

LABORATORY TEST REPORT

Name	: Ms. APOORVA		
Sample ID	: B2622904		
Age/Gender	: 33 Years/Female	Reg. No	: 0312504200012
Referred by	: Dr. K N PRASAD	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Apr-2025 09:15 AM
Primary Sample	: Whole Blood	Received On	: 20-Apr-2025 02:42 PM
Sample Tested In	: Serum	Reported On	: 21-Apr-2025 12:54 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Dehydroepiandrosterone Sulphate-(DHEA-S)	98.2	µg/dL	35 - 430

(Method: CLIA)

Interpretation:

- DHEA stands for dehydroepiandrosterone. It is a weak male hormone (androgen) produced by the adrenal glands in both men and women.
- This test is done to check the function of the two adrenal glands. One of these glands sits above each kidney. They are one of the major sources of androgens in women.
- Although DHEA-sulfate is the most abundant hormone in the body, its exact function is still not known.
- In men, the male hormone effect may not be important if testosterone level is normal.
- In women, DHEA contributes to normal libido and sexual satisfaction.
- The DHEA-sulfate test is often done in women who show signs of having excess male hormones. Some of these signs are male body changes, excess hair growth, oily skin, acne, irregular periods, or problems becoming pregnant.
- The test is also done in children who are maturing too early (precocious puberty).
- **An increase in DHEA-sulfate may be due to:**
 - A common genetic disorder called congenital adrenal hyperplasia.
 - A tumor of the adrenal gland, which can be benign or be a cancer.
- **A decrease in DHEA sulfate may be due to:**
 - Adrenal gland disorders that produce lower than normal amounts of adrenal hormones, including adrenal insufficiency and Addison disease
 - The pituitary gland not producing normal amounts of its hormones (hypopituitarism)

*** End Of Report ***




DR. LAVANYA LAGISETTY
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*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Biological Reference Interval
Testosterone Free <small>(Method: ELISA)</small>	2.15	pg/mL	0-2.85

Interpretation :

- Most circulating testosterone is bound to sex hormone-binding globulin (SHBG), a lesser fraction is albumin bound and a small proportion exists as free hormone. Testosterone is weakly bound to serum albumin and dissociates freely in the capillary bed, and is readily available for tissue uptake.
- All non-SHBG-bound testosterone is considered bioavailable.
- During childhood, increase production of testosterone causes premature puberty in boys and masculinization in girls. In adult women, excess testosterone production can cause virilization, including hirsutism, acne, oligo-amenorrhea, or infertility.
- Common causes of pronounced elevations of testosterone include genetic conditions (eg, congenital adrenal hyperplasia); adrenal, testicular, and ovarian tumors etc.
- Decreased testosterone in females causes mild symptoms like some decline in libido and nonspecific mood changes. In males, it results in partial or complete degrees of hypogonadism.
- Measurement of total testosterone may not be sufficient for diagnosis but is helpful if it is combined with measurements of LH and follicle-stimulating hormone. However, these tests may be insufficient for diagnosis of mild abnormalities of testosterone homeostasis, particularly if abnormalities in function and levels of SHBG are present.
- Additional measurements of free testosterone or bioavailable testosterone are recommended in this situation.



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Primary Sample	: Whole Blood	Report Status	: Final Report
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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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PRL(Prolactin) 16.77 ng/mL Refer Table
 (Method: CLIA)

Interpretation:

Age	Reference Range: Male (ng/mL)	Reference Range: Female(ng/mL)
Puberty Tanner Stage		
1	< 10.0	3.6-12.0
2-3	< 6.1	2.6-18.0
4-5	2.8-11.0	3.2-20.0
Adult	2.1-17.7	Nonpregnant :2.8-29.2 Pregnant :9.7-208.5 Postmenopausal :1.8-20.3

- Prolactin is a 23kD sized hormone produced by the lactotroph cells of the pituitary gland, a grape-sized organ found at the base of the brain. Normally present in low amounts in men and non-pregnant women, prolactin's main role is to promote lactation (breast milk production).
- Breast milk production that is not related to childbirth (galactorrhea)
- Erection problems in men
- Irregular or no menstrual periods (amenorrhea)

Testosterone Total 7.72 ng/dL Refer Table
 (Method: CLIA)

Interpretation:
(Testosterone Reference Ranges)

Age	Reference Range Male(ng/dL)	Reference Range Female(ng/dL)
Newborn(1-15days)	75-400	20-64
1-5 Months	1-177	1-5
6-11 Months	2-7	2-5
Children:		
1-5 Year	2-25	2-10
6-9 Year	3-30	2-20
Puberty Tanner Stage		
1	2-23	2-10
2	5-70	5-30
3	15-280	10-30
4	105-545	15-40
5	265-800	10-40
Adult	241-827	14-76

- Testosterone is a steroid hormone (androgen) made by the testes in males. Its production is stimulated and controlled by luteinising hormone (LH), which is manufactured in the pituitary gland. In males, testosterone stimulates development of secondary sex characteristics, including enlargement of the penis, growth of body hair and muscle, and a deepening voice. It is present in large amounts in males during puberty and in adult males to regulate the sex drive and maintain muscle mass. Testosterone is also produced by the adrenal glands in both males and females and, in small amounts, by the ovaries in females. The body can convert testosterone to oestradiol, the main sex hormone in females. There is great variability in testosterone levels between men and it is normal for testosterone levels to decline as men get older. Hypogonadism in a male refers to a reduction in sperm and/or testosterone production.



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