



Laboratory Investigation Report

Name : Ms. MUNEERA S R A S ALRANDI

DOB : 17/08/1974

Age / Gender : 49 Y / Female

Referred by : Peshawar Medical Center LLC
Centre : Peshawar Medical Center LLC

Ref No. : 39537

Sample No. : 2406432901

Collected : 18/06/2024 21:00 **Registered** : 19/06/2024 13:34

Reported : 19/06/2024 16:35

ENDOCRINOLOGY

Test Result Flag Unit Reference Range Methodology

ESTRADIOL (E2) 106 pg/mL Follicular Phase: 19.5 - 144.2 ECLIA

Mid Cycle Peak: 63.9 - 356.7 Luteal Phase: 55.8 - 214.2 Post Menopausal: 0.00 - 32.2

Interpretation Notes:

Table 1, Females			
Tanner Stage #	Mean Age	Reference Range	
Stage I (>14 days and prepubertal)	7.1 years	Undetectable - 20 pg/mL	
Stage II	10.5 years	Undetectable - 24 pg/mL	
Stage III	11.6 years	Undetectable - 60 pg/mL	
Stage IV	12.3 years	15 - 85 pg/mL	
Stage V	14.5 years	15 - 350 pg/mL **	

Table 2, Males				
Tanner Stage #	Mean Age	Reference Range		
Stage I (>14 days and prepubertal)	7.1 years	Undetectable - 13pg/mL		
Stage II	12.1 years	Undetectable - 16 pg/mL		
Stage III	13.6 years	Undetectable - 26 pg/mL		
Stage IV	15.1 years	Undetectable - 38 pg/mL		
Stage V	18 years	10 - 40 pg/mL		

Increased level is seen in early puberty, tumors in the ovaries or testes, gynecomastia, hyperthyroidism, cirrhosis of liver.

Decreased level is seen in menopause, Turner syndrome, ovarian failure, polycystic ovarian syndrome (PCOS), depleted estrogen production, which can be caused by low body fat, hypopituitarism, hypogonadism.

PROGESTERONE 5.27 ng/mL Postmenopause :0.108-0.151 ECLIA

1st trimester : 39.6-48.9 2nd trimester : 78.9-99.1 3rd trimester : 191-260 Follicular phase 0.183-0.282 Ovulation:1.94-6.09

Luteal phase: 13.5-20.3

Interpretation Notes:

Progesterone is increased in congenital adrenal hyperplasia , ovarian cancer, adrenal cancer.

Progesterone is decreased in primary or secondary hypogonadism and short luteal phase syndrome, lack of periods, ectopic pregnancy, miscarriage and fetal death.

Dr. Adley Mark Fernandes Dr. Vyoma V Shah
M.D (Pathology) M.D (Pathology)
Pathologist Clinical Pathologist

P.O Box: 49527

Pradeep Dhamotharan

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Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.





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Flag Unit Result Methodology **Test Reference Range**

TESTOSTERONE (TOTAL) 0.67 nmol/L 0.29 - 1.67 **ECLIA**

> Please note change in method and reference range.

Source: Roche IFU.

Interpretation Notes:

Tanner Stage Interpretation Table (Source:Roche IFU):

Tanner Stage	Reference Ranges (Male)	Reference Ranges (Female)
Tanner Stage I (> 14 days):	Undetectable - 0.087	Undetectable - 0.21
Tanner Stage II (11.5 years):	Undetectable - 14.99	Undetectable - 0.36
Tanner Stage III (13.6 years):	2.25 - 27.00	Undetectable - 0.82
Tanner Stage IV (15.1 years):	6.24 - 26.45	Undetectable - 0.92
Tanner Stage V (18.0 years):	6.51 - 30.50	0.16 - 1.32

High amounts of testosterone in the body can lead to a lower sperm count.

Low testosterone concentrations can be caused by testicular failure (primary hypogonadism) or inadequate stimulation by pituitary gonadotropins (secondary hypogonadism).

Sample Type: Serum

End of Report

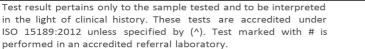
Dr. Adley Mark Fernandes Dr. Vyoma V Shah M.D (Pathology) M.D (Pathology) **Pathologist Clinical Pathologist**

Pradeep Dhamotharan

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