

Patient Name : Ms.RUBINA	Visit No : CHA250042320
Age/Gender : 32 Y/F	Registration ON : 09/Mar/2025 10: 23AM
<b>Lab No : 10139615</b>	Sample Collected ON : 09/Mar/2025 10: 26AM
Referred By : SELF	Sample Received ON : 09/Mar/2025 10: 41AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 09/Mar/2025 12: 15PM
Doctor Advice : AMH (ANTI MULLERIAN HORMONE)Serum,PROLACTIN,FSH,LH,T3T4TSH,USG TVS	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>AMH (ANTI MULLERIAN HORMONE)Serum</b>				
ANTI MULLERIAN HORMONE	0.84	ng/ml	0.73 - 16.05	CLIA



**CHARAK**

[Checked By]

Print.Date/Time: 09-03-2025 13:08:50

\*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
<b>T3T4TSH</b>				
T3	1.90	nmol/L	1.49-2.96	ECLIA
T4	118.00	n mol/l	63 - 177	ECLIA
TSH	2.67	uIU/ml	0.47 - 4.52	ECLIA

**Note**

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.
- (8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with  
( 1 Beckman Dxl-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411 )

CHARAK



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LH</b>				
LUTEINIZING HORMONE	36.54	mIU/ml	20-70 years: 1.5-9.3 -> 70 years: 3.1-34.6 ~Children:< 0.1-6.0	

<b>FOLLICLE STIMULATING HORMONE FSH</b>				
FOLLICLE STIMULATING HORMONE FSH serum	8.40	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

**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.

<b>PROLACTIN</b>				
PROLACTIN Serum	25	ng/ml	2.64 - 13.130	CLIA

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



[Checked By]



*Sham*

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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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## **TRANSVAGINAL ULTRASOUND**

- **Uterus** is normal in size, measures 61 x 27 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 7 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal in size measures 27 x 28mm & echotexture.
- **Both ovaries** are normal in size & echotexture. Right ovary measures 24 x 28 x 27 mm vol. 9.9 cc. **A dominant follicle of size 19 x 17 mm is seen in right ovary.** Left ovary measures 17 x 21 x 31 mm vol. 5.9 cc.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

### **OPINION:**

- **NO SIGNIFICANT ABNORMALITY DETECTED.**

**Clinical correlation is necessary.**

**DR. NISMA WAHEED  
MD, RADIODIAGNOSIS**

(Transcribed by Rachna)

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

