

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

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

NAME : Mr. DINESH
AGE/ GENDER : 32 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01522986
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1708325
REG. NO./LAB NO. : 012412250037
REGISTRATION DATE : 25/Dec/2024 12:31 PM
COLLECTION DATE : 25/Dec/2024 12:33PM
REPORTING DATE : 25/Dec/2024 02:05PM

Test Name	Value	Unit	Biological Reference interval
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ENDOCRINOLOGY
TESTOSTERONE: TOTAL

TESTOSTERONE - TOTAL: SERUM by CMA (CHEMILUMINESCENT PARTICLE IMMUNOASSAY)	2.96	ng/mL	0.47 - 9.80
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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

*** End Of Report ***



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