

Patient Name : Ms. DEEPIKA	Visit No : CHA250041085
Age/Gender : 25 Y/F	Registration ON : 07/Mar/2025 11:29AM
Lab No : 10138380	Sample Collected ON : 07/Mar/2025 11:32AM
Referred By : Dr. ESIC HOSPITAL LUCKNOW	Sample Received ON : 07/Mar/2025 11:38AM
Refer Lab/Hosp : ESIC HOSPITAL LUCKNOW	Report Generated ON : 07/Mar/2025 04:09PM
Doctor Advice : USG TVS, PROLACTIN, AMH (ANTI MULLERIAN HORMONE) Serum, 25 OH vit. D, E2, LH, FSH	



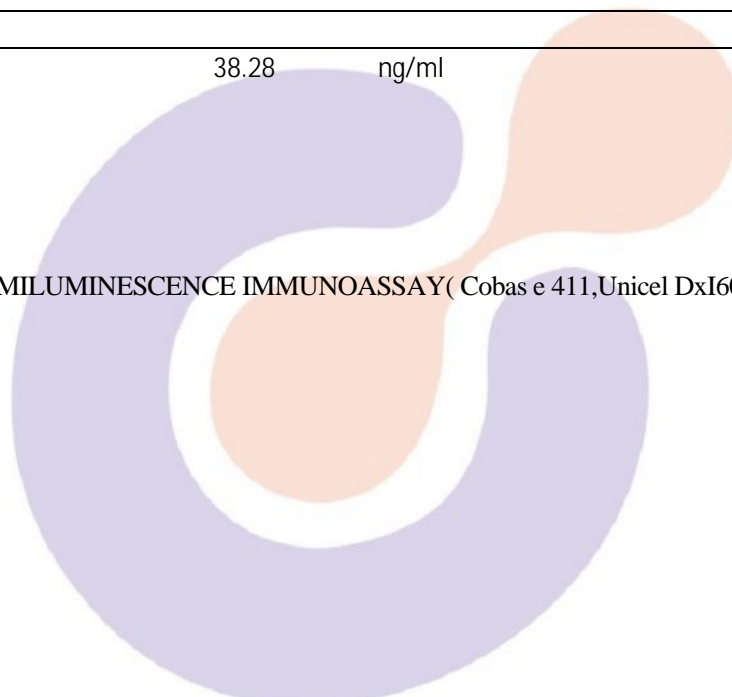
Test Name	Result	Unit	Bio. Ref. Range	Method
AMH (ANTI MULLERIAN HORMONE) Serum				
ANTI MULLERIAN HORMONE	2.68	ng/ml	0.96 - 13.340	CLIA

25 OH vit. D

25 Hydroxy Vitamin D	38.28	ng/ml	ECLIA
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Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY (Cobas e 411, Unicel DxI600, vitros ECI)



CHARAK



[Checked By]

Print.Date/Time: 07-03-2025 16:51:55

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Refer Lab/Hosp : ESIC HOSPITAL LUCKNOW Report Generated ON : 07/Mar/2025 01:20PM
Doctor Advice : USG TVS,PROLACTIN,AMH (ANTI MULLERIAN HORMONE)Serum,25 OH vit. D,E2,LH,FSH



Test Name	Result	Unit	Bio. Ref. Range	Method
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LH

LUTEINIZING HORMONE 4.47 mIU/ml 20-70 years: 1.5-9.3 -> 70
years: 3.1-34.6 ~Children:<
0.1-6.0

FOLLICLE STIMULATING HORMONE FSH

FOLLICLE STIMULATING HORMONE 6.30 mIU/ml Women (mIU/ml)~1) CLIA
FSH serum 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

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.

ESTRADIOL (E2)

ESTRADIOL (E2) 56.58 pg/ml 7.63 - 42.6

PROLACTIN

PROLACTIN Serum 7.00 ng/ml 2.64 - 13.130 CLIA

*** End Of Report ***



[Checked By]



Sham

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

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TRANSVAGINAL ULTRASOUND

- **Uterus** is normal in size, measures 54 x 32 x 31 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 5.4 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** are normal in size and **show multiple small peripheral arranged follicles with central echogenic stroma.**
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

AFC

Antral follicles count

- Follicles was as follows:
- LMP : 07.03.2025.
- Day : 2nd Day

Ovaries	Volume	No of follicles	Largest follicles size
Right ovary	26 x 23 x 19mm with volume of 6.2cc	10	5.7 x 5.4 x 3.9mm
Left ovary	28 x 21 x 15mm with volume of 4.8cc	14	8.8 x 5.8 x 5.2mm

OPINION:

- **BILATERAL POLYCYSTIC OVARIAN DISEASE (ADV: HORMONAL CORRELATION).**

Clinical correlation is necessary.

**[DR. ATIMA SRIVASTAVA]
[MBBS, DNB (OBSTETRICS AND GYNAECOLOGY)]
[PDCC MATERNAL AND FETAL MEDICINE (SGPGIMS LUCKNOW)]**

Transcribed By: GAUSIYA



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