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

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MR.PR0109**	REFERRED BY	: SELF	VISIT NO	: VAMP26148125
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Male	**LAB MR#**	**: AAMP01479404**	RECEIVED ON	: 21-04-2026 19:51
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 17:44
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
Hirsutism Evaluation Panel Ii			
BIOCHEMISTRY			
Dehydroepiandrosterone Sulphate, DHEA-S *(Serum)*			
Dehydroepiandrosterone Sulphate, DHEA-S *ECLIA*	215.00	88.90 - 427.00	µg/dL

Interpretation:

DHEAS is a steroid hormone synthesized from cholesterol in zona reticularis and broad fascia of adrenal cortex. DHEAS is an excellent indicator of adrenal cortex androgen production. Elevated DHEAS seen in adrenocortical carcinoma Cushing's disease, congenital adrenal hyperplasia. Decreased levels seen in adrenal insufficiency due do primary adrenal insufficiency in hirsute females, increased DHEAS levels have been associated with virilising adrenal tumours patients with polycystic ovary syndrome having elevated levels of DHEAS suggesting an adrenal androgen contribution to the defect in this disorder

Testosterone - Total *(Serum)*			
Testosterone - Total *ECLIA*	4.56	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

Testosterone - Free *(Serum)*			
Testosterone - Free	18.950	5.7 - 30.7	pg/mL

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Hirsutism Evaluation Panel Ii
ELISA

Interpretation:
Testosterone circulates in blood bound to three proteins: sex hormone binding globulin (SHBG, 60-80%), albumin and cortisol binding globulin. About 1 - 2% of the total circulating testosterone remains unbound or free. Measurement of free testosterone permits the estimation of the biologically active hormone. Free testosterone determination is recommended to overcome the influences caused by variations in transport proteins on the total testosterone concentration. High concentration of SHBG (as seen in obesity, advanced age etc) may mask true deficit in testosterone levels. In Polycystic Ovarian Syndrome and related conditions, there is often significant insulin resistance, which is associated with low SHBG levels. Consequently, bioavailable or free testosterone levels may be more significantly elevated.

Clinical Use
As second-level test for suspected increases or decreases in physiologically active testosterone
· To assess androgen status in cases with suspected or known sex hormone-binding globulin-binding abnormalities
· To assess functional circulating testosterone in early pubertal boys and older men
· To assess functional circulating testosterone in women with symptoms or signs of hyperandrogenism but normal total testosterone levels

Leutinizing Hormone,LH *(Serum)*

Leutinizing Hormone,LH *ECLIA*	4.56	1.7 - 8.6	mIU/mL

Interpretation:

A glycoprotein gonadotropic hormone secreted by anterior pituitary that acts with FSH to promote ovulation and androgen and progesterone production.
Elevated levels of LH:
-Primary gonadal failure in both males and females.
-Precocious puberty
-Menopause
-Primary hypogonadism in males.
Decreased in pituitary or hypothalamus insufficiency.

Follicle Stimulating Hormone, FSH *(Serum)*

Follicle Stimulating Hormone, FSH *ECLIA*	8.6	1.5 - 12.40	mIU/mL

17 - Alpha- Hydroxy Progesterone *(Serum)*

17 - Alpha- Hydroxy Progesterone *ELISA*	12.02	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

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Hirsutism Evaluation Panel Ii

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

Sanjeeta

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