MAX Lab

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Immunoassay

AMH PLUS Profile

Test Name	Result	Unit	Bio Ref Interval
Anti Mullerian Hormone (AMH)*			
Anti Mullerian Hormone (AMH) CLIA	1.96	ng/mL	0.03 - 7.15

Ref Range **Interpretation :**

Anti-Mullerian Hormone (AMH) is a hormone secreted by cells in developing egg sacs (follicles). The level of AMH in blood is generally a good indicator of ovarian reserve.
Low AMH levels are considered to be an indicator of a **low ovarian reserve**, i.e. few remaining follicles. AMH levels decline with age, and in younger women this may be a sign of premature loss of fertility
AMH does not change during menstrual cycle, so the blood sample can be taken at any time of the month - even while using oral contraception.
AMH level for a fertile woman is 1.0–4.0 ng/ml

In males AMH is secreted by immature Sertoli cells (SC) and is responsible for the regression of Müllerian ducts in the male fetus as part of the sexual differentiation process. AMH is also involved in testicular development and function.

AMH level ng/ml	Effects for fertility treatment
<0.4	Very low value. Very few eggs at stimulation. Pregnancy chances significantly low.
0.4 – 1.0	Low value. Treatment may be possible.
1.0 – 3.5	Normal value. Good possibility of treatment.
>3.5	Suggestive of ovarian hyperstimulation syndrome / PCOS

Note :- Optimal ovarian reserve values range between 2 - 6 ng/mL in reproductive age group

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AMH PLUS Profile

Estradiol (E2),Serum

Date	23/Feb/2022 08:28PM	Unit	Bio Ref Interval
Estradiol CLIA	55	pg/mL	

Ref Range

Male	20 - 75
Post - Menopausal (Female)	20 - 88
Estradiol -Total (Non - Pregnant Females)	
Mid Follicular Phase	24 - 114
Mid - Luteal Phase	80 - 273
Periovulatory	62 - 534

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(CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 www.maxlab.co.in feedback@maxlab.co.in

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AMH PLUS Profile

LH-Luteinizing Hormone , Serum

	Date	Unit	Bio Ref Interval
	23/Feb/2022 08:28PM		
Luteinizing Hormone CLIA	4.78	mIU/mL	

Ref Range

LH(Male-Adult)	Reference Range
	1.24-8.62
LH (Female-Adult)	
Follicular	2.12-10.89
Mid Cycle Peak	19.18-103.03
Luteal Phase	1.2-12.86
Post Menopausal (>50 Year)	10.87-58.64

Interpretation

Increased in Primary gonadal dysfunction, polycystic ovarian syndrome (LH/FSH ratio is high in 60% cases), post-menopause, and pituitary adenoma.
Decreased in pituitary or hypothalamic impairment, isolated gonadotropic deficiency associated with anosmia or hyposmia (Kallmann's syndrome), anorexia nervosa, isolated LH deficiency ("fertile eunuch"), sever stress, malnutrition, and sever illness.
Pooled samples are advisable due to episodic, diurnal and cyclic variations in gonadotropin secretion.

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AMH PLUS Profile

FSH - Follicle Stimulating Hormone,Serum

	Date	Unit	Bio Ref Interval
	23/Feb/2022 08:28PM		
Follicle Stimulating Hormone CLIA	8.06	mIU/mL	

Ref. Range

Adult Male	1.27 - 19.26
Adult Female :	
Follicular	3.85 - 8.78
Midcycle Peak	4.54 - 22.51
Luteal Phase	1.79 - 5.12
Post Menopausal (>50 Yrs)	16.74 - 113.59

Interpretation

Increased in primary gonadal failure, ovarian or testicular agenesis, Klinefelter's syndrome, Reifenstein's syndrome, castration, alcoholism, menopause, orchitis, gonadotropin-secreting pitutary tumors.
Decreased in anterior hypofunction, hypothalamic disorders, pregnancy, anorexia nervose, polycystic ovarian disease, hemochromatosis, sickle cell anaema, sever illness, hyperprolactinemia.
Pooled samples are advisable due to episodic, diurnal and cyclic variations in gonadotropin secretion.

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AMH PLUS Profile

Prolactin, Serum

	Date	**23/Feb/2022 08:28PM**	**Unit**	**Bio Ref Interval**
Prolactin CLIA		11.76	ng/mL	

Ref Range

Males :	2.64 - 13.13
Females :	
Premenopausal (<50 years of age):	3.34 - 26.74
Postmenopausal (>50 years of age):	2.74 - 19.64

Interpretation

Increased in prolactin-secreting pituitary tumors, amenorrhea and/or galactorrhea, Chiari-Frommel and Argonz Del Cstillo syndromes, various types of hypothalamic-pitutary disease (e.g. sarcoidosis, granulomatous diseases, crangiopharyngioma, metastatic cancer, empty sella syndrome), primary hypothyroidism, anorexia nervosa, polycystic ovary syndrome, renal failure, insulin-induced hypoglycemia, chest wall injury, adrenal insufficiency, and pituitary stalk section surgery
Decreased in pituitary apoplexy (Sheehan's Syndrome)

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Immunoassay

AMH PLUS Profile

Testosterone, Total,Serum

Date	23/Feb/2022 08:28PM	Unit	Bio Ref Interval
Testosterone (total) CLIA	0.31	ng/mL	0.1-0.75

Interpretation Increase in Idiopathic sexual precocity and adrenal hyperplasia in boys, some adrenocortical tumors, extragonadal tumors producing gonadotropin in men, trophoblastic disease during pregnancy, testicular feminization, idiopathic hirsutism, virilizing ovarian tumors, arrhenoblastoma, hilar cell tumor, and virilizing luteoma.
Secretion is episodic, with peak about 7:00 AM and minimum about 8:00 PM; pooled samples are more reliable.
Decreased in Down syndrome, uremia, myotonic dystrophy, hepatic insufficiency, cryptorchidism, primary and secondary hypogonadism, and delayed puberty in boys.

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AMH PLUS Profile

Thyroid Stimulating Hormone (TSH) - Ultrasensitive

	Date	Unit	Bio Ref Interval
	23/Feb/2022 08:28PM		
Thyroid Stimulating Hormone CLIA	3.88	µIU/mL	0.34 - 5.6

Interpretation

Parameter	Unit	Premature (28 - 36 Weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	Adult	1st Trimester	2nd Trimester	3rd Trimester
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.38 - 5.33	0.1 - 2.5	0.2 - 3.0	0.3 - 3.0

Increased in primary Hypothyroidism.
Decreased in primary Hyperthyroidism

Note : TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 am and at a minimum between 6 – 10 pm. The variation is of the order of 50% - 206 %, hence time of the day has influence on the measured serum TSH concentrations.

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
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Max Lab & Blood Bank Services

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Associate Director &
Manager Quality

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Principal Consultant & Head,
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