Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
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9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.MANDEEP KAUR	Visit No	: CHA250044933
Age/Gender	: 31 Y/F	Registration ON	: 12/Mar/2025 10:23PM
Lab No	**: 10142228**	Sample Collected ON	: 12/Mar/2025 10:24PM
Referred By	: Dr.ESIC HOSPITAL LUCKNOW	Sample Received ON	: 12/Mar/2025 10:35PM
Refer Lab/Hosp	: ESIC HOSPITAL LUCKNOW	Report Generated ON	: 13/Mar/2025 09:26AM
Doctor Advice	: AMH (ANTI MULLERIAN HORMONE)Serum,PROLACTIN,FSH,LH		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
AMH (ANTI MULLERIAN HORMONE)Serum				
ANTI MULLERIAN HORMONE	3.59	ng/ml	0.73 - 16.05	CLIA

[Checked By]

Print.Date/Time: 13-03-2025 10:01:33
*Patient Identity Has Not Been Verified. Not For Medicolegal

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
LH				
LUTEINIZING HORMONE	6.80	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 FSH serum	2.20	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.

PROLACTIN				
PROLACTIN Serum	**26.1**	ng/ml	2.64 - 13.130	CLIA

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

MC-2491

[Checked By]

Print.Date/Time: 13-03-2025 10:01:36

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