



	Dr. Vinay Chop MD (Pathology & M Chairman & Consult	licrobiology)		(Pathology)	
NAME	: Mrs. JYOTI BHALLA				
AGE/ GENDER	: 35 YRS/FEMALE		PATIENT ID	: 1604360	
COLLECTED BY	:		REG. NO./LAB NO.	: 012409060061	
REFERRED BY	: LOOMBA HOSPITAL (AMBALA	CANTT)	REGISTRATION DATE	: 06/Sep/2024 03:31 PM	
BARCODE NO.	:01516444		COLLECTION DATE	: 06/Sep/2024 04:12PM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 06/Sep/2024 05:21PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	ÍBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
			RINOLOGY		
		ENDOU			
	ANTI MI		IORMONE (AMH) GEN		
by ECLIA (ELECTROC	ANTI MI ORMONE (AMH) GEN II: SERUM HEMILUMINESCENCE IMMUNOASSAY)			II 0.05 - 11.00	
by ECLIA (ELECTROC	ORMONE (AMH) GEN II: SERUM	ULLERIAN H	IORMONE (AMH) GEN		
by ECLIA (ELECTROC INTERPRETATION:-	ORMONE (AMH) GEN II: SERUM	ULLERIAN H 5.49	IORMONE (AMH) GEN		

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)		

KOS Diagnostic Lab (A Unit of KOS Healthcare)

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 up to 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.





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

 KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana

 KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana

 0171-2643898, +91 99910 43898
 care@koshealthcare.com
 www.koshealthcare.com







Dr. Yugam Chopra

	MD (Pathology & Microbiology) Chairman & Consultant Patholog	MD	MD (Pathology) CEO & Consultant Pathologist		
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Dr. Vinay Chopra

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:

Anorchia , Abnormal or absence of testis in males
 Pseudohermaphroditism
 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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