



LABORATORY REPORT

NAME : MR.PR0110 REFERRED BY : SELF VISIT NO : VAMP26148127  
AGE : 40Y 0M 0D ZERO TARIFF CLIENT CODE COLLECTED ON : 21-04-2026 10:00  
GENDER : Male LAB MR# : AAMP01479406 RECEIVED ON : 21-04-2026 19:51  
OP / IP / DG # : APPROVED ON : 22-04-2026 17:53  
REPORT STATUS : Final Report



Test Name	Result	Biological Ref. Interval	Unit
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BIOCHEMISTRY

Dehydroepiandrosterone Sulphate, DHEA-S (Serum)

Dehydroepiandrosterone Sulphate, DHEA-S 326.00 88.90 - 427.00 µg/dL  
ECLIA

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 to 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 and Free (Serum)

Testosterone - Free 21.200 5.7 - 30.7 pg/mL  
ELISA  
Testosterone - Total 6.50 2.80-8.0 ng/mL  
ECLIA

Interpretation:

Total Testosterone :

- 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

Free Testosterone :

Generated On 25-Apr-2026 11:37:52

This is an electronically authenticated laboratory report.

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Hirsutism Screening Panel I

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

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Dr. Sanjeeta  
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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.