NANAVATI MAX Super Speciality Hospital

MAX Lab

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

SIN No:B2B2031777

Immunoassay

Infertility Comprehensive Profile Female

FSH - Follicle Stimulating Hormone,Serum

Date	**27/Dec/2022 08:38AM**	**Unit**	**Bio Ref Interval**
Follicle Stimulating Hormone	10.45	IU/L	

Kindly correlate with clinical findings

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

Dr. Maya Varde M.D
Consultant Pathology

Test Performed at :2061 - NANAVATI SUPERSPECIALITY HOSPITAL, MUMBAI
Booking Centre :2953 - Digital COCO Mumbai, Swami Vivekanand Road Near LIC Colony Vile Parle West Mumbai, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

Max Lab - A Division of Max Healthcare Institute Ltd.
Swami Vivekananda Rd, near LIC, LIC Colony, Suresh Colony, Vile Parle West, Mumbai, Maharashtra 400056,
Helpline No. 7982 100 200 www.maxlab.co.in feedback@maxlab.co.in

DIAGNOSTIC REPORT

CAP ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS

MC-2010

SRL Diagnostics

REF. DOCTOR :DR. -

Test Report Status **Final**	Results	Biological Reference Interval	Units

ENDOCRINOLOGY

AMH / MIS, SERUM

ANTI-MULLERIAN HORMONE / MULLERIAN INHIBITING SUBS	0.27	0.01 - 2.71	ng/mL

METHOD : SANDWICH CHEMILUMINESCENCE IMMUNOASSAY

Interpretation(s)
AMH / MIS, SERUM-
Anti mullerian hormone (AMH) or Mullerian inhibiting substances (MIS) is a glycoprotein dimer composed of two 72 kDa monomers linked by disulfide bonds. AMH belongs to the transforming growth factor ß (TGF - ß) superfamily. AMH is a hormone marker for quantitative prediction of ovarian reserve, ovarian aging, ovarian dysfunction and ovarian responsiveness. The levels of AMH decrease in pre-menopausal women as the quality and number of ovarian follicles decline with age.

Clinical Utility:
• Evaluating Fertility Potential – Serum AMH levels correlate with the number of early antral follicles with greater specificity than Inhibin B, Oestradiol, Follicle Stimulating Hormone and Luteinizing Hormone on cycle day 3. Thus, Day 3 AMH may reflect ovarian follicular status better than these hormone markers.
• Measuring Ovarian Aging – Diminished ovarian reserve, associated with poor response to IVF, is signaled by reduced baseline serum AMH concentrations. AMH would appear to be a useful marker for predicting ovarian aging and the potential for successful IVF.
• Predicting Onset of Menopause – The duration of the menopausal transition can vary significantly in individuals and reproductive capacity may be seriously compromised prior to clinical diagnosis. AMH can predict the occurrence of the menopausal transition.
• Assessing Polycystic Ovary Syndrome – Serum AMH levels are elevated in patients with polycystic ovary syndrome and may be useful as a marker for the extent of the disease.

Interpretation:
AMH levels do not change significantly throughout the menstrual cycle and decrease with age.
"Below mentioned reference interval is applicable for evaluating fertility potential."

Ovarian Fertility Potential	pmol/L	ng/mL
Optimal Fertility	28.6 - 48.5	4.0 - 6.8
Satisfactory Fertility	15.7 - 28.6	2.2 - 4.0
Low Fertility	2.2 - 15.7	0.3 - 2.2
Very Low / undetectable	0.0 - 2.2	0.0 - 0.3
High Level	> 48.5	> 6.8

The interpretation guide provided above are only suggestions which are based upon examination of multiple published studies. It is expected in the near future that refinement of these ranges may occur.

References:
1. Durlinger ALL, Visser JA, Themmen APN. Regulation of ovarian function: the role of anti-Müllerian hormone. Reproduction 2002 124:601-609.
2. Ficicioglu C, Kutlu T, Baglam E, Bakacak Z. Early follicular antimüllerian hormone as an indicator of ovarian reserve. Fertility and Sterility 2006 85:592-6.
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Dr. Sneha Wadalkar,M.D
(Reg.no.MMC2012/06/1868
Junior Biochemist

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SRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL ESTATE,S.V. ROAD,GOREGAON (W)
MUMBAI, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax : 022 - 67801212
CIN - U74899PB1995PLC045956

Patient Ref. No. 2000011509076

REF. DOCTOR :DR. -

Test Report Status **Final**	Results	Biological Reference Interval	Units

SPECIALISED CHEMISTRY - HORMONE

ESTRADIOL (E2), SERUM

ESTRADIOL	25.5	Follicular phase: 12.4 - 233.0 Ovulation phase: 41.0 - 398.0 Luteal phase: 22.3 - 341.0 Postmenopausal: < 5.0 - 138.0 Pregnant women 1st trimester: 154.0 - 3243.0 2nd trimester: 1561.0 - 21280.0 3rd trimester: 8525.0 - > 30000.0	pg/mL

METHOD : COMPETITIVE ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Interpretation(s)
ESTRADIOL (E2), SERUM-In women, most estradiol is released from the ovaries and adrenal glands. It is also released by the placenta during pregnancy. Estradiol plays a role in: growth of the uterus,fallopian tubes and vagina. E2 also helps in development of breasts, changes of the outer genitals and distribution of body fat. In men, a small amount of estradiol is mainly released by the testes. Estradiol helps prevent sperm from dying too early. This test is ordered to check:•How well the ovaries, placenta, or adrenal glands work•If there are signs of an ovarian tumor •If male or female body characteristics are not developing normally•If the periods have stopped (levels of estradiol vary, depending on the time of month)•Hormone therapy is working for women in menopause•A woman is responding to fertility treatment•The test may also be used to monitor persons with hypopituitarism Disorders that are associated with abnormal estradiol results include:•Early (precocious) puberty in girls •Growth of abnormally large breasts in men (gynecomastia)•Lack of periods in women (amenorrhea)•Reduced function of the ovaries (ovarian hypofunction)•Problem with genes, such as Klinefelter syndrome, Turner syndrome•Rapid weight loss or low body fatFSH & LH are the glycoproteins produced by the anterior pituitary gland, regulated by hypothalamic gonadotropin-releasing hormone. FSH stimulates follicular growth and stimulates seminiferous tubules and testicular growth. FSH and LH are used for the diagnosis of gonadal, pituitary, hypothalamic disorders and management of infertility.

****End Of Report****

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PATIENT NAME : MRS. MANALI DOSHI **REF. DOCTOR :**DR. -

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CONDITIONS OF LABORATORY TESTING & REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All tests are performed and reported as per the turnaround time stated in the SRL Directory of Services.
3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
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