



# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

**A PIONEER DIAGNOSTIC CENTRE**

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**NAME** : Mr. YOGESH KUMAR  
**AGE/ GENDER** : 56 YRS/MALE  
**COLLECTED BY** :  
**REFERRED BY** :  
**BARCODE NO.** : 12506966  
**CLIENT CODE.** : P.K.R JAIN HEALTHCARE INSTITUTE  
**CLIENT ADDRESS** : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

**PATIENT ID** : 1325056  
**REG. NO./LAB NO.** : 122502120004  
**REGISTRATION DATE** : 12/Feb/2025 08:35 AM  
**COLLECTION DATE** : 12/Feb/2025 09:26AM  
**REPORTING DATE** : 12/Feb/2025 05:06PM

Test Name	Value	Unit	Biological Reference interval
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## ENDOCRINOLOGY TESTOSTERONE: TOTAL

TESTOSTERONE - TOTAL: SERUM 5.61 ng/mL 1.26 - 10.20  
by CMA (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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