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:SS0340233

Immunoassay

Test Name	Result	Unit	Bio Ref Interval
Anti Mullerian Hormone (AMH)*			
Anti Mullerian Hormone (AMH) CLIA	0.05	ng/mL	0.00 - 1.15

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

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

Test Name	Result	Unit	Bio Ref Interval
Prolactin, Serum (Pooled Sample)*			
Prolactin CLIA	4.05	ng/mL	

Pooled Sample

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

SIN No:SS0340233

FSH - Follicle Stimulating Hormone,Serum

	Date 12/Dec/2022 10:22AM	Unit	Bio Ref Interval
Follicle Stimulating Hormone CLIA	14.21	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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MC-2714

MAX Lab

Laboratory Investigation Report

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Ref Doctor	Reporting Date/Time

Immunoassay

SIN No:SS0340233

LH-Luteinizing Hormone , Serum

	Date	Unit	Bio Ref Interval
	12/Dec/2022 10:22AM		
Luteinizing Hormone CLIA	8.19	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.

Kindly correlate with clinical findings

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

Dr. Poonam. S. Das, M.D.
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