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Dr. Yugam Chopra
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CEO & Consultant Pathologist

NAME	: Mrs. MEHAK BANSAL		
AGE/ GENDER	: 30 YRS/FEMALE	**PATIENT ID**	: 1547485
COLLECTED BY	: SURJESH	**REG. NO./LAB NO.**	: 012407130027
REFERRED BY	:	**REGISTRATION DATE**	: 13/Jul/2024 09:47 AM
BARCODE NO.	: 01513039	**COLLECTION DATE**	: 13/Jul/2024 12:39PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 13/Jul/2024 02:37PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE TOLERANCE TEST MODIFIED (AFTER 75 GMS OF GLUCOSE)

Test Name	Value	Unit	Biological Reference interval
GLUCOSE FASTING (F): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	74.01	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0
GLUCOSE AFTER 60 MINS: PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	98.24	mg/dL	60.0 - 180.0
GLUCOSE AFTER 120 MINS: PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	78.43	mg/dL	60.0 - 160.0

Interpretation: (In accordance with the American diabetes association guidelines):

This test is recommended for patients who have tested positive in the screening OGT (50 gram OGT) or in patients who are deemed to be at high risk of developing gestational diabetes. An 8-14 hour fasting is mandatory for initiation of this test.

For this test, a fasting sample is followed by two more samples drawn at 1 hour and 2 hours after ingestion of 75 grams of glucose.

The American diabetes group recommendations suggest that gestational diabetes be diagnosed when one or more of the plasma glucose values are:

Time	Unit	Blood Sugar level
Fasting	mg/dl	>=95
1 hour	mg/dl	>=180
2 hour	mg/dl	>=155

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KOS Diagnostic Lab
(A Unit of KOS Healthcare)

KOS
EXCELLENCE IN HEALTHCARE & DIAGNOSTICS

ISO 9001 : 2008 CERTIFIED LAB

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NAME	: Mrs. MEHAK BANSAL		
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COLLECTED BY	: SURJESH	**REG. NO./LAB NO.**	: **012407130027**
REFERRED BY	:	**REGISTRATION DATE**	: 13/Jul/2024 09:47 AM
BARCODE NO.	: 01513039	**COLLECTION DATE**	: 13/Jul/2024 12:39PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 13/Jul/2024 02:40PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

ANTI MULLERIAN HORMONE (AMH) GEN II

ANTI MULLERIAN HORMONE (AMH) GEN II: SERUM	0.629	ng/mL	0.05 - 11.00

by ECLIA (ELECTROCHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:-

A Correlation of FERTILITY POTENTIAL and AMH levels are :

OVARIAN FERTILITY POTENTIAL	AMH VALUES IN (ng/mL)
OPTIMAL FERTILITY:	4.00 – 6.80 ng/mL
SATISFACTORY FERTILITY:	2.20 – 4.00 ng/mL
LOW FERTILITY:	0.30 – 2.20 ng/mL
VERY LOW/UNDETECTABLE:	0.00 – 0.30 ng/mL
HIGH LEVEL:	>6.8 ng/mL (PCOD/GRANULOSA CELL TUMOUR)

Anti Mullerian Hormone (AMH) is also known as Mullerian Inhibiting Substance provided by sertoli cells of the testis in males and by ovarian granulose cells in females upto antral stage in females.

IN MALES:
1.It is used to evaluate testicular presence and function in infants with intersex conditions or ambiguous genitalia, and to distinguish between cryptorchidism and anorchia in males

IN FEMALES:
1.During reproductive age, follicular AMH productionbegins during the primary stage, peaks in preantral stage & has influence on follicular sensitivity to FSH which is impoetant in selection for follicular dominance. AMH levels thus represents the pool or number of primordial follicles but not thequality of oocytes.AMH does not vary significantly during menstrual cycle & hence can be measured independently of day of cycle.
2.Polycystic ovarian syndrome can elevate AMH 2 to 5 fold higher than age specific reference range & predict anovulatory, irregular cycles, ovarian tumours like Granulosa cell tumour are often associated with higher AMH levels.
3.Obese women are often associated with diminished ovarian reserve and can have 65% lower mean AMH levels than non-obese women.
4.In females , AMH levels do not change significantly throughout the menstrual cycle and decrease with age.
5.Assess Ovarian Reserve - correlates with the number of antral follicies in the ovaries.
6.Evaluate fertility potential and ovarian response in IVF- Women with low AMG levels are more likely to the poor ovarian responders.
7.Assess the condition of Polycystic Ovary and premature ovarian failure.

A combination of Age, Ultrasound markers-Ovarian Volume and Antral Follicle Count, AMH and FSH levels are useful for optimal assessment of ovarian reserve. Studies in various fertility clinics are ongoing to establish optimal AMH concentretaion for predicting response to invitro fertilization, however,given below is suggested interpretative reference.

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Test Name	Value	Unit	Biological Reference interval

AMH levels (ng/mL)	Suggested patient Categorization for fertility based on AMH for age group (20 to 45 yrs)	Anticipated Antral Follicle counts	Anticipated FSH levels (day 3)	Anticipated Response to IVF/COH cycle
Below 0.3	Very low	Below 4	Above 20	Negligible/Poor
0.3 to 2.19	Low	4 - 10	Usually 16 - 20	Reduced
2.19 t0 4.00	Satisfactory	11 - 25	Within reference range or between 11 - 15	Safe/Normal
Above 4.00	Optimal	Upto 30 and Above	Within reference range or between 11 – 15 or Above 15	Possibly Excessive

INCREASED:
1.Polycystic ovarian syndrome (most common)
2. Ovarian Tumour: Granulosa cell tumour

DECREASED:
1.Anorchia , Abnormal or absence of testis in males
2.Pseudohermaphroditism
3.Post Menopause

NOTE:
1.AMH measurement alone is seldom suffcient for diagnosis and results should be interpreted in the light of clinical finding and other relevant test such as ovarian ultrasonography(In fertility applications); abdominal or testicular ultrasound(intersex or testicular function applications); measurement of sex steroids (estradiol,Progesterone,Testosterone),FSH, Inhibin B (For fertility), and Inhibin A and B (for tumour work up).
2.Conversion of AMH grom ng/mL to pmol/L can be performed by using equation 1 ng/mL = 7.14 pmol/L

*** End Of Report ***

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