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	:	**Mr. SP600**	Billing Date	:	07/07/2023 12:33:00
Age	:	35 Yrs	Sample Collected on	:	10/07/2023 10:01:31
Sex	:	Male	Sample Received on	:	10/07/2023 11:02:13
P. ID No.	:	P1000100012989	Report Released on	:	15/07/2023 10:42:59
Accession No	:	**10002305045**	Barcode No.	:	10002305045-01
Referring Doctor	:	Self			
Referred By	:		Ref no.	:	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Acne Panel (Male & Female)			
Estradiol (E2) *Sample: Serum* *Method: ECLIA*	**12.20 L**	23.80 - 60.70 11.4 - 43.2	pg/mL
Progesterone *Sample: Serum* *Method: ECLIA*	1.500		ng/mL
Dehydroepiandrosterone-Sulfate (DHEAS) *Sample: Serum* *Method: ECLIA*	440.0	160.0 - 449.0	µg/dL
Testosterone Total *Sample: Serum* *Method: ECLIA*	6.32	2.80 - 8.00	ng/mL

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.

Progesterone

Clinical Significance :

Progesterone is synthesized in the adrenal glands, corpus luteum, and placenta. Evaluation of progesterone levels is done to ascertain whether

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

ovulation occurred in a menstrual cycle, for assessment of infertility, evaluation of abnormal uterine bleeding, evaluation of placental health in high-risk pregnancy, determining the effectiveness of progesterone injections when administered to women to help support early pregnancy and in workup of some patients with adrenal disorders.

Increased progesterone levels are seen with some ovarian cysts, molar pregnancies, rare forms of ovarian cancer, adrenal cancer, congenital adrenal hyperplasia, and testicular tumors. Low progesterone levels are seen in toxemia in late pregnancy, decreased ovarian function, amenorrhea, ectopic pregnancy, and miscarriage.

Dehydroepiandrosterone-Sulfate (DHEAS)

COMMENTS / INTERPRETATION :

- DHEA-S results should be interpreted in light of total clinical presentation of the patient.
- It is helpful in differentgial diagnosis of hirsutism, all forms of androgenization, hyperprolactenemia, PCOD and androgen producing tumors of adrenal cortex.

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.

** End of Report**

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