AMPATH
Central Reference Labor
Door No. 1-100/1/CCH N
Serilingampally
Hyderabad

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MR.BC0875**	REFERRED BY	: SELF	VISIT NO	: VAMP26147979
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	**LAB MR#**	**: AAMP01479258**	RECEIVED ON	: 21-04-2026 19:51
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 14:02
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
Cah Panel			
	BIOCHEMISTRY		
17 - Alpha- Hydroxy Progesterone *(Serum)*			
17 - Alpha- Hydroxy Progesterone *ELISA*	5.65	2.7 - 19.9	ng/mL

Interpretation:

Measurements of levels of 17α-OHP are useful in the evaluation of patients with suspected congenital adrenal hyperplasia as the typical enzymes that are defective, namely 21-hydroxylase and 11β-hydroxylase, lead to a build-up of 17α-OHP. In contrast, the rare patient with 17α-hydroxylase deficiency will have very low or undetectable levels of 17α-OHP. 17α-OHP levels can also be used to measure contribution of progestational activity of the corpus luteum during pregnancy as progesterone but note, 17α-OHP is also contributed by the placenta

Sin No: 20385276

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Test Name	Result	Biological Ref. Interval	Unit
Cah Panel			
Aldosterone - Serum *(Serum)*			
Aldosterone - Serum *CLIA*	24.00	Upright: 2.52-39.2 Supine: 1.76-23.2 Kindly note change in Reference range and Method	ng/dL

Interpretation:

1. It is a mineralocorticoid secreted by adrenal gland (zona glomerulosa) and regulates electrolytes (sodium and potassium) which control the blood pressure.
2. It is used for diagnosis of primary hyperaldosteronism, differential diagnosis of fluid and electrolyte disorders, assessment of adrenal aldosterone production.
3. It is increased in primary and secondary hyper aldosteronism. Also increased in pregnancy and people on very low sodium diet.
4. Decreased in congenital adrenal hyperplasia, hypoaldosteronism, Addison's disease, very high sodium diet.

LIMITATIONS: 1. Medicines like hormones (such as progesterone and estrogens), corticosteroids, diuretics, spironolactone (Aldactone), eplerenone (Inspra), and beta-blockers, Black licorice in diet can affect the results. kindly correlate accordingly. 3. Please correlate results with physiological variables such as time of collection, patients posture, and sodium intake

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Cah Panel			
Androstenedione *(Serum)*			
Androstenedione *CLIA*	2.50	0.7 - 3.6	ng/mL

Interpretation:

1. This is a major adrenal androgen also produced by the testes and ovaries.
2. It is increased in polycystic ovarian disease,hirsutism,virilization,congenital adrenal hyperplasia,adrenal and ovarian tumors and Cushings disease,pregnancy and exercise .
3. It is decreased in Addison's disease.

Testosterone - Total *(Serum)*

Testosterone - Total *ECLIA*	4.65	2.80-8.0	ng/mL

Interpretation:

In men testosterone is synthesized almost exclusively by the leydig cells of testis. Most of the circulation testosterone is bound to carrier proteins. in women, small quantities of testosterone are formed in the ovaries

- Determination of testosterone in woman is helpful in diagnosis of
- Polycystic ovaries (Stein – Leventhal syndrome)
- Management of hirsutism & virilisation in females

In men reduced production:

- Hypogonadism
- Oestrogen therapy
- Chromosome aberrations (as in Klinefelter's syndrome)
- Liver cirrhosis
- Delayed puberty

Increased production:

- Precocious puberty
- Congenital adrenal hyperplasia

Cortisol AM *(Serum)*

Cortisol AM *ECLIA*	15.20	6.2-19.4	µg/dL

Interpretation:

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Cah Panel

Cortisol is a steroid hormone secreted by adrenal cortex
.**Elevated cortisol levels seen in:**

1.Cushing syndrome due to primary adrenal disease (adenoma, carcinoma or nodular hyperplasia), secondary to excess of ACTH pituitary adenoma.
2.Stress
Decreased cortisol levels seen in:
1.Addison disease-primary adrenal insufficiency
2.Secondary adrenal insufficiency
3.Pituitary insufficiency

Sanjeeta

Dr. Sanjeeta
MBBS,MD (Biochemistry)
Consultant Biochemist

Disclaimer:
1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

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