

Sagepath Labs Pvt. Ltd.

Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg. No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name : Mrs. G HEMALATHA

Sample ID : A1308757

Age/Gender : 28 Years/Female Reg. No : 0312412270045

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 27-Dec-2024 08:04 PM
Primary Sample : Whole Blood Received On : 27-Dec-2024 10:56 PM
Sample Tested In : Serum Reported On : 27-Dec-2024 11:38 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval

PRL(Prolactin) 15.11 ng/mL Refer Table

Interpretation:		
Age	Reference Range: Male (ng/mL)	Reference Range: Female(ng/mL)
Puberty Tanner Stage		
1	< 10.0	3.6-12.0
2-3	< 6.1	2.6-18.0
4-5	2.8-11.0	3.2-20.0
Adult	2.1-17.7	Nonpregnant :2.8–29.2 Pregnant :9.7–208.5 Postmenopausal :1.8–20.3

- Prolactin is a 23kD sized hormone produced by the lactotroph cells of the pituitary gland, a grape-sized organ found at the base of the brain. Normally present in low amounts in men and non-pregnant women, prolactin's main role is to promote lactation (breast milk production).
- Breast milk production that is not related to childbirth (galactorrhea)
- Erection problems in men
- Irregular or no menstrual periods (amenorrhea)

Anti Mullerian Hormone (AMH)	1.97	ng/mL	Refer Table	

Age Ranges in Females:		Fertility Ranges:
18-25 Years: 0.96-13.34 ng/mL	26-30 Years: 0.17-7.37 ng/mL	Optimal Fertility: 4.0-6.8 ng/mL
31-35 Years: 0.07-7.35 ng/mL	36-40 Years: 0.03-7.15 ng/mL	Satisfactory Fertility: 2.2-4.0 ng/mL
41-45 Years: < 3.27 ng/mL	> 46 Years: < 1.15 ng/mL	Low Fertility: 0.3-2.2 ng/mL
Male Reference Range: 0.73-16.05 ng/mL		

OVER VIEW:

Antimullerian hormone (AMH), also called müllerian inhibiting substance, is a glycoprotein that regulates reproductive duct development. Its presence in the fetal male causes regression of the müllerian (female) ducts which then allows for the wolffian (male) ducts to develop. AMH is produced by the Sertoli cells of the testis beginning around 6 weeks gestation; levels remain elevated until puberty. In the female fetus, the absence of AMH allows the müllerian ducts to develop into the fallopian tubes, uterus, and upper 2/3 of the vagina. The hormone is secreted by the granulosa cells of preantral and small antral follicles of the ovaries and begins to be detected around 36 weeks gestational age. AMH levels are low in female children until puberty. They typically remain constant during the reproductive years and then decline steadily with age as the number of follicles decrease. AMH is undetectable at menopause.

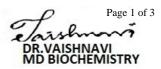
Clinical Significance:

- Assess gonadal function in children
- Evaluation of infants with ambiguous genitalia and other intersex conditions.
- Evaluating testicular function in infants and children including cryptorchidism and anorchidism.
- Aid in the assessment of infrequent or absent menses, including premature ovarian insufficiency, polycystic ovarian syndrome and menopause.
- Assessing ovarian status including follicle development, ovarian reserve, and ovarian responsiveness, as part of an evaluation for infertility and assisted reproduction protocols such as in vitro fertilization (IVF).
- Assessing ovarian function prior to, during, and following gonadotoxic cancer treatment in premenopausal women.
- Diagnosing and monitoring patients with AMH-secreting ovarian granulosa cell tumors.











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CLINICAL BIOCHEMISTRY

Test Name Results Units Biological Reference Interval

LH (Leutinizing Hormone) 4.99 mlU/mL Refer Table

Interpretation:		
Age	Reference Range: Male (mIU/mL)	Reference Range: Female(mIU/mL)
Pre Puberty Child		
2-11 Months	0.02-8.0	0.02-8.0
1-10 Years	0.04-3.6	0.03-3.9
Puberty Tanner Stage		
1	0.04-3.6	0.03-3.0
2	0.26-4.8	0.10-4.1
3	0.56-6.3	0.20-9.1
4-5	0.56-7.8	0.50-15.0
Adult	20–70 years:1.5–9.3 > 70 years:3.1–34.6	
Follicular Phase		1.9–12.5
Midcycle Peak		8.7–76.3
Luteal Phase		0.5–16.9
Postmenopausal		15.9–54.0
Pregnant		< 0.1–1.5
Contraceptives		0.7–5.6

Increased Values Of LH Seen In:

- Menopause, ovarian dysgenesis. (Turner syndrome), Testicular dysgenesis (Klinefelter syndrome).
- Precocious puberty

Decreased Values Of LH Seen In:

- Pituitary failure. Both LH/ FSH are low.
- hypothalamic failure will also lead to low LH and FSH level.







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DR. VAISHNAVI
MD BIOCHEMISTRY



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CLINICAL BIOCHEMISTRY

Test Name Results Units Biological Reference Interval

FSH (Follicle Stimulating Hormone) 7.35 mlU/mL Refer Table

Interpretation:

Age	Reference Range: Male (mIU/mL)	Reference Range: Female(mIU/mL)
Pre Puberty Child		
2-11 Months	0.19-11.3	0.10-11.3
1-10 Years	0.3-4.6	0.68-6.7
Puberty Tanner Stage		
1-2	0.30-4.6	0.68-6.7
34	1.24-15.4	1.0-7.4
5	1.53-6.8	1.0-9.2
Adult	1.42-18.4	
Follicular Phase		2.5–10.2
Midcycle Peak		3.4–33.4
Luteal Phase		1.5–9.1
Postmenopausal		23.0–116.3
Pregnant		< 0.3

The follicle stimulating hormone (FSH) blood test measures the level of FSH in blood. FSH is a hormone released by the pituitary gland, located on the underside of the brain

Low FSH levels in women may be present due to:

- Being very underweight or having had recent rapid weight loss
- Not producing eggs (not ovulating)
- · Parts of the brain (the pituitary gland or hypothalamus) not producing normal amounts of some or all of its hormones
- Pregnancy

High FSH levels in men may mean the testicles are not functioning correctly due to:

- Advancing age (male menopause)
- Damage to testicles caused by alcohol abuse, chemotherapy, or radiation
- Certain tumors in the pituitary gland

*** End Of Report ***







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