

REPORT

Name	: Mrs. NANDINI	Sample ID	: A0012986
Age/Gender	: 20 Years/Female	Reg. No	: 0312401230024
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Jan-2024 01:04 PM
Primary Sample	: Whole Blood	Received On	: 23-Jan-2024 03:34 PM
Sample Tested In	: Serum	Reported On	: 23-Jan-2024 04:29 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Beta- Human Chorionic Gonodotropin Hormone	<2.0	mIU/mL	Refer to Interpretation	CLIA

Interpretation:

- A quantitative human chorionic gonadotropin (HCG) test measures the specific level of HCG in the blood. HCG is a hormone produced in the body during pregnancy.
- HCG appears in the blood and urine of pregnant women as early as 10 days after conception. Quantitative HCG measurement helps determine the exact age of the fetus. It can also assist in the diagnosis of abnormal pregnancies, such as ectopic pregnancies, molar pregnancies, and possible miscarriages. It is also used as part of a screening test for Down syndrome.
- This test is also done to diagnose abnormal conditions not related to pregnancy that can raise HCG level.

Non Pregnant Females: < 10.0 mIU/mL

Post Menopausal Females: < 10.0 mIU/mL

Pregnancy

Gestational Age and Expected hCG Values (mIU/mL)	Gestational Age and Expected hCG Values (mIU/mL)	Gestational Age and Expected hCG Values (mIU/mL)
0.2-1 weeks: 10-50	1-2 weeks : 50-500	2-3 weeks : 500-10,000
3-4 weeks : 1000-50,000	5-6 weeks : 10,000-100,000	6-8 weeks : 15,000-200,000
2-3 months : 10,000-100,000		



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Test Name	Results	Units	Ref. Range	Method
PRL(Prolactin)	9.22	ng/mL	Refer Table	CLIA

Interpretation:

Age	Reference Range: Male (ng/mL)	Reference Range: Female(ng/mL)
Puberty Tanner Stage		
1	< 10.0	3.6-12.0
2-3	< 6.1	2.6-18.0
4-5	2.8-11.0	3.2-20.0
Adult	2.1-17.7	Nonpregnant :2.8-29.2 Pregnant :9.7-208.5 Postmenopausal :1.8-20.3

- Prolactin is a 23kD sized hormone produced by the lactotroph cells of the pituitary gland, a grape-sized organ found at the base of the brain. Normally present in low amounts in men and non-pregnant women, prolactin's main role is to promote lactation (breast milk production).
- Breast milk production that is not related to childbirth (galactorrhea)
- Erection problems in men
- Irregular or no menstrual periods (amenorrhea)

*** End Of Report ***

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Anti Mullerian Hormone (AMH)	3.417	ng/mL	Refer Table	CLIA

Age Ranges in Females:	Fertility Ranges:
18-25 Years: 0.96-13.34 ng/mL	26-30 Years: 0.17-7.37 ng/mL
31-35 Years: 0.07-7.35 ng/mL	36-40 Years: 0.03-7.15 ng/mL
41-45 Years: < 3.27 ng/mL	> 46 Years: < 1.15 ng/mL
Male Reference Range: 0.73-16.05 ng/mL	
Optimal Fertility: 4.0-6.8 ng/mL Satisfactory Fertility: 2.2-4.0 ng/mL Low Fertility: 0.3-2.2 ng/mL	

OVER VIEW:
Antimullerian hormone (AMH), also called müllerian inhibiting substance, is a glycoprotein that regulates reproductive duct development. Its presence in the fetal male causes regression of the müllerian (female) ducts which then allows for the wolffian (male) ducts to develop. AMH is produced by the Sertoli cells of the testis beginning around 6 weeks gestation; levels remain elevated until puberty. In the female fetus, the absence of AMH allows the müllerian ducts to develop into the fallopian tubes, uterus, and upper 2/3 of the vagina. The hormone is secreted by the granulosa cells of preantral and small antral follicles of the ovaries and begins to be detected around 36 weeks gestational age. AMH levels are low in female children until puberty. They typically remain constant during the reproductive years and then decline steadily with age as the number of follicles decrease. AMH is undetectable at menopause.

- Clinical Significance:**
- Assess gonadal function in children
 - Evaluation of infants with ambiguous genitalia and other intersex conditions.
 - Evaluating testicular function in infants and children including cryptorchidism and anorchidism.
 - Aid in the assessment of infrequent or absent menses, including premature ovarian insufficiency, polycystic ovarian syndrome and menopause.
 - Assessing ovarian status including follicle development, ovarian reserve, and ovarian responsiveness, as part of an evaluation for infertility and assisted reproduction protocols such as in vitro fertilization (IVF).
 - Assessing ovarian function prior to, during, and following gonadotoxic cancer treatment in premenopausal women.
 - Diagnosing and monitoring patients with AMH-secreting ovarian granulosa cell tumors.

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Liver Function Test (LFT)				
Bilirubin(Total)	0.4	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	17	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	20	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	76	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	33	U/L	5-55	IFCC
Protein - Total	6.8	g/dL	6.4-8.2	Biuret
Albumin	4.0	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.8	g/dL	2.0-4.2	Calculated
A:G Ratio	1.43	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	0.85			

- **Alanine Aminotransferase(ALT)** is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.
- **Aspartate Aminotransferase (AST)** is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.
- **Alkaline phosphate (ALP)** is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.
- **Gamma-glutamyl Transpeptidase (GGTP)** is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.
- **Bilirubin** is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.
- **Albumin** is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

Correlate Clinically.

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