

Patient NAME :		Report STATUS :	
DOB/Age/Gender :		Barcode NO :	
Patient ID / UHID :		Sample Type :	
Referred BY :)	Report Date :	
Sample Collected :			

Test Description	Value(s)	Unit(s)	Reference Range
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Female Hormones Screening

Luteinizing Hormone (LH)

Luteinising Hormone-LH <i>ECLIA</i>	65	mIU/mL	<p>Female</p> <p>Follicular phase 2.4 - 12.6</p> <p>Ovulation phase 14.0 - 95.6</p> <p>Luteal phase 1.0 - 11.4</p> <p>Postmenopause</p> <p>Without hormone therapy - 7.7 - 58.5</p> <p>Under hormone therapy - 0.7 - 52.7</p>
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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



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Follicle Stimulating Hormone (FSH)

Follicle Stimulating Hormone-FSH <i>Serum, CLIA</i>	75.6	mIU/mL	Follicular 2.50 - 10.20 Mid Cycle Peak 3.40 - 33.40 Luteal Phase 1.50 - 9.10 Post Menopausal 23.00 - 116.30 Pregnant 0.30
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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 ECLIA	11.0	ng/mL	4.0 - 18.5
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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
 4. Kindly note Serum prolactin for lactating mothers is 79-400 ng/ml.

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: Alpramethyldopa, 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 / transection of pituitary stalk, macroprolactinemia
- Idiopathic

Decreased levels

- Pituitary deficiency: Pituitary necrosis / infarction
- Bromocriptine administration
- Pseudohypoparathyroidism

*** End Of Report ***



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