

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
Max Gynaecological Hormone Profile

Estradiol (E2),Serum

Date	27/Oct/2021	Unit	Bio Ref
	09:22AM		Interval
Estradiol	<20	pg/mL	20 - 75
CLIA			

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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FSH - Follicle Stimulating Hormone, Serum

Date	27/Oct/2021	Unit	Bio Ref Interval
	09:22AM		
Follicle Stimulating Hormone	13.23	mIU/mL	
CLIA			

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 pituitary tumors.

Decreased in anterior hypofunction, hypothalamic disorders, pregnancy, anorexia nervosa, polycystic ovarian disease, hemochromatosis, sickle cell anaemia, severe illness, hyperprolactinemia.

Pooled samples are advisable due to episodic, diurnal and cyclic variations in gonadotropin secretion.


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Immunoassay
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LH-Luteinizing Hormone , Serum

Date	27/Oct/2021	Unit	Bio Ref Interval
	09:22AM		
Luteinizing Hormone	5.07	mlU/mL	
CLIA			

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 Gynaecological Hormone Profile

Prolactin, Serum

Date	27/Oct/2021 09:22AM	Unit	Bio Ref Interval
Prolactin CLIA	3.79	ng/mL	2.64-13.13

Ref Range

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

Interpretation

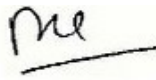
Increased in prolactin-secreting pituitary tumors, amenorrhea and/or galactorrhea, Chiari-Frommel and Argonz Del Castillo syndromes, various types of hypothalamic-pituitary disease (e.g. sarcoidosis, granulomatous diseases, craniopharyngioma, metastatic cancer, empty sella syndrome), primary hypothyroidism, 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)

Kindly correlate with clinical findings

*** End Of Report ***



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



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



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



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SIN No. B2BT145250, Test Performed at : 910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Helpline No. 7982 100 200 | www.maxlab.co.in | feedback@maxlab.co.in
Booking Centre : 2225 - Max Lab, Dakshapuri, Delhi, Shop No. 7, Central Market, Dakshapuri, Delhi, 8851147983

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