LB-MED-305

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	:	Ms. MANISHA KHADKA	**Sample UID No.**	:	4089885
Age / Gender	:	14/02/1998 /FEMALE	**Sample Collected On**	:	23-06-2025 13:18PM
Patient ID	:	QLD089692	**Registered On**	:	23-06-2025 23:08PM
Referred By	:	Dr. AMAIZAH	**Reported on**	:	26-06-2025 09:15AM
Referral Client	:	CITICARE MEDICAL CENTER(INSURANCE)	**External Patient ID**	:	
Emirates ID / Passport No			**Print Version**		

Tests	Results	Biological Reference Range	Units
IMMUNOLOGY			
PARATHYROID HORMONE, INTACT (IPTH)			
PARA THYROID HORMONE INTACT	16.00	15 - 65	pg/mL

METHOD : ECLIA

Specimen:
SERUM

Interpretation(s)

1. Test results should be interpreted in conjunction with serum calcium and phosphorus levels, and clinical findings.
2. Elevated PTH with normal serum calcium levels may be indicative of Secondary causes of hyperparathyroidism like vitamin D deficiency. It may not always be indicative of Primary hyperparathyroidism.
3. PTH is secreted in a pulsatile manner with an overall circadian rhythm characterized by a nocturnal rise.

Clinical Use

· Diagnose hyperparathyroidism
· Monitor severity of secondary hyperparathyroidism in chronic renal failure
· Discriminate primary hyperparathyroidism from tumor hypercalcemia

Increased Levels

· Primary hyperparathyroidism
· Secondary hyperparathyroidism
· Renal failure
· Pseudohypoparathyroidism

Decreased Levels

· Hypoparathyroidism
· Hypercalcemia of malignancy

****End Of Report****

Verified By

Dr. Dheepa Manoharan
Medical Director
Specialist Microbiologist
DHA No. 00231751-004

This Test is Outsourced to an Accredited Laboratory

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