



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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NAME : Mrs. VARINDER KAUR
AGE/ GENDER : 34 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12505286
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1649985
REG. NO./LAB NO. : 122410220007
REGISTRATION DATE : 22/Oct/2024 10:06 AM
COLLECTION DATE : 22/Oct/2024 10:09AM
REPORTING DATE : 22/Oct/2024 04:40PM

Test Name	Value	Unit	Biological Reference interval
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ENDOCRINOLOGY

PROLACTIN

PROLACTIN: SERUM

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

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. DRUGS:- Anti-Dopaminergic drugs like antipsychotic drugs, antinausea/antiemetic drugs, Drugs that affect CNS serotonin metabolism, serotonin receptors, or serotonin reuptake (anti-depressants of all classes, ergot derivatives, some illegal drugs such as cannabis), Antihypertensive drugs, Opiates, High doses of estrogen or progesterone, anticonvulsants (valproic acid), anti-tuberculous medications (Isoniazid).

SIGNIFICANCE:

1. In loss of libido, galactorrhea, oligomenorrhea, hyperprolactinemia often results in amenorrhea or menorrhagia, and infertility in premenopausal females.
2. Loss of libido, impotence, infertility, and hypogonadism in males. Postmenopausal and premenopausal women, as well as men, can also suffer from decreased muscle mass and osteoporosis.
3. In males, prolactin levels >13 ng/mL are indicative of hyperprolactinemia.
4. In women, prolactin levels >27 ng/mL in the absence of pregnancy and postpartum lactation are indicative of hyperprolactinemia.
5. Clear symptoms and signs of hyperprolactinemia are often absent in patients with serum prolactin levels <100 ng/mL.
4. Mild to moderately increased levels of serum prolactin are not a reliable guide for determining whether a prolactin-producing pituitary adenoma is present, 5. Whereas levels >250 ng/mL are usually associated with a prolactin-secreting tumor.

CAUTION:

Prolactin values that exceed the reference values may be due to macroprolactin (prolactin bound to immunoglobulin). Macroprolactin should be evaluated if signs and symptoms of hyperprolactinemia are absent, or pituitary imaging studies are not informative.

*** End Of Report ***



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