

Patient Name : Ms.KM SHRADDHA
Age/Gender : 30 Y/F
Lab No : 10138937
Referred By : Dr.ESIC HOSPITAL LUCKNOW
Refer Lab/Hosp : ESIC HOSPITAL LUCKNOW
Doctor Advice : ESR,PPD,PROLACTIN,FSH

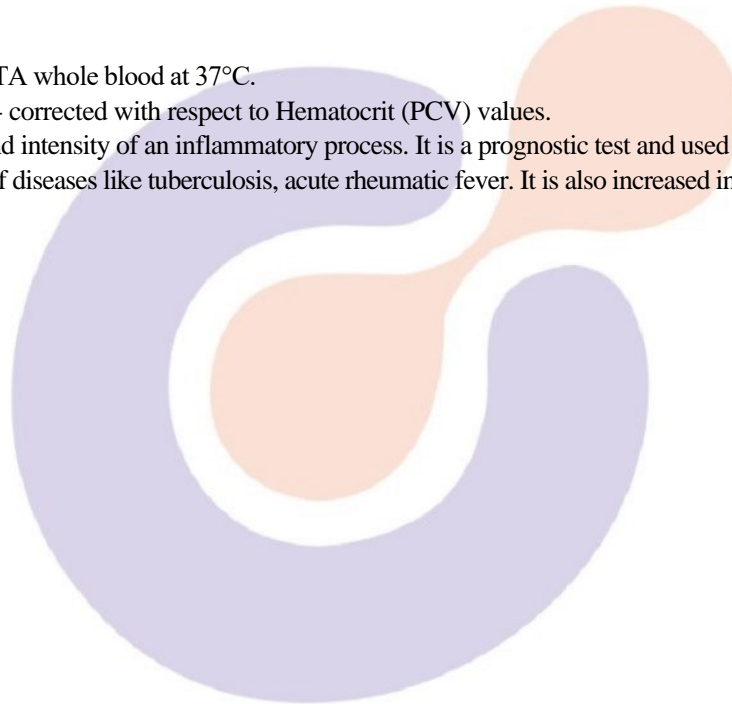
Visit No : CHA250041642
Registration ON : 08/Mar/2025 10:19AM
Sample Collected ON : 08/Mar/2025 10:20AM
Sample Received ON : 08/Mar/2025 10:36AM
Report Generated ON : 08/Mar/2025 12:04PM



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	12.00		0 - 15	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.



CHARAK

[Checked By]

Print.Date/Time: 08-03-2025 12:43:31

*Patient Identity Has Not Been Verified. Not For Medicolegal



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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
FOLLICLE STIMULATING HORMONE FSH				
FOLLICLE STIMULATING HORMONE FSH serum	200.00	mlU/ml	Women (mlU/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

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.

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PROLACTIN				
PROLACTIN Serum	12.6	ng/ml	2.64 - 13.130	CLIA

*** End Of Report ***



[Checked By]



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