

Patient Name : Mr MR.DUMMY	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 04, 2024, 05:56 PM
Patient ID / UHID : 8052841/RCL7249328	Barcode No : ZC624880
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

Test Description	Value(s)	Unit(s)	Reference Range
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**Hirsutism Panel - Essential**

**Testosterone Total**

Testosterone Total ECLIA	432.0	ng/dL	Males(20-49 years of age) 249 - 836 Males (>=50 years of age) 193 - 740
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**Interpretation:**

**Reference values for Males (7-18 years) characterized by Tanner Stage**

Tanner Stage	5-95th percentiles (ng/dL)
1	< 2.5
2	< 2.5 - 432
3	64.9 - 778
4	180 - 763
5	188 - 882

**Reference values for females (8-18 years) characterized by Tanner Stage**

Tanner Stage	5-95th percentiles (ng/dL)
1	<2.5 - 6.1
2	<2.5 - 10.4
3	<2.5 - 23.7
4	<2.5 - 26.8
5	4.6 - 38.3

**Note**

- All applications that require measurement of very low level of testosterone ( eg hypogonadal men, children, virilization or intersex disorders in women etc) recommended test is Testosterone total, Ultrasensitive
- LC-MS/MS is the gold standard for steroid hormone assays due to increased sensitivity & specificity as compared to immunoassays

**Clinical Use**

Assessment of testicular function in males

**Increased levels**

- Precocious puberty (Males)
- Androgen resistance
- Testotoxicosis
- Congenital Adrenal Hyperplasia

**Decreased levels**

- Delayed puberty ( Males)
- Gonadotropin deficiency
- Testicular defects
- Systemic diseases

**Dr. Dummy**



Booking Centre :- DEMO PARTNER CHENNAI, DEMO PARTNER CHENNAI  
Processing Lab :-

928-909-0609

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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

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**Dehydroepiandrosterone Sulfate (DHEAS)**

DHEAS (Dehydroepiandrostedione Sulphate)	354.0	µg/dL	211 - 492
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**Interpretation:**

	Age (years)	Bio. Reference Interval (µg/dL)
<b>Children</b>	<1 week	108-607
	1 - 4 weeks	31.6-431
	1 - 12 months	3.4-124
	1 - 4 years	0.47-19.4
	5 - 9 years	2.8-85.2
<b>Females</b>	10 - 14 years	33.9-280
	15 - 19 years	65.1-368
	20 - 24 years	148-407
	25 - 34 years	98.8-340
	35 - 44 years	60.9-337
	45 - 54 years	35.4-256
	55 - 64 years	18.9-205
	65 - 74 years	9.40-246
	≥ 75	12.0-154
<b>Males</b>	10 - 14 years	24.4-247
	15 - 19 years	70.2-492
	20 - 24 years	211-492
	25 -34 years	160-449
	35 - 44 years	88.9-427
	45 - 54 years	44.3-331
	55 - 64 years	51.7-295
	65 - 74 years	33.6-249
	≥ 75	16.2-123

**Clinical Use**

1. Marker for Adrenal cortical function and disease
2. Differential diagnosis of virilized patient. In patients with virilizing tumors, DHEAS levels usually exceed 7000 µg/dL.

**Increased levels**

1. Congenital Adrenal Hyperplasia



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Test Description	Value(s)	Unit(s)	Reference Range
2. Adrenal carcinoma 3. Virilizing tumors of the Adrenal gland 4. Cushing's disease, pituitary dependent			
<b>Decreased Levels</b> 1. Addison's disease 2. Adrenal hypoplasia			

**Testosterone Free**

TESTOSTERONE, FREE, SERUM <i>CLIA</i>	34.0	pg/mL	15 - 50
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**Interpretation:**  
**Comments:**  
Testosterone circulates in blood bound to three proteins: sex hormone binding globulin (SHBG, 60-80%), albumin and cortisol binding globulin. About 1 - 2% of the total circulating testosterone remains unbound or free. Measurement of free testosterone permits the estimation of the biologically active hormone. Free testosterone determination is recommended to overcome the influences caused by variations in transport proteins on the total testosterone concentration. High concentration of SHBG (as seen in obesity, advanced age etc) may mask true deficit in testosterone levels. In Polycystic Ovarian Syndrome and related conditions, there is often significant insulin resistance, which is associated with low SHBG levels. Consequently, bioavailable or free testosterone levels may be more significantly elevated.

**Clinical Use**  
As second-level test for suspected increases or decreases in physiologically active testosterone

- To assess androgen status in cases with suspected or known sex hormone-binding globulin-binding abnormalities
- To assess functional circulating testosterone in early pubertal boys and older men
- To assess functional circulating testosterone in women with symptoms or signs of hyperandrogenism but normal total testosterone levels

\*\*\* End Of Report \*\*\*

**Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.**

**Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.**



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