NAME	**: Miss. NISHU**		
AGE/ GENDER	: 26 YRS/FEMALE	**PATIENT ID**	: 1804375
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012503240063**
REFERRED BY	:	**REGISTRATION DATE**	: 24/Mar/2025 04:29 PM
BARCODE NO.	: 01527691	**COLLECTION DATE**	: 24/Mar/2025 04:30PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 24/Mar/2025 05:36PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

LUTEINISING HORMONE (LH)

LUTEINISING HORMONE (LH): SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	9.89	mIU/ml	FEMALE FOLLICULAR PHASE: 4.0 - 20.0 MID CYCLE PEAK: 20.0 - 120.0 FEAMLE LUTEAL PHASE: 4.0 - 30.0 MENOPAUSAL: 40.0 - 200.0 PRIMARY HYPOGONADISM: >40.0 MALE: 2.0 - 12.0

INTERPRETATION:

1. Luteinizing hormone (LH) is a glycoprotein hormone consisting of 2 non covalently bound subunits (alpha and beta). Gonadotropin-releasing hormone from the hypothalamus controls the secretion of the gonadotropins, FSH and LH, from the anterior pituitary.
2. In both males and females, LH is essential for reproduction. In females, the menstrual cycle is divided by a mid cycle surge of both LH and FSH into a follicular phase and a luteal phase.
3. This "LH surge" triggers ovulation thereby not only releasing the egg, but also initiating the conversion of the residual follicle into a corpus luteum that, in turn, produces progesterone to prepare the endometrium for a possiblei mplantation.
4. LH supports thecal cells in the ovary that provide androgens and hormonal precursors for estradiol production. LH in males acts on testicular interstitial cells of Leydig to cause increased synthesis of testosterone.

The test is useful in the following situations:

1. An adjunctin the evaluation of menstrual irregularities.
2. Evaluating patients with suspected hypogonadism
3. Predicting ovulation & Evaluating infertility
4. Diagnosing pituitary disorders
5. In both males and females, primary hypogonadism results in an elevation of basal follicle-stimulating hormone and luteinizing hormone levels.

FSH AND LH ELEVTED IN:

1. Primary gonadal failure

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Test Name	Value	Unit	Biological Reference interval

2. Complete testicular feminization syndrome
3. Precocious puberty (either idiopathic or secondary to a central nervous system lesion)
4. Menopause
5. Primary ovarian hypo dysfunction in females
6. Polycystic ovary disease in females
7. Primary hypogonadism in males

LH IS DECREASED IN:

1 .Primary ovarian hyper function in females
2. Primary hypergonadism in males

NOTE

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

*** End Of Report ***

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