Delayed Puberty

**Assessment:**
The patient presents with lack of secondary sexual characteristics appropriate for their age, consistent with delayed puberty. Tanner staging is below expected for chronological age. The differential diagnosis includes constitutional delay of growth and puberty, hypogonadism (primary or secondary), chronic illness, and endocrine disorders such as hypothyroidism or growth hormone deficiency.

**Plan:**
Order initial labs including FSH, LH, testosterone (or estradiol in females), and TSH to evaluate for hormonal causes. Consider bone age X-ray to assess skeletal maturity. If the patient has a family history of delayed puberty, reassure that this may represent a constitutional delay and often resolves spontaneously. If labs suggest hormonal deficiency, refer to endocrinology for further evaluation and possible hormone replacement therapy. Follow up in 3-6 months to monitor growth and pubertal development, with referral to specialists as needed based on test results.