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

Patient Name : Ms.REKHA TRIPATHI

Age/Gender : 40 Y/F

Lab No : 10143341

Referred By : Dr.GEETA KHANNA \*\*

Refer Lab/Hosp : CHARAK NA

Doctor Advice : FSH

PR.

Visit No : CHA250046046

Registration ON : 15/Mar/2025 07:31PM

Sample Collected ON : 15/Mar/2025 07:33PM

Sample Received ON : 15/Mar/2025 08:23PM

Report Generated ON : 16/Mar/2025 09:16AM



Test Name	Result	Unit	Bio. Ref. Range	Method
FOLLICLE STIMULATING HORMONE FSH				
FOLLICLE STIMULATING HORMONE	15.00	mIU/ml	Women (mIU/mI)~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:

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Normally Menstruating Females		Biological Reference Range
Follicular		2.5-10. <mark>2</mark>
Mid - Cycle		3.4-33.4
Luteal	MI .	1.5-9.1
Post-menopausal Females		23-1 <mark>16.3</mark>
Male		1.4-1 <mark>8.1 (13-70 years)</mark>

-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

-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





