

Patient Name : Ms.NAZIYA RIZVI Visit No : CHA250037269  
Age/Gender : 40 Y/F Registration ON : 01/Mar/2025 05:05PM  
Lab No : 10134565 Sample Collected ON : 01/Mar/2025 05:07PM  
Referred By : Dr.WE CARE DIAGNOSTIC Sample Received ON : 01/Mar/2025 05:19PM  
Refer Lab/Hosp : LAB RATE Report Generated ON : 01/Mar/2025 07:29PM  
Doctor Advice : PROLACTIN,FSH,LH



| Test Name           | Result | Unit   | Bio. Ref. Range  | Method |
|---------------------|--------|--------|--|--------|
| <b>LH</b>           |        |        |  |        |
| LUTEINIZING HORMONE | 3.58   | mIU/ml | 20-70 years: 1.5-9.3 -> 70<br>years: 3.1-34.6 ~Children:<<br>0.1-6.0 |        |

**FOLLICLE STIMULATING HORMONE FSH**

|   |      |        |   |      |
|---|------|--------|---|------|
| FOLLICLE STIMULATING HORMONE<br>FSH serum | 3.06 | mIU/ml | Women (mIU/ml)~1)<br>Follicular phase: 2.5-10.2<br>~2) Midcycle peak : 3.4-<br>33.4 ~3) Luteal phase : 1.5-<br>9.1 ~4) Pregnant : < 0.3~5)<br>Postmenopausal:23.0-<br>116.3 | CLIA |
|---|------|--------|---|------|

**INTERPRETATION:**

| Normally Menstruating Females | Biological Reference Range |
|-------------------------------|----------------------------|
| Follicular                    | 2.5-10.2                   |
| Mid - Cycle                   | 3.4-33.4                   |
| Luteal                        | 1.5-9.1                    |
| Post-menopausal Females       | 23-116.3                   |
| Male                          | 1.4-18.1 (13-70 years)     |

-Circulating levels of follicle stimulating hormone vary throughout the menstrual cycle in response to estradiol and progesterone. A small but significant increase in FSH accompanies the mid-cycle LH surge, while FSH declines in the luteal phase in response to estradiol and progesterone production by the developing corpus luteum.

-At menopause FSH and LH increase sufficiently in response to diminished feedback inhibition of gonadotropin release.

-In males, FSH, LH and testosterone regulate spermatogenesis by sertoli cells in seminiferous tubules of the testis. FSH may also be elevated in Klinefelter's syndrome or as a consequence of sertoli cell failure.

-In females, situations in which FSH is elevated and gonadal steroids are depressed include - menopause, premature ovarian failure and oophorectomy, in polycystic ovarian syndrome the LH/FSH ratio may be increased. Abnormal FSH concentrations may indicate dysfunction of the hypothalamic-pituitary axis. In sexually mature adults, FSH deficiency together with low concentrations of LH and sex steroids may indicate panhypopituitarism.

**LIMITATIONS:**

-Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either false positive or depressed values.

**PROLACTIN**

|                 |      |       |               |      |
|-----------------|------|-------|---------------|------|
| PROLACTIN Serum | 13.4 | ng/ml | 2.64 - 13.130 | CLIA |
|-----------------|------|-------|---------------|------|

\*\*\* End Of Report \*\*\*



[Checked By]



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