PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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Acc / CENDER : 29 YRS/Male PATIENT ID : 160408 CDLICTED BY :: . REG. NO./LAB NO. : 122409030025 REFERED BY :: . Solo 477 . COLLECTION DATE : 03 / Sop / 2024 11:33 MA BACCODE NO. ::Solo 477 . COLLECTION DATE ::03 / Sop / 2024 11:33 MA CLIENT CODE ::KR JAIN HEALTHCARE INSTITUTE REPORTING DATE ::03 / Sop / 2024 05:07PM CLIENT ADDRESS ::NSIRPUR, HISSAR ROAD, AMBALA CITY - HARYAN Biological Reference Interval PROLACTIN FROMOCRINOLOGY PROLACTIN PROLACTINS PROLACTINS Biological Reference Interval MEMOPENTATION 16.64 ng/mL 3-25 MEMOPENTATION 16.64 ng/mL 3-25 MEMOPENTATION 16.64 ng/mL 3-25 PROLACTINS Secreted by the anterior pitulitary gland and controlled by the hypothatamus. 1.00401118 secretion from the pitulitary. MEMOPENTATION 10.64 ng/mL 3-25 Prolactins the steriour stimulation of milk production. Interval Midduals. Interval Midduals. MEMOPENTATION 10.64 ng/mL 3-25 Prolactins the	NAME	: Dr. RACHNA			
REFERED BY I: REGISTRATION DATE I::03/Sep/2024 11:31 AM BARCODE NO. I::2504477 COLLECTION DATE I::03/Sep/2024 11:38 AM CLIENT CODE I::EXR JAIN HEALTHCARE INSTITUTE REPORTING DATE I::03/Sep/2024 05:07PM CLIENT ADDRESS I:NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA I::03/Sep/2024 05:07PM Test Name Value Unit Biological Reference interval PROLACTIN PROLACTIN I::04 0::02 POLAL CITIN I::04 0::04 0::02 POLACTIN I::06:4 ng/mL 3 - 25 PROLACTIN I::06:4 ng/mL 3 - 25 Prolactin is secreted by the anterior pituitary gland and controlled by the hypothalamus. I::06:4 ng/mL 3 - 25 Physiological function of prolactin secretion is dopamine, which inhibits prolactin secretion from the pituitary. 3. Physiological function of prolactin secretion is dopamine, which inhibits prolactin secretion from the pituitary denoma (prolactinnem, which is 5 times more frequent in females than males). 3. Physiological function of prolactin is the stimulation, sexual intercourse, hypoglycemia, postpartum period, and also is elevated in to newborn infant. NOREASD (HYPERPROLACTEMIA): I:Prolactin issee of the hypothalamus. 3. Physiological function of prolactin is the	AGE/ GENDER	: 29 YRS/Male]	PATIENT ID	: 1600408
BARCODE NO. : 12504477 COLLECTION DATE : 03/Sep/2024 11:38AM CLIENT CODE : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 03/Sep/2024 05:07PM CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA Test Name Value Unit Biological Reference interval ENDOCRINOLOGY PROLACTIN PROLACTIN: SERUM 16.64 ng/mL 3 - 25 by CMA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY) MITERPRETAIND: 1.Prolactin is secreted by the anterior pitultary gland and controlled by the hypothalamus. 2.The major chemical controlling prolactine secretion is dopamine, which inhibits prolactin secretion from the pitultary. 3.Physiological function of prolactin is the stimulation, sexual intercourse, hypoglycemia, postpartum period, and also is elevated in the MICREASC (MYERPROLACTEMA): 1.Prolactin secreting pitultary adenoma (prolactinoma, which is 5 times more frequent in females than males). 3.Pringing hypothyroidism. 3.Pring hypothyroidism. 4. In Noss of libido, galactorrhea, oligomHypeprolactinemia often results enorrhea or amenorphae, and infertilly in premenopausal females. 3.Dranker, Pring hypothyroidism. 4. In noss of libido, impotence, Infertility, and hypothyroidism in males. Postmenopausal and premenopausal domen as well as men, c	COLLECTED BY	:]	REG. NO./LAB NO.	: 122409030025
CLENT CODE. P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE :03/Sep/2024 05:07PM CLENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA Test Name Value Unit Biological Reference interval Extra Name Value Unit Biological Reference interval PROLACTIN ENDOCRINOLOGY PROLACTIN PROLACTIN Sector 1000000000000000000000000000000000000	REFERRED BY	:]	REGISTRATION DATE	: 03/Sep/2024 11:31 AM
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ENDOCRINOLOGY PROLACTIN PROLACTIN by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY) NTERPERTATION: 1.Prolactin is secreted by the anterior pituitary gland and controlled by the hypothalamus. 2.The major chemical controlling prolactin secretion is dopamine, which inhibits prolactin secretion from the pituitary. 3.Physiological function of prolactin is the stimulation of milk production. In normal individuals, the prolactin level rises in response to physiologic stimuli such as sleep, exercise, nipple stimulation, sexual intercourse, hypoglycemia, postpartum period, and also is elevated in to newborn infant. NCREASED (HYPERPROLACTEMIA): 1.Prolactin-secreting pituitary adenoma (prolactinoma, which is 5 times more frequent in females than males). 2.Functional and organic clisease of the hypothalamus. 3.Primary hypothyriodism. 4. Section compression of the pituitary stalk. 5.Chest wall lesions and renal failure. 6.Ectopic tumors. 7.DRUGS:- Anti-Dopaminergic drugs like antipsychotic drugs, antinausea/antiemetic drugs. Drugs that affect CNS serotonin metabolism, serotor receptors, or serotonin reuptake (anti-depressants of all classes, ergot derivatives, some illegid drugs such as cannable). Antihypertensive dri Copiates, High doses of estrogen or progesterone, anticonvulsants (valporic acid), anti-luberculous medications (Isoniazid). SiGNIFCANCE: 1.In loss of libido, galactorrhea	CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMB	ALA CITY - HAF	RYANA	
PROLACTIN PROLACTIN: SERUM 16.64 ng/mL 3 - 25 by CMM (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY) Interpretention 1.1 Interpretention 1.1 1.1 1.1 1.1 1.1 Prolactin is secreted by the anterior pituitary gland and controlled by the hypothalamus. 1.1 1.1 2.1 The major chemical controlling prolactin secretion is dopamine, which inhibits prolactin secretion from the pituitary. 3.1 1.1 3.1 Physiological function of prolactin is the stimulation of milk production. In normal individuals, the prolactin level rises in response to physiologic function of prolactin secretise, nipple stimulation, sexual intercourse, hypoglycemia, postpartum period, and also is elevated in the newborn infant. 1.1 Prolactin-secreting pituitary adenoma (prolactinoma, which is 5 times more frequent in females than males). 2.1 2.1 Intorian and organic disease of the hypothalamus. 3.1 3.1 Prolactin-secreting pituitary stalk. 5. 5. Chest wall lesions and renal failure. 1.1 1.1 1.0 ROS glibido, inpotence, infertility, and hypogonadism in males. Postmenopausal and premenopausal medications (Isoniaid). Stolitication, sprolactin news of strongen or progesterone, anticonvulsants (valporic acid), anti-tuberculous medications (Isoniaid).	Test Name		Value	Unit	Biological Reference interval
 PROLACTIN: SERUM 16.64 ng/mL 3 - 25 <i>INTERPRETATION:</i> 1. Frolactin is secreted by the anterior pituitary gland and controlled by the hypothalamus. 2. The major chemical controlling prolactin secretion is dopamine, which inhibits prolactin secretion from the pituitary. 3. Physiologic stimuli such as sleep, exercise, nipple stimulation of milk production. In normal individuals, the prolactin level rises in response to physiologic stimuli such as sleep, exercise, nipple stimulation, sexual intercourse, hypoglycemia, postpartum period, and also is elevated in to newborn infant. INCREASED (HYPERPROLACTEMIA): 1. Prolactin-secreting pituitary adenoma (prolactinoma, which is 5 times more frequent in females than males). 2. Functional and organic disease of the hypothalamus. 3. Primary hypothyroidism. 4. Section compression of the pituitary stalk. 5. Chest wall lesions and renal failure. 6. Ectopic tumors. 7. DRUGS: - Anti-Dopaminergic drugs like antipsychotic drugs, antinausea/antiemetic drugs, Drugs that affect CNS serotonin metabolism, serotor rogesterone, anticonvulsants (valporic acid), anti-tuberculous medications (Isoniazid). SIGNIFICANCE: 1. In loss of libido, galactorrhea, oligomHyperprolactinemia often results enorthea or amenorthea, and infertility in premenopausal females. 2. In males, prolactin levels >27 ang/mL are indicative of hyperprolactinemia. 3. In males, prolactin levels >27 ang/mL are indicative of hyperprolactinemia. 4. In women, prolactin levels >25 ang/mL are usually associated with a prolactin levels <100 ng/mL. 4. Mild to moderately increased levels of serum prolactinemia are often absent in patients with serum prolactin levels <100 ng/mL. 4. Mild to moderately increased levels of serum prolactinem			ENDOCF	RINOLOGY	
<i>by</i> CMA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY) <u>INTERPRETATION:</u> 1. Prolactin is secreted by the anterior pituitary gland and controlled by the hypothalamus. 2. The major chemical controlling prolactin secretion is dopamine, which inhibits prolactin secretion from the pituitary. 3. Physiological function of prolactin is the stimulation of milk production. In normal individuals, the prolactin level rises in response to physiologic stimuli such as sleep, exercise, nipple stimuliation, sexual intercourse, hypoglycemia, postpartum period, and also is elevated in the whom infant. INCREASED (HYPERPROLACTEMIA): 1. Prolactin-secreting pituitary adenoma (prolactinoma, which is 5 times more frequent in females than males). 2. Functional and organic disease of the hypothalamus. 3. Primary hypothyroidism. 4. Section compression of the pituitary stalk. 5. Chest wall lesions and renal failure. 6. Ectopic tumors. 7. DRUGS:- Anti-Dopaminergic drugs like antipsychotic drugs, antinausea/antiemetic drugs, Drugs that affect CNS serotonin metabolism, serotor receptors, or serotonin reuptake (anti-depressants of all classes, ergot derivatives, some illegal drugs such as cannabis). Antihypertensive dru (popiates, High doses of estrogen or progesterone, anticonvulsants (valporic acid), anti-tuberculous medications (Isoniazid). SIGNIFCANCE: 1. In loss of libido, impotence, infertility, and hypogonadism in males. Postmenopausal and premenopausal women, as well as men, can also sulf from decreased muscle mass and osteoporosis. 3. In males, prolactin levels > 37 mg/mL are indicative of hyperprolactinemia. 4. In women, prolactin levels > 27 ng/mL are indicative of hyperprolactinemia. 5. Clear symptoms and signs of hyperprolactinemia are often absent in patients with serum prolactin evels < 100 ng/mL. 4. Mild to moderately increased levels of serum prolactinemia are often absent in patients with serum prolactin evels < 100 ng/mL. 4. Mild to moderately increased levels of serum prolactinemia a			PRO	LACTIN	
INTERPRETATION: 1. Prolactin is secreted by the anterior pituitary gland and controlled by the hypothalamus. 2. The major chemical controlling prolactin secretion is dopamine, which inhibits prolactin secretion from the pituitary. 3. Physiological function of prolactin is the stimulation of milk production. In normal individuals, the prolactin level rises in response to physiologic stimuli such as sleep, exercise, nipple stimulation, sexual intercourse, hypoglycemia, postpartum period, and also is elevated in the newborn infant. INCREASED (HYPERPROLACTEMIA): 1. Prolactin-secreting pituitary adenoma (prolactinoma, which is 5 times more frequent in females than males). 2. Functional and organic disease of the hypothalamus. 3. Primary hypothyroidism. 4. Section compression of the pituitary stalk. 5. Chest wall lesions and renal failure. 6. Ectopic tumors. 7. JRUGS: Anti-Dopaminergic drugs like antipsychotic drugs, antinausea/antiemetic drugs, Drugs that affect CNS serotonin metabolism, serotor receptors, or serotonin reuptake (anti-depressants of all classes, ergot derivatives, some illegal drugs such as cannabis), Antihypertensive drugopiates. Scherik (Calactorrhea, oligom/Hyperprolactinemia often results enorrhea or amenorrhea, and infertility in premenopausal females. 1. In loss of libido, impotence, infertility, and hypogonadism in males. Postmenopausal and premenopausal women, as well as men, can also sulf from decreased muscle mass and osteoporosis. 3. In males, prolactin levels >13 ng/mL are indica				ng/mL	3 - 25
	2.Functional and orga 3.Primary hypothyroi 4.Section compressio 5.Chest wall lesions a 6.Ectopic tumors. 7.DRUGS:- Anti-Dopai receptors, or seroton ,Opiates, High doses (SIGNIFICANCE: 1.In loss of libido, impo from decreased music 3. In males, prolactin I 4. In women, prolactin 5.Clear symptoms and 4. Mild to moderately adenoma is present, 1 CAUTION: Prolactin values that (inic disease of the hypothalamus. dism. n of the pituitary stalk. and renal failure. minergic drugs like antipsychotic dr in reuptake (anti-depressants of al of estrogen or progesterone,anticc actorrhea, oligomHyperprolactiner tence, infertility, and hypogonadis le mass and osteoporosis. evels >13 ng/mL are indicative of hy o levels >27 ng/mL in the absence of d signs of hyperprolactinem are of i increased levels of serum prolacti 5. Whereas levels >250 ng/mL are u exceed the reference values may b	rugs, antinausea I classes, ergot onvulsants (valp mia often result m in males. Pos pregnancy and p often absent in p n are not a relia isually associate e due to macro	a/antiemetic drugs, Drugs derivatives, some illegal oric acid), anti-tuberculo s enorrhea or amenorrhe tmenopausal and premer a. postpartum lactation are i batients with serum prola able guide for determinin ed with a prolactin-secret prolactin (prolactin boun	that affect CNS serotonin metabolism, serotor drugs such as cannabis), Antihypertensive drug us medications (Isoniazid). ea, and infertility in premenopausal females. nopausal women, as well as men, can also suff <i>indicative of hyperprolactinemia.</i> ictin levels <100 ng/mL. g whether a prolactin-producing pituitary ing tumor. d to immunoglobulin). Macroprolactin should t
*** End Uf Report ***		l symptoms of hyperprolactinemia	are absent, or p	bituitary imaging studies	
		**/	" Ena Ut Re	port	





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT

NOT VALID FOR MEDICO LEGAL PURPOSE

440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600. **REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)**

