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:B2B1915104

Immunoassay

Max Gynae Profile - 1

Test Name	Result	Unit	Bio Ref Interval
Anti Mullerian Hormone (AMH)*			
Anti Mullerian Hormone (AMH) CLIA	1.61	ng/mL	0.07- 7.35

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

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :4075 - Kwintclear Chemicals Pvt. Ltd, Kh No 62, Flat No C4, S/F, Ardhayam Appt, Maidan Garhi, 8383892191
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Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)
Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(CIN No.: U85100DL2021PLC381826)
Helpline No. 7982 100 200 www.maxlab.co.in feedback@maxlab.co.in

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Max Gynae Profile - 1

Estradiol (E2),Serum (ULTRASENSITIVE)

	Date	Unit	Bio Ref Interval
	28/Dec/2022 11:16AM		
Estradiol CLIA	66.20	pg/mL	

Ref Range Males:

Pediatric Male (0 to < 1 year): upto 38.2
Pre-puberty Male (1 to < 12 Years): upto – 15
Puberty Male (12 to < 19 Years): upto 34.8
Adult Male (≥ 19 years): upto 31.5

Females:

Pediatric Female (0 to < 1 year): upto 38.2
Pre-puberty female (1 to < 12 Years): upto 16
Puberty Female (12 to < 19 Years): upto 196

Non – Pregnant Females:

Early Follicular: 22.4 – 115
Mid Follicular: 25.0 – 115
Ovulatory Peak: 32.1 – 517
Mid Luteal: 36.5 – 246

Post – Menopausal Females: upto 25.1

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MC-2714

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Immunoassay

Max Gynae Profile - 1

FSH - Follicle Stimulating Hormone,Serum

	Date	**28/Dec/2022 11:16AM**	**Unit**	**Bio Ref Interval**
Follicle Stimulating Hormone CLIA		8.51	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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Immunoassay

Max Gynae Profile - 1

LH-Luteinizing Hormone , Serum

	Date	Unit	Bio Ref Interval
	28/Dec/2022 11:16AM		
Luteinizing Hormone CLIA	3.20	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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Immunoassay

Max Gynae Profile - 1

Prolactin, Serum

	Date	**28/Dec/2022 11:16AM**	**Unit**	**Bio Ref Interval**
Prolactin CLIA		14.97	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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Max Gynae Profile - 1

Thyroid Stimulating Hormone (TSH) - Ultrasensitive, Serum

		Unit	Bio Ref Interval
Date	**28/Dec/2022 11:16AM**		
Thyroid Stimulating Hormone CLIA	2.81	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

Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality

Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
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