

**Laboratory Investigation Report**

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


**Clinical Biochemistry**

**PCOD (POLYCYSTIC OVARIAN DISEASE) COMPREHENSIVE PROFILE.**
**Fasting Blood Sugar (Glucose) , (FBS), Fluoride Plasma**

Date	31/Jan/2024	31/Jan/24	03/Oct/22	Unit	Bio Ref Interval
	06:53AM	06:47AM	06:50AM		
Glucose (Fasting) Hexokinase	95.0	96.5	87.6	mg/dL	74 - 99

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

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**Immunoassay**

**PCOD (POLYCYSTIC OVARIAN DISEASE) COMPREHENSIVE PROFILE.**

Test Name	Result	Unit	Bio Ref Interval
<b>Homa-IR Insulin Resistance Index, Serum &amp; Flouride</b>			
Hexokinase, CMIA			
Glucose (Fasting)	95.0	mg/dL	74 - 99
Hexokinase			
Insulin Serum , Fasting	10.61	uU/mL	2.00 - 25.00
Beta Cell Function (%B)	106.40	%	
Insulin Sensitivity (%S)	72.00	%	
Homa IR Index	1.39		<2.50

**Interpretation**

Homeostatic model assessment (HOMA) is a method for assessing beta cell function (%B) and insulin sensitivity (%S) from fasting glucose and insulin concentrations. HOMA can be used to track changes in insulin sensitivity and beta cell function to examine natural history of diabetes. Insulin sensitivity is reduced in normal subjects having first degree relative with type 2 diabetes compared with control subjects. Changes in beta cell sensitivity in subjects on insulin secretagogues may be useful in determining beta cell function over a period.

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**PCOD (POLYCYSTIC OVARIAN DISEASE) COMPREHENSIVE PROFILE.**
**Insulin Level (Fasting), Plasma EDTA**

Date	31/Jan/2024 06:53AM	Unit	Bio Ref Interval
Insulin, Serum (Fasting) CLIA	10.61	µIU/mL	1.9-23


**Interpretation** Increased in Insulinoma, Untreated mild DM in obese individuals.


Kindly correlate with clinical findings

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

  
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 Haematopathology

  
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**PCOD (POLYCYSTIC OVARIAN DISEASE) COMPREHENSIVE PROFILE.**

Test Name	Result	Unit	Bio Ref Interval
<b>Lipid Profile Basic*</b>			
Cholesterol Enzymatic	174	mg/dl	< 200
HDL Cholesterol Homogeneous enzymatic	41.7	mg/dl	> 40
LDL Cholesterol Homogeneous enzymatic	<b>104</b>	mg/dl	< 100
Triglyceride Enzymatic	<b>179.0</b>	mg/dl	< 150
VLDL Cholesterol Calculated	<b>35.8</b>	mg/dl	< 30
Non-HDL Cholesterol Calculated	<b>132.30</b>	mg/dl	< 130

**Comment**

Total Cholesterol	Desirable: < 200 mg/dL	LDL-C	Optimal: < 100 mg/dL
	Borderline High: 200-239 mg/dL		Near Optimal/ Above Optimal: 100-129 mg/dL
	High ≥ 240 mg/dL		Borderline High: 130-159 mg/dL
			High: 160-189 mg/dL
			Very High: ≥ 190 mg/dL
HDL-C	Low HDL: < 40 mg/dL	Triglyceride	Normal: < 150 mg/dL
	High HDL: ≥ 60 mg/dL		Borderline High: 150-199 mg/dL
			High: 200-499 mg/dL
			Very High: ≥ 500 mg/dL

Kindly correlate with clinical findings

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

Anita Khanna

**Dr. Anita Khanna MD (Path.)**  
Associate Director & Head (Lab Medicine)

Mohini

**Dr. Mohini Bhargava, MD**  
Associate Director (Biochemistry)

Test Performed at : 794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)  
Booking Centre : 3606 - Max lab Rajendra Place, Shop No. 107, Ground Floor, Prabhat Kiran Building, 9599918892

Max Super Speciality Hospital, Saket (West Block), U-Press Enclave Road, Saket, New Delhi - 110 017, Phone : 91-11-6661 3050

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Helpline No. 7982 100 200 | [www.maxlab.co.in](http://www.maxlab.co.in) | [feedback@maxlab.co.in](mailto:feedback@maxlab.co.in)

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**Immunoassay**

**PCOD (POLYCYSTIC OVARIAN DISEASE) COMPREHENSIVE PROFILE.**

Test Name	Result	Unit	Bio Ref Interval
<b>Anti Mullerian Hormone (AMH), Serum</b>			
Anti Mullerian Hormone (AMH) CLIA	3.08	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

**DHEA-S (Dehydroepiandrosterone Sulphate), Serum**

DHEA Sulphate CLIA	244.13	µg/dL	23-266
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**Interpretation :** DHEA-S originates almost exclusively in the adrenals, although some may be derived from the testes; none are produced by the ovaries. DHEA-S is metabolized to testosterone and Dihydrotestosterone. DHEA-S is increased in females with hirsutism, Acne, Congenital adrenal hyperplasia, Adrenal Cortex Tumors, Cushing's disease, ectopic ACTH-producing tumors, polycystic ovarian syndrome, precocious puberty. DHEA-S is decreased in Adrenal Insufficiency (Primary or Secondary). In addition to DHEA-S, other plasma markers of androgen excess is advisable like Total Testosterone, Free Dihydrotestosterone, Androstenedione and 3α – Androstenediol Glucuronide.

Test Performed at : 910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

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**Immunoassay**

**PCOD (POLYCYSTIC OVARIAN DISEASE) COMPREHENSIVE PROFILE.**
**FSH - Follicle Stimulating Hormone, Serum**

Date	31/Jan/2024 06:53AM	Unit	Bio Ref Interval
Follicle Stimulating Hormone CLIA	6.96	mIU/mL	

**Ref. Range**

<b>Adult Male</b>	1.27 - 19.26
<b>Adult Female :</b>	
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.

**LH-Luteinizing Hormone , Serum**

Date	31/Jan/2024 06:53AM	Unit	Bio Ref Interval
Luteinizing Hormone CLIA	4.50	mIU/mL	

**Ref Range**

<b>LH(Male-Adult)</b>	<b>Reference Range</b>
	1.24-8.62
<b>LH (Female-Adult)</b>	
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"), severe stress, malnutrition, and severe illness.

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

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

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**Immunoassay**

**PCOD (POLYCYSTIC OVARIAN DISEASE) COMPREHENSIVE PROFILE.**
**Prolactin, Serum**

Date	31/Jan/2024 06:53AM	Unit	Bio Ref Interval
Prolactin CLIA	13.28	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-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)

**Testosterone, Total, Serum**

Date	31/Jan/2024 06:53AM	Unit	Bio Ref Interval
Testosterone (total) CLIA	0.98	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.

Kindly correlate with clinical findings

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

**Laboratory Investigation Report**

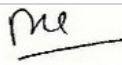
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**Immunoassay**



SIN No: B2B4888235

**PCOD (POLYCYSTIC OVARIAN DISEASE) COMPREHENSIVE PROFILE.**


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



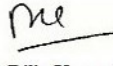
**Dr. Dilip Kumar M.D.**  
Associate Director &  
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**PCOD (POLYCYSTIC OVARIAN DISEASE) COMPREHENSIVE PROFILE.**
**Thyroid Stimulating Hormone (TSH) - Ultrasensitive, Serum**

**Date** 31/Jan/2024  
06:53AM

**Unit Bio Ref Interval**

Thyroid Stimulating Hormone 2.64  
CLIA

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	0.05 - 3.7	0.31 - 4.35	0.41 - 5.18

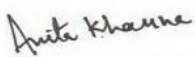
Increased in primary Hypothyroidism.

Decreased in primary Hyperthyroidism

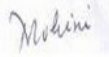
**Note :** TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 am and at a minimum between 6 – 10 pm. The variation is of the order of 50% - 206 %, hence time of the day has influence on the measured serum TSH concentrations.

Kindly correlate with clinical findings

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



**Dr. Anita Khanna MD (Path.)**  
Associate Director & Head (Lab Medicine)



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