

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

A PIONEER DIAGNOSTIC CENTRE

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NAME : Mr. DHEERAJ

AGE/ GENDER : 30 YRS/MALE **PATIENT ID** : 1647686

COLLECTED BY REG. NO./LAB NO. : 122410190010

REFERRED BY **REGISTRATION DATE** : 19/Oct/2024 11:33 AM BARCODE NO. **COLLECTION DATE** : 19/Oct/2024 03:15PM : 12505246 CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 19/Oct/2024 04:29PM

CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

Value Unit **Biological Reference interval** Test Name

ENDOCRINOLOGY

TESTOSTERONE: TOTAL

6.31 TESTOSTERONE - TOTAL: SERUM ng/mL 0.47 - 9.80

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. Assesment of testicular functions in males
- 2. Management of hirsutism and virilization in females

INCREASED LEVELS:

- 1. Precocious puberty (Males)
- 2. Androgen resistance
- 3.Testoxicosis
- 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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