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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.RITU ARYA

Age/Gender : 25 Y/F

P.R.

: 10141627 Lab No

Referred By : Dr.NAVIN CHANDRA

Refer Lab/Hosp : CHARAK NA Doctor Advice : FSH,LH,PROLACTIN Visit No : CHA250044332

Sample Received ON

Registration ON : 12/Mar/2025 08:51AM

Sample Collected ON : 12/Mar/2025 08:52AM

Report Generated ON : 12/Mar/2025 10:50AM

: 12/Mar/2025 09:31AM

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Test Name	Result	Unit	Bio. Ref. Range	Method
Ш				
LUTEINIZING HORMONE	23.60	mIU/mI	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 9.80 mIU/ml FSH serum

Women (mIU/mI)~1) CLIA 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)

<sup>-</sup>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.

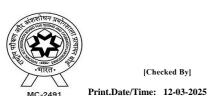
## LIMITATIONS:

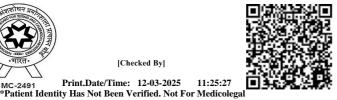
-Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either false positive or depressed values

PROLACTIN
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**PROLACTIN Serum** 2.64 - 13.130 CLIA 17.9 ng/ml

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





DR. NISHANT SHARMA DR. SHADAB **PATHOLOGIST PATHOLOGIST** 

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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<sup>-</sup>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