



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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NAME : Mrs. MONIKA
AGE/ GENDER : 30 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12505010
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1630877
REG. NO./LAB NO. : 122410010008
REGISTRATION DATE : 01/Oct/2024 09:31 AM
COLLECTION DATE : 01/Oct/2024 09:57AM
REPORTING DATE : 01/Oct/2024 05:48PM

Test Name	Value	Unit	Biological Reference interval
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ENDOCRINOLOGY TESTOSTERONE: TOTAL

TESTOSTERONE - TOTAL: SERUM	0.25	ng/mL	0.0 - 0.80
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by CMIA (CHEMILUMINESCENT PARTICLE 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

*** End Of Report ***



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