

Patient Name	: Mr MR.DUMMY		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8053327/RCL7248087	Report Date	: May 25, 2024, 05:57 PM.
Referred By	: Dr. Dr. X	Barcode No	: HY587120
Sample Type	: Whole blood EDTA	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Menopause Screening Panel

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>Spectrophotometry</i>	8	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	2.5	10 ⁶ /μl	4.5 - 5.5
PCV <i>Calculated</i>	25.2	%	40 - 50
MCV <i>Calculated</i>	99.5	fl	83 - 101
MCH <i>Calculated</i>	31.7	pg	27 - 32
MCHC <i>Calculated</i>	31.9	g/dL	31.5 - 34.5
RDW (CV) <i>Calculated</i>	15.4	%	11.6 - 14.0
RDW-SD <i>Calculated</i>	59	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	5.9	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils <i>Flow-cytometry DHSS</i>	77	%	40-80
Lymphocytes <i>Flow-cytometry DHSS</i>	20	%	20-40
Monocytes <i>Flow-cytometry DHSS</i>	2	%	2-10
Eosinophils <i>Flow-cytometry DHSS</i>	1	%	1-6
Basophils <i>Flow-cytometry DHSS</i>	0	%	<2
Absolute Leukocyte Counts <i>Calculated</i>			
Neutrophils.	4.54	10 ³ /μl	2 - 7
Lymphocytes. <i>Calculated</i>	1.18	10 ³ /μl	1 - 3
Monocytes. <i>Calculated</i>	0.12	10 ³ /μl	0.2 - 1.0
Eosinophils. <i>Calculated</i>	0.06	10 ³ /μl	0.02 - 0.5
Basophils.	0	10 ³ /μl	0.02 - 0.5



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Processing Lab :-

928-909-0609

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Calculated			
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	160	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) <i>Calculated</i>	9.8	fL	9.3 - 12.1
PCT <i>Calculated</i>	0.1	%	0.17 - 0.32
PDW <i>Calculated</i>	16.3	fL	8.3 - 25.0
P-LCR <i>Calculated</i>	31.6	%	18 - 50
P-LCC <i>Calculated</i>	46	%	44 - 140
Mentzer Index <i>Calculated</i>	39.8	%	> 13

Interpretation:

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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Patient ID / UHID : 8053327/RCL7248087		Report Date : May 08, 2024, 12:51 PM.	
Referred By : Dr. Dr. X		Barcode No : ZC667512	
Sample Type : Serum		Report Status : Final Report	
Test Description	Value(s)	Unit(s)	Reference Range

Follicle Stimulating Hormone (FSH)

Follicle Stimulating Hormone-FSH CMIA	5.12	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	15.5	ng/mL	3.46 - 19.40
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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, Fluoxetine, 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

5423.0

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	11.0	ng/ml	
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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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