

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

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME	: Mrs. ALKA	PATIENT ID	: 1674738
AGE/ GENDER	: 32 YRS/FEMALE	REG. NO./LAB NO.	: 012411180005
COLLECTED BY	:	REGISTRATION DATE	: 18/Nov/2024 08:04 AM
REFERRED BY	:	COLLECTION DATE	: 18/Nov/2024 08:05AM
BARCODE NO.	: 01520994	REPORTING DATE	: 18/Nov/2024 10:19AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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ENDOCRINOLOGY

LUTEINISING HORMONE (LH)/FOLLICLE STIMULATING HORMONE (FSH) PROFILE WITH RATIO

LUTEINISING HORMONE (LH): SERUM <i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>	5.55	mIU/mL	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
FOLLICLE STIMULATING HORMONE (FSH): SERUM <i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>	8.47	mIU/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 MALE: 0.95 - 11.95
LH:FSH RATIO: SERUM <i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>	0.66	RATIO	< 2.0

INTERPRETATION:

LUTEINIZING HORMONE (LH)

CLINICAL USE

1. Diagnosis of gonadal function disorders
2. Diagnosis of pituitary disorders

INCREASED LEVEL:

1. Primary hypogonadism
2. Gonadotropin secreting pituitary tumors

DECREASED LEVELS:

1. Hypothalamic GnRH deficiency
2. Pituitary LH deficiency
3. Ectopic steroid hormone production
4. GnRH Analog treatment



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



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FOLLICLE STIMULATING HORMONE

CLINICAL USE:

1. Diagnosis of gonadal function disorders
2. Management and treatment of infertility in both genders

INCREASED LEVELS

1. Primary hypogonadism
2. Gonadotropin secreting pituitary tumors

DECREASED LEVELS:

1. Hypothalamic GnRH deficiency
2. Pituitary FSH deficiency
3. Ectopic steroid hormone production

LUTEINIZING HORMONE (LH)/FOLLICLE STIMULATING HORMONE (FSH) RATIO:

Polycystic Ovary Syndrome (PCOS), the most common endocrinological problem among women in the reproductive age, is characterized by chronic ovulatory dysfunction, hyper androgenism, and raised Luteinizing hormone : Follicle Stimulating Hormone (LH:FSH) ratio. Many women with PCOS have an abnormal FSH to LH ratio. In order for proper follicle and egg development to proceed, FSH (follicle stimulating hormone) and LH (luteinizing hormone) each need to be present at certain levels and at specific times during the normal menstrual cycle.

UTILITY OF LH/FSH RATIO

1. Normally this ratio is about 1:1 – meaning the FSH and LH levels in the blood are similar.
2. FSH and LH are often both in the range of about 4-8 in young fertile women.
3. In women with polycystic ovaries the LH to FSH ratio is often higher – for example 2:1, or even 3:1.
4. With PCOS we often see the FSH in the range of about 4-8 as well – but often the LH levels are 10-20.
5. It is common for women that clearly fit the PCOS syndrome in other ways to have normal serum FSH and LH levels and a normal FSH to LH ratio.
6. For this reason, testing of FSH and LH hormone levels is not always helpful when trying to diagnose PCOS.

*** End Of Report ***



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