



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
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Hirsutism Evaluation Panel Ii

BIOCHEMISTRY

Dehydroepiandrosterone Sulphate, DHEA-S (Serum)

Dehydroepiandrosterone Sulphate, DHEA-S ECLIA	215.00	88.90 - 427.00	µg/dL
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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
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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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Sin No: 20385422



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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	4.56	1.7 - 8.6	mIU/mL
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ECLIA

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	8.6	1.5 - 12.40	mIU/mL
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ECLIA

17 - Alpha- Hydroxy Progesterone (Serum)

17 - Alpha- Hydroxy Progesterone	12.02	2.7 - 19.9	ng/mL
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ELISA

Interpretation:

Measurements of levels of 17 $\alpha$ -OHP are useful in the evaluation of patients with suspected congenital adrenal hyperplasia as the typical enzymes that are defective, namely 21-hydroxylase and 11 $\beta$ -hydroxylase, lead to a build-up of 17 $\alpha$ -OHP. In contrast, the rare patient with 17 $\alpha$ -hydroxylase deficiency will have very low or undetectable levels of 17 $\alpha$ -OHP. 17 $\alpha$ -OHP

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Hirsutism Evaluation Panel II

levels can also be used to measure contribution of progesterone activity of the corpus luteum during pregnancy as progesterone but note, 17 $\alpha$ -OHP is also contributed by the placenta

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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.

