



Laboratory Analysis Report

File No	: 046215	Emirate ID	: 784-1991-1717099-5
Name	: MISS.PARWASHA FAHEEM KHAN	DOB	: 15/02/1991
National Id	: 784-1991-1717099-5	Age	: 33 Y 7 M
Clinic	: SIDRA HOME HEALTH CARE CENTER	Gender	: Female
Speciality	: Pathology	Registered Time	: 30/09/2024 00:38
Sample Id	: G9656326653	Collected Time	: 29/09/2024 23:01
Nationality	: Pakistani	Reported Time	: 30/09/2024 19:45
		External Visit ID/MRN	:

ENDOCRINOLOGY

Test Name	Result	Flag	Unit	Reference Range	Method	Sample
Prolactin	9.18		ng/mL	Menstruating: 3.34 - 26.71 Pregnant : 9.7-208.5 Postmeno.: 2.74 - 19.64	CLIA	Serum

1. Since prolactin is secreted in a pulsatile manner and is also influenced by a variety of physiologic stimuli, it is recommended to test 3 specimens at 20-30 minute intervals after pooling.
2. Major circulating form of Prolactin is a nonglycosylated monomer, but several forms of Prolactin linked with immunoglobulin occur which can give falsely high Prolactin results.
3. Macroprolactin assay is recommended if prolactin levels are elevated, but signs and symptoms of hyperprolactinemia are absent or pituitary imaging studies are normal.

Clinical Use

Diagnosis & management of pituitary adenomas. .
Differential diagnosis of male & female hypogonadism.

Increased Levels

Physiologic: Sleep, stress, postprandially, pain, coitus, pregnancy, nipple stimulation or nursing .



Result Entered by
JASIR



Result Approved By

Dr. Joyce Jose
Specialist Clinical Pathologist
DHA-License No: 00227798-004



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Systemic disorders: Chest wall or thoracic spinal cord lesions, Primary / Secondary hypothyroidism, Adrenal insufficiency, Chronic renal failure, Cirrhosis.

Medications:

· Psychiatric medications: like Phenothiazine, Haloperidol, Risperidone, Domperidone, Fluoxetine, Amitriptylene, MAO inhibitors etc.

· Antihypertensives: Alpramethyldopa, Reserpine, Verapamil

· Opiates: Heroin, Methadone, Morphine, Apomorphine

· Estrogens

Oral contraceptives

· Cimetidine / Ranitidine ·

Prolactin secreting pituitary tumors: Prolactinoma, Acromegaly

Miscellaneous: Polycystic ovarian disease, Epileptic seizures, Ectopic secretion of prolactin by non-pituitary tumors, pressure / transection of pituitary stalk, macroprolactinemia

· Idiopathic

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Test Name	Result	Flag	Unit	Reference Range	Method	Sample
Decreased levels	Pituitary deficiency: Pituitary necrosis / infarction · Bromocriptine administration · Pseudohypoparathyroidism					



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Test Name	Result	Flag	Unit	Reference Range	Method	Sample
HORMONE PROFILE WOMEN						
Estradiol (E2)	43.3		pg/mL	Early Follicular: 22.4 - 115 Mid-Follicular: 25.0 - 115 Ovulatory Peak: 32.1 - 517 Mid-Luteal: 36.5 - 246 PostMeno.: <15.0 - 25.1	CLIA	Serum
Progesterone	8.74		ng/mL	Mid FP: 0.313- 1.5188 Mid LP: 5.160- 18.559 Pregnancy F. Tri: 4.729 -50.754 S. Tri: 19.408- 45.2987 PM:<0.078-0.779	CLIA	Serum



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Test Name	Result	Flag	Unit	Reference Range	Method	Sample
HORMONE PROFILE WOMEN						
Follicle stimulating hormone (FSH)	4.12		mIU/mL	Follicular Phase: 3.5 - 12.5 Ovulation Phase: 4.7 - 21.5 Luteal Phase: 1.7 - 7.7 Postmenopause: 25.8 - 134.8	ECLIA	Serum
Comments : The test was outsourced to an accredited laboratory.						
Luteinising hormone (LH)	6.99		mIU/ml	Mid F.P.: 2.12 - 10.89 Mid-Cycle: 19.18 - 103.03 Mid L.P.: 1.20 - 12.86 Post Meno.: 10.87 - 58.64 Child : 0.1 - 6.0	CLIA	Serum

---End of Report---



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