Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

Prepared For

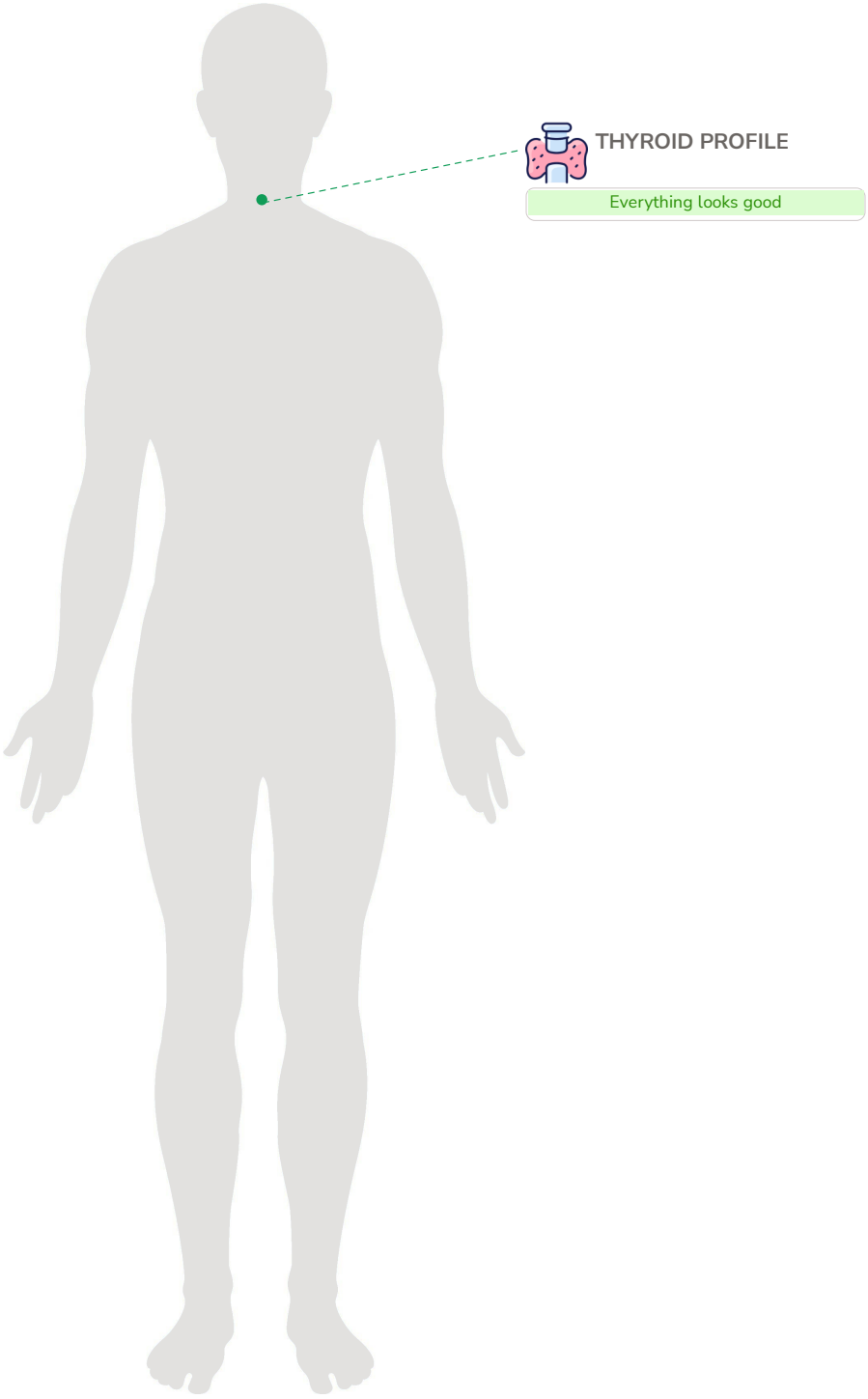
Mr MR.DUMMY

M 23

SMART HEALTH REPORT

Name	Patient ID	Gender	Age
Mr MR.DUMMY	8052842	M	23

Health Summary



LABORATORY REPORT

Redcliffe labs

Patient Name	: **Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052842/RCL7249347	Report Date	: May 08, 2024, 12:55 PM
Referred By	: Dr. Dr. X	Barcode No	: ZC663992
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range

OvaScreen Basic

TSH 3rd Generation

Thyroid Stimulating Hormone (Ultrasensitive) *ECLIA*	3.2	mIU/L	0.27 - 4.20

Interpretation:

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pitutary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pitutary diseases.

Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen, androgen, antibiotics, steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

Luteinizing Hormone (LH)

Luteinising Hormone-LH *CMIA*	7.43	mIU/mL	Normal Males - 0.57 - 12.07

Interpretation:
Clinical Use
· Diagnosis of gonadal function disorders
· Diagnosis of pituitary disorders
Increased levels
· Primary hypogonadism
· Gonadotropin secreting pituitary tumors
Decreased levels
· Hypothalamic GnRH deficiency
· Pituitary LH deficiency
· Ectopic steroid hormone production
· GnRH analog treatment

Dr. Dummy

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

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Follicle Simulating Hormone (FSH)

Follicle Stimulating Hormone-FSH *CMIA*	7.45	mIU/mL	Males 0.95 - 11.95

Interpretation:
Clinical Use
· Diagnosis of gonadal function disorders
· Management and treatment of infertility in both genders
Increased levels
· Primary hypogonadism
· Gonadotropin secreting pituitary tumors
Decreased levels
· Hypothalamic GnRH deficiency
· Pituitary FSH deficiency
· Ectopic steroid hormone production

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Prolactin (PRL)

Prolactin *CMIA*	17.4	ng/mL	3.46 - 19.40

Interpretation:
Note:
1. Since prolactin is secreted in a pulsatile manner and is also influenced by a variety of physiologic stimuli, it is recommended to test 3 specimens at 20-30 minute intervals after pooling.
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
· **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

Cimetidine / Ranitidine
· Prolactin secreting pituitary tumors: Prolactinoma, Acromegaly
· Miscellaneous: 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

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Estradiol (E2)

ESTRADIOL(E2), SERUM *ECLIA*	40.0	pg/mL	

Interpretation:

Population	Bio. Ref. Ranges in pg/mL
Normal Menstruating Females:	
Follicular Phase	21 - 251
Mid-Cycle Phase	38 - 649
Luteal Phase	21 - 312
Postmenopausal Females not on HRT	<10 - 28
Postmenopausal Females on HRT	<10 - 144
Males	11 - 44

HRT = Hormone Replacement Therapy

Note
1.All applications that require measurement of very low level of estradiol (eg men, children, post menopausal women, hypogonadal women etc) recommended test is Estradiol, Ultrasensitive
2. LC- MS/MS is the gold standard for steroid hormone assays due to increased sensitivity & specificity as compared to immunoassays

Clinical Use
1. Determine estrogen status in women
2. Monitor follicular development during induction of ovulation
3. Assess estrogen production in males

Increased Levels
1. Precocious puberty (female)
2. Male gynecomastia
3. Liver disease
4. Ovarian tumors
5. Adrenal feminizing tumors

Decreased Level
1. Oral contraceptives
2. Ovarian failure

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Progesterone

Progesterone *ECLIA*	0.015	ng/ml	

Interpretation:

Normal Menstruating Females	
Follicular Phase	<0.1 - 0.3
Luteal Phase	1.2 - 15.9
Postmenopausal Females	<0.1 - 0.2
Pregnant Females	
First Trimester	2.8 -147.3
Second Trimester	22.5 -95.3
Third Trimester	27.9 -242.5
Males	<0.1-0.2

*** 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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2. It is to be presumed that the tests performed pertain to the specimen/sample attributed to the Customer's name or identification. It is presumed that the verification particulars have been cleared out by the customer or his/her representation at the point of generation of said specimen / sample. It is hereby clarified that the reports furnished are restricted solely to the given specimen only.

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