

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



	Dr. Vinay Chop MD (Pathology & Mi Chairman & Consult	crobiology)		(Pathology)
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mrs. PRIYANKA BISHT : 29 YRS/FEMALE : : : 01519243 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD, AM	BALA CANTI	PATIENT ID REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE	: 1648751 : 012410200032 : 20/Oct/2024 05:33 PM : 20/Oct/2024 05:36PM : 20/Oct/2024 06:54PM
Test Name		Value	Unit	Biological Reference interval
			CRINOLOGY G HORMONE (LH)	
INTERPRETATION: 1. Luteinizing hormon hormone from the hyj 2. In both males and f into a follicular phase 3. This "LH surge" trig luteum that, in turn, p 4. LH supports thecal interstitial cells of Ley The test is useful in th 1. An adjunctin the ev 2. Evaluating patients 3. Predicting ovulatio 4. Diagnosing pituitar 5. In both males and f levels. FSH AND LH ELEVTED 1. Primary gonadal fa 2. Complete testicular 3. Precocious puberty 4. Menopause 5. Primary ovarian hy 6. Polycystic ovary dis 7. Primary hypogonac LH IS DECREASED IN: 1. Primary ovarian hy 2. Primary hypergona NOTE	DNE (LH): SERUM ESCENT MICROPARTICLE IMMUNOASSA e (LH) is a glycoprotein hormone co pothalamus controls the secretion o emales, LH is essential for reproduce and a luteal phase. gers ovulation thereby not only rele roduces progesterone to prepare th cells in the ovary that provide andr rdig to cause increased synthesis of e following situations: valuation of menstrual irregularities with suspected hypogonadism n & Evaluating infertility y disorders emales, primary hypogonadism res ilure feminization syndrome (either idiopathic or secondary to po dysfunction in females sease in females dism in males per function in females	8.2 y) ponsisting of 2 if the gonado tion. In fema easing the eg the endometri rogens and ho testosterone s. sults in an ele a central nerv	mIU/mL non covalently bound subur tropins, FSH and LH, from th les, the menstrual cycle is d g, but also initiating the con um for a possiblei mplantatio ormonal precursors for estra 	MALES: 0.57 - 12.07 FOLLICULAR PHASE: 1.80 - 11.78 MID-CYCLE PEAK: 7.59 - 89.08 LUTEAL PHASE: 0.56 - 14.0 POST MENOPAUSAL WITHOUT HRT: 5.16 - 61.99 nits (alpha and beta). Gonadotropin-releasing e anterior pituitary. ivided by a mid cycle surge of both LH and FSH version of the residual follicle into a corpus on. adiol production. LH in males acts on testicular

KOS Diagnostic Lab (A Unit of KOS Healthcare)





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

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

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

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

 www.koshealthcare.com
 www.koshealthcare.com







	Dr. Vinay Chopi MD (Pathology & Mid Chairman & Consulta	crobiology)	Yugam Chopra MD (Pathology) nsultant Pathologist
NAME	: Mrs. PRIYANKA BISHT		
AGE/ GENDER	: 29 YRS/FEMALE	PATIENT ID	: 1648751
COLLECTED BY	:	REG. NO./LAB NO.	. :012410200032
REFERRED BY	:	REGISTRATION D	ATE : 20/Oct/2024 05:33 PM
BARCODE NO.	: 01519243	COLLECTION DAT	E : 20/Oct/2024 05:36PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DAT	E : 20/Oct/2024 07:08PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMI	BALA CANTT	
Test Name		Value Un	it Biological Reference interval
	FOLLICL	E STIMULATING HORMONE	E (FSH)
	ING HORMONE (FSH): SERUM ESCENCE IMMUNOASSAY)	10.83 ml	U/mL FEMALE FOLLICULAR PHASE: 3.03 8.08 FEMALE MID-CYCLE PEAK: 2.55 - 16.69 FEAMLE LUTEAL PHASE: 1.38 - 5.47 FEMALE POST-MENOPAUSAL: 26.72 - 133.41

 Gonadotropin-releasing hormone from the hypothalamus controls the secretion of the gonadotropins, follicle-stilluteinizing hormone (LH) from the anterior pituitary.
 The menstrual cycle is divided by a midcycle surge of both FSH and LH into a follicular phase and a luteal phase.
 FSH appears to control gametogenesis in both males and females.
 The test is useful in the following settings:

 An adjunct in the evaluation of menstrual irregularities.
 Evaluating patients with suspected hypogonadism.
 Predicting ovulation
 Evaluating infertility

 thalamus controls the secretion of the gonadotropins, follicle-stimulating hormone (FSH) and

4. Evaluating infertility

5. Diagnosing pituitary disorders

6. In both males and females, primary hypogonadism results in an elevation of basal follicle-stimulating hormone (FSH) and luteinizing hormone (LH) levels

FSH and LH LEVELS ELEVATED IN:

1. Primary gonadal failure

2. Complete testicular feminization syndrome.

3. Precocious puberty (either idiopathic or secondary to a central nervous system lesion)

- Menopause (postmenopausal FSH levels are generally >40 IU/L)
 Primary ovarian hypofunction in females
- 6. Primary hypogonadism in males
- NOTE:

1. Normal or decreased FSH is seen in polycystic ovarian disease in females

2. FSH and LH are both decreased in failure of the pituitary or hypothalamus.

*** End Of Report





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

