

Client
Jeevan Jyoti HLM
Pathkind Diagnostics Pvt. Ltd.
162, Lowther Road, Bai Ka Bagh, Prayagraj

Processed By
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name	: Mrs. RAJNI MEHROTRA REG-301992	Billing Date	: 12/09/2022 09:18:03
Age	: 27 Yrs	Sample Collected on	: 12/09/2022 09:21:00
Sex	: Female	Sample Received on	: 12/09/2022 09:29:42
P. ID No.	: P1212100000468	Report Released on	: 13/09/2022 15:08:32
Accession No	: 121222020475	Barcode No.	: 15457404
Referring Doctor	: Dr. VANDANA BANSAL, MS, D.Phil.(Gold Medalist), DGO, FCGP	Ref no.	:
Referred By	:		

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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BIOCHEMISTRY

Dehydroepiandrosterone-Sulfate (DHEAS)	99.5	98.8 - 346.0	µg/dL
<i>Sample: Serum</i>			
<i>Method: ECLIA</i>			



Dr. Aarti Khanna Nagpal
DNB (Pathology)
Senior Consultant

121222020475 Mrs. RAJNI MEHROTRA REG-301992



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Uttar Pradesh-211003

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BIOCHEMISTRY

Prolactin (PRL)	32.43 H	6.0 - 29.9	ng/mL
<i>Sample: Serum</i>			
<i>Method: ECLIA</i>			

Prolactin (PRL)

1. Prolactin is secreted in a pulsatile manner and is also influenced by a variety of physiologic stimuli, it is recommended to test pooled sample ie 3 specimens at 20-30 minute intervals.
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
- * 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: Alphamethyldopa, 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

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* Idiopathic

Decreased levels

* Pituitary deficiency: Pituitary necrosis / infarction

* Bromocriptine administration

* Pseudohypoparathyroidism

** End of Report**



Dr. Ankit Singh

MBBS, MD (Pathologist)

Lab Head

121222020475 Mrs. RAJNI MEHROTRA REG-301992



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► **Healthkind - Preventive health check-up packages**

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HEART	Lipid Profile	Lipid Profile with Direct LDL	Lipid Profile with Direct LDL
DIABETES	FBS, HbA1c	FBS, HbA1c, Microalbumin	FBS, HbA1c, Microalbumin
KIDNEY	BUN, Creatinine, Bun/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E	BUN, Creatinine, BUN/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E	BUN, Creatinine, BUN/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E
BONES	Vitamin D, Calcium	Vitamin D, Calcium, Phosphorus	Vitamin D, Calcium, Phosphorus, Rheumatoid Factor
THYROID	T3, T4, TSH	T3, T4, TSH	FT3, FT4, TSH
NERVES	Vitamin B12	Vitamin B12	Vitamin B12
LIVER	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, Protein, Albumin, Globulin, A:G Ratio, HBsAg	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, GGT, LDH, Protein, Albumin, Globulin, A:G Ratio, HBsAg	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, GGT, LDH, Protein, Albumin, Globulin, A:G Ratio, HBsAg
ANAEMIA	Iron, TIBC, UIBC, % Saturation	Iron, TIBC, UIBC, % Saturation, Ferritin	Iron, TIBC, UIBC, % Saturation, Ferritin, Folic Acid
INFECTION	CBC, ESR	CBC, ESR	CBC, ESR

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-	Immunoglobulin Profile (IgA, IgG, IgM)	