



Name Mr. HANI ADEL AKIL

DOB 08/06/1998 Age / Gender 26 Y / Male

Referred by DR ENOMEN

CITICARE MEDICAL CENTER Centre

Ref No. 45425

Sample No. 2501521100

Collected

04/01/2025 12:35 04/01/2025 15:40

Registered Reported

04/01/2025 17:25

BIOCHEMISTRY

Result Flag Unit Test **Reference Range** Methodology **CALCIUM** 9.8 NM-BAPTA

8.6 - 10.0 mg/dL Please note change.

Source: Roche IFU.

INTERPRETATION NOTES:

Increased level is seen in Hyperparathyroidism, Infections that cause granulomas such as tuberculosis and certain fungal and mycobacterial infections, Multiple myeloma, T cell lymphoma and certain other cancers, Metastatic bone tumor, Paget disease, Use of certain medicines such as lithium, tamoxifen, and thiazides.

Decreased level is seen in Kidney failure, Low blood level of albumin, Liver disease, Magnesium deficiency, Pancreatitis, Vitamin D deficiency



Dr. Adley Mark Fernandes M.D (Pathology) **Pathologist**

This is an electronically authenticated report

performed in an accredited referral laboratory.

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

Page 1 of 4

HALEEM HAKKIM Laboratory Technician Printed on: 05/01/2025 01:05

Q aleem

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| BIOCHEMISTRY | | | | | |
|----------------------------------|----------|----------|--|---|--|
| Test | Result F | lag Unit | Reference Range | Methodology | |
| LIVER FUNCTION TEST | | | | | |
| ALT / SGPT | 13 | U/L | < or = 50 Please note change. Source: Roche IFU. | IFCC | |
| AST / SGOT | 30 | U/L | < or = 50 Please note change. | IFCC | |
| | | | Source: Roche IFU. | | |
| ALP (ALKALINE PHOSPHATASE) | 99 | U/L | 40 - 129 Please note change. Source: Roche IFU. | Colorimetric assay | |
| GGT (GAMMA GLUTAMYL TRANSFERASE) | 10 | U/L | 10 - 71 Please note change. Source: Roche IFU. | Enzymatic colorimetric assay | |
| BILIRUBIN (TOTAL) | 0.5 | mg/dL | 0 - 1.2 Please note change. Source: Roche IFU. | Diazotization | |
| BILIRUBIN (DIRECT) | 0.2 | mg/dL | 0 - 0.2 Please note change. Source: Roche IFU. | Diazotization | |
| INDIRECT BILIRUBIN | 0.30 | mg/dL | < or = 0.9 | Calculated | |
| TOTAL PROTEIN | 7.6 | g/dL | 6.4 - 8.3 | Biuret reaction | |
| ALBUMIN (SERUM) | 5.1 | g/dL | 3.5 - 5.2 Please note change. Source: Roche IFU. | Colorimetric assay (Bromocresol Green) | |
| GLOBULIN | 2.5 | g/dL | 2.0 - 3.5 | Calculation | |
| A/G RATIO | 2.0 | | 0.8 - 2.0 | Calculation | |

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P.O Box: 49527 Dubai, UAE Tel: +971 4 398 8567 reports@biosytech.ae www.biosytech.com





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ECLIA

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ENDOCRINOLOGY

Test Result Flag Unit Reference Range Methodology

ESTRADIOL (E2) 14.4 pg/mL 11.3 - 43.2

Please note update. Source: Roche

INTERPRETATION NOTES:

DOB

Refer to Interpretation Table for Female Reference Range:

| FEMALE | REFERENCE RANGE (pg/mL) | | | |
|---|-------------------------|--|--|--|
| Tanner Stage I (>14 days and prepubertal) (Mean Age: 7.1 years) | Undetectable - 20 | | | |
| Tanner Stage II (Mean Age: 10.5 years) | Undetectable - 24 | | | |
| Tanner Stage III (Mean Age: 11.6 years) | Undetectable - 60 | | | |
| Tanner Stage IV (Mean Age: 12.3 years) | 15 - 85 | | | |
| Tanner Stage V (Mean Age: 14.5 years) | 15 - 350 | | | |
| Follicular Phase | 20.5 - 233 | | | |
| Mid Cycle | 60.4 - 602 | | | |
| Luteal Phase | 51.1 - 222 | | | |
| First Trimester | 154 - 3243 | | | |
| Second Trimester | 1561 - 21280 | | | |
| Third Trimester | 8525 - > 30000 | | | |
| Post Menopause | < 5 | | | |
| Please note update in reference range. Source: Roche; Mayo Clinic Laboratories for Tanner Stage | | | | |

Refer to Interpretation Table for Male Reference Range:

1 to 14 days: Estradiol levels in newborns are very elevated at birth but will fall to prepubertal levels within a few days.

| TANNER STAGE MALE | REFERENCE RANGE (pg/mL) |
|---|-------------------------|
| Stage I (>14 days and prepubertal)(Mean Age: 7.1 years) | Undetectable - 13 |
| Stage II (Mean Age: 12.1 years) | Undetectable - 16 |
| Stage III (Mean Age: 13.6 years) | Undetectable - 26 |
| Stage IV (Mean Age: 15.1 years) | Undetectable - 38 |
| Stage V (Mean Age: 18 years) | 10 - 40 |

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Pathologist

M.D (Pathology)
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Page 3 of 4





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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.

TESTOSTERONE (TOTAL) 17.7 nmol/L 8.64 - 29 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
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Dubai, UAE



