Clinical Significance :

Insulin is a hormone produced in the pancreas and it regulates the uptake and utilization of glucose. Type 1 diabetes (insulin-dependent diabetes) is caused by insulin deficiency due to destruction of insulin-producing pancreatic islet cells. Type 2 diabetes is characterized by insulin resistance. Insulin levels may be increased in patients with pancreatic beta cell tumors (insulinoma).
Insulin levels generally decline in patients with type 1 diabetes mellitus. In the early stage of type 2 diabetes, insulin levels are either normal or elevated. In the late stage of type 2 diabetes, insulin levels decline.

Luteinizing Hormone (LH)

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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.

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.

Prolactin (PRL)

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

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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

Testosterone Total

Clinical Significance :

Testosterone is the major androgenic hormone and is responsible for the development of the external genitalia and secondary sexual characteristics in males. It is an estrogen precursor in females, and in both genders, it has some anabolic effects and also influences behavior. High levels of testosterone during childhood leads to premature puberty in boys and masculinization in girls. Elevated levels in adult women results in varying degrees of virilization, including hirsutism, acne, oligo-amenorrhea and infertility. Mild-to-moderate testosterone elevations may be asymptomatic in males.Common causes of pronounced elevations of testosterone include congenital adrenal hyperplasia, adrenal, testicular, and ovarian tumors and abuse of testosterone or gonadotrophins by athletes.Low levels of testosterone is usually due to testicular failure in males, which can be primary, secondary or tertiary. It causes partial or complete hypogonadism and also causes some changes in the secondary sexual characteristics and the reprodictive function.In females, low levels of teststerone causes decline in libido and nonspecific mood changes.

Testosterone Free

COMMENTS / INTERPRETATION :

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- Free testosterone is a measure of biologically active testosterone, the value of which is unaffected by the variations in the transport proteins.
- The measurement of Free Testosterone is useful mainly in the evaluation of male hypogonadism and female hyperandrogenic states.
- Only 2-3 % of testosterone is unbound and free.

** End of Report**

Dr. Saloni Garg
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