

Patient Name : Ms.PREETI PANDEY	Visit No : CHA250040809
Age/Gender : 39 Y/F	Registration ON : 06/Mar/2025 07:00PM
Lab No : 10138104	Sample Collected ON : 06/Mar/2025 07:03PM
Referred By : Dr.ESIC HOSPITAL LUCKNOW	Sample Received ON : 06/Mar/2025 07:16PM
Refer Lab/Hosp : ESIC HOSPITAL LUCKNOW	Report Generated ON : 07/Mar/2025 09:10AM
Doctor Advice : AMH (ANTI MULLERIAN HORMONE)Serum,USG TVS,PROLACTIN,FSH,LH	



Test Name	Result	Unit	Bio. Ref. Range	Method
AMH (ANTI MULLERIAN HORMONE)Serum				
ANTI MULLERIAN HORMONE	3.32	ng/ml	0.03 - 7.15	CLIA



[Checked By]

Print.Date/Time: 07-03-2025 09:45:07

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LH				
LUTEINIZING HORMONE	6.90	mIU/ml	20-70 years: 1.5-9.3 -> 70 years: 3.1-34.6 ~Children:< 0.1-6.0	

FOLLICLE STIMULATING HORMONE FSH				
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FOLLICLE STIMULATING HORMONE FSH serum	10.00	mIU/ml	Women (mIU/ml)~1) Follicular phase: 2.5-10.2 ~2) Midcycle peak : 3.4- 33.4 ~3) Luteal phase : 1.5- 9.1 ~4) Pregnant : < 0.3~5) Postmenopausal:23.0- 116.3	CLIA
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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				
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PROLACTIN Serum	25.3	ng/ml	2.64 - 13.130	CLIA
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*** End Of Report ***



[Checked By]



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