

Dr. Vinay Chopra
 MD (Pathology & Microbiology)
 Chairman & Consultant Pathologist

Dr. Yugam Chopra
 MD (Pathology)
 CEO & Consultant Pathologist

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|-----------------------|--|--------------------------|------------------------|
| NAME | : Miss. SHAHNAJ | PATIENT ID | : 1590897 |
| AGE/ GENDER | : 20 YRS/FEMALE | REG. NO./LAB NO. | : 012408250044 |
| COLLECTED BY | : | REGISTRATION DATE | : 25/Aug/2024 11:45 AM |
| REFERRED BY | : | COLLECTION DATE | : 25/Aug/2024 11:55AM |
| BARCODE NO. | : 01515692 | REPORTING DATE | : 25/Aug/2024 01:27PM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

ENDOCRINOLOGY
TESTOSTERONE: TOTAL

| | | | |
|-----------------------------|------|-------|------------|
| TESTOSTERONE - TOTAL: SERUM | 0.18 | ng/mL | 0.0 - 0.80 |
|-----------------------------|------|-------|------------|

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:

1. Testosterone is secreted in females by the ovary and formed indirectly from androstenedione in adrenal glands.
2. In males it is secreted by the testes. It circulates in blood bound largely to sex hormone binding globulin (SHBG). Less than 1% of the total testosterone is in the free form.
3. The bioavailable fraction includes the free form and that "weakly bound" to albumin (40% of the total in men and 20% of the total in women) and bound to cortisol binding globulin (CBG). It is the most potent circulating androgenic hormone.
4. The total testosterone bound to SHBG fluctuates since SHBG levels are affected by medication, disease, sex steroids and insulin.

CLINIC USE:

1. Assessment of testicular functions in males
2. Management of hirsutism and virilization in females

INCREASED LEVELS:

1. Precocious puberty (Males)
2. Androgen resistance
3. Testotoxicosis
4. Congenital Adrenal Hyperplasia
5. Polycystic ovarian disease
7. Ovarian tumors

DECREASED LEVELS:

1. Delayed puberty (Males)
2. Gonadotropin deficiency
3. Testicular defects
4. Systemic diseases




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| BARCODE NO. | : 01515692 | REPORTING DATE | : 25/Aug/2024 03:08PM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

17 - ALPHA HYDROXY PROGESTERONE

| | | | |
|---|------|-------|-------------|
| 17 - ALPHA - HYDROXY PROGESTERONE: SERUM | 1.08 | ng/mL | 0.50 - 2.40 |
|---|------|-------|-------------|

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:-

| | | |
|--------------------------------|-------|-------------|
| MEN | ng/mL | 0.5 - 2.4 |
| PRE MENOPAUSAL WOMEN | | |
| Follicular Phase | ng/mL | 0.15 - 1.10 |
| Luteal Phase | ng/mL | 0.70 - 3.10 |
| POST MENOPAUSAL WOMEN | ng/mL | 0.08 - 1.30 |
| NEW BORN (5 -30 DAYS) | ng/mL | 0.70 - 2.50 |
| CHILDREN (3 - 14 YEARS) | ng/mL | 0.05 - 2.00 |

1.17-Hydroxy Progesterone is a steroid derived from enzymatic metabolism of Progesterone and 17-Hydroxy Pregnenolone. It is converted enzymatically to Androstenedione and 11-Deoxycortisol.

2.It is produced in both the gonads and adrenal glands.

3.It is excreted into the urine in conjugated and unconjugated forms of 17-Hydroxy Progesterone and as Pregnanetriol.

4.This assay measures the total of the conjugated and unconjugated forms.

5.Levels of urine 17-Hydroxy Progesterone are greatly increased in patients with Polycystic Ovarian Disease and Congenital Adrenal Hyperplasia and show exaggerated responses to ACTH in these cases.

6.17-Hydroxy Progesterone is the marker steroid for determining cases of 21a-Hydroxylase Deficient Congenital Adrenal Hyperplasia.

7.Urine levels are frequently elevated in patients with idiopathic hirsutism.

*** End Of Report ***




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