One Global Service Provider Limited
2nd Floor, Piyank Tower, Near Hotel Vansh,Raja Talab Road,Raipur-492001, Chhattisgarh
7714349823
care@pluscare.org
www.pluscare.org

Patient Name	: DOLLY AGRAWAL	**Registered On**	: 15/08/2025 08:41 am
Patient Id	: 40102589208	**Sample Collected On**	: 15/08/2025 07:22 am
Age/DOB/Gender	: 38Year/-/FEMALE	**Reported On**	: 15/08/2025 10:51 am
Nationality	: INDIAN	**Sample UID No**	: P011B000403064
Customer Type	: B2B - Hospital	**Customer Name**	: GANPATI MEMORIAL HOSPITAL BALAGHAT
Ref. Doctor Name	: S SHAHARE		

Prolactin (PRL)

Investigation	Result	Units	Biological Reference Interval
Prolactin (PRL)	**34.16**	ng/mL	6.0 - 29.9

• Sample Type: Serum.
• Method : ECLIA.
• Comments :
PRL is a polypeptide produced by the lactotrophs of the pituitary gland. Since prolactin is secreted in a pulsatile manner and is also influenced by a variety of physiologic stimuli, it is recommended to test 3 specimens at 20-30 minute intervals after pooling. 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. 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 :
1.Diagnosis & management of pituitary adenomas.
2.Differential diagnosis of male & female hypogonadism increased levels.
3.Physiologic:-Sleep, stress, postprandially, pain, coitus, pregnancy, nipple stimulation or nursing.
4.Systemic disorders:-Chest wall or thoracic spinal cord lesions, Primary/Secondary hypothyroidism, Adrenal insufficiency, Chronic renal failure, Cirrhosis
5.Medications:-Psychiatric medications like Phenothiazine, Haloperidol, Risperidone, Domperidone, Fluoexetine, Amitriptylene, MAO inhibitors etc., Antihypertensives: Alphamethyldopa, Reserpine, Verapamil Opiates: Heroin, Methadone, Morphine, Apomorphine Estrogens Oral contraceptives Cimetidine / Ranitidine
6.Prolactin secreting pituitary tumors:-Prolactinoma, Acromegaly
7.Miscellaneous:-Polycystic ovarian disease, Epileptic seizures,
8.Ectopic secretion of prolactin by non-pituitary tumors, pressure / transaction of pituitary stalk, macroprolactinemia
9.Idiopathic Decreased levels:-Pituitary deficiency (Pituitary necrosis / infarction), Bromocriptine administration, Pseudohypoparathyroidism

--End Of Report--

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AMH (Mullerian Inhibiting Substance)

Investigation	Result	Units	Biological Reference Interval
AMH (Mullerian Inhibiting Substance)	0.89	ng/mL	0.03 - 9.5

• Sample Stype : Serum.
• Method: Electrochemiluminescence (ECLIA)

• Clinical Significance :
Antimullerian hormone (AMH), also known as mullerian-inhibiting substance, is produced by Sertoli cells of the testis in males and by ovarian granulosa cells in females. In women AMH levels represent the ovarian follicular pool and could be a useful marker of ovarian reserve. A serum level of AMH strongly correlates with antral follicle count and reflects the size of primordial follicle pool. AMH may permit the identification of both the extremes of ovarian stimulation thus a possible role for its measurement has been suggested in the individualization of treatment strategies. High AMH levels (>6.80) are predictive of Ovarian hyperstimulation syndrome / PCOS.

Clinical applications :
1. To assess ovarian status, including follicle development, ovarian reserve, and ovarian responsiveness, as part of evaluation for infertility and assisted reproduction protocols.
2. To assess menopausal status, including premature ovarian failure.
3. To assess ovarian function in patients with Polycystic ovarian syndrome (PCOS).
4. To evaluate infants with ambiguous genitalia and other intersex conditions.
5. To evaluate testicular function in infants and children.
6. To diagnose and monitor patients with AMH secreting Ovarian granulosa cell tumors.

• Disclaimer :
1) The above result relate only to the specimens received and tested in laboratory and should be always correlate with clinical findings and other laboratory markers.
2) Improper specimen collection, handling,storage and transportation may result in false negative/Positive results.

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Thyroid Function Test (TFT)

Investigation	Result	Units	Biological Reference Interval
T3 (Triiodothyronine)	1.25	ng/mL	0.8 - 2.0
• Sample Type : Serum. • Method : ECLIA.			
T4 (Thyroxine)	8.74	ug/dl	5.1 - 14.1
• Sample Type : Serum. • Method : ECLIA.			
ULTRA Thyroid Stimulating Hormone (TSH)	**4.73**	uIU/mL	0.27 - 4.2 Frist trimester: 0.3- 4.5 Second trimester : 0.5 -4.6 Third trimester : 0.8 -5.2
• Sample Type : Serum. • Method : ECLIA.			

1) TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm.
The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2) Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3) Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use :
• Primary Hypothyroidism
• Hyperthyroidism
• Hypothalamic – Pituitary hypothyroidism
• Inappropriate TSH secretion
• Nonthyroidal illness
• Autoimmune thyroid disease
• Pregnancy associated thyroid disorders.

• References :
- Henry’s Clinical Diagnosis and Management, 23rd edition.
-Tietz Fundamentals of Clinical Chemistry and Molecular Diagnosis, 7th edition.

•Disclaimer:
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LABORATORY TESTING AND REPORTING CONDITIONS

• Investigation results are released subject to the specimen received at the laboratory.

• Result of the specimen is subject to the quality, integrity of the sample as well as test procedures used for analysis.

• At Plus Care, sample received is presumed to be of the Patient name mentioned on the specimen.

• Investigations performed at Plus Care confirm strict technical integrity, clinical safety & test care norms.

• Certain factors like inconsistency of Manufacturer's reagents, Machine malfunction etc. may cause result variations. In such conditions, Plus Care will not be liable for the inconsistent results.

• Laboratory investigation report cannot be interpreted as final diagnosis. It should be clinically correlated by the treating Physician only.

• All the specimens collected outside Plus Care /Network are required to follow the guidelines stated in the price list. Plus Care cannot be held liable for incorrect report of any sample which does not follow our guidelines.

• Plus Care test results cannot be compared with other laboratories due to differences in test methodology & analytical procedures.

• In case of certain tests which require repeat /further testing, the request must be submitted within 48 hours post reporting which needs to be initiated by referring physician only. This procedure may incur additional costs to the Patient.

• Unexpected circumstances beyond our control or force majeure conditions may delay report delivery. We sincerely regret for any inconvenience which may be caused to Patient on account of such delays.

• All the investigations are performed and reported as per stated schedule in pricelist

• Investigation results reported herein are as tested by Plus Care, Pune, unless remarked upon otherwise.

• Investigation Report released by Plus Care is not valid for Medico-Legal purposes.

• The Courts /Forum at Maharashtra shall have exclusive jurisdiction in all disputes /claims concerning the test (s) & or results of test(s).

• Customer Care: +91 7714349823 for all queries related to the test results.