Visit ID	**: YTP23311**	UHID/MR No	: YTP.0000023256
Patient Name	**: Dr. SUNITHA**	Client Code	: 1062
Age/Gender	: 42 Y 0 M 0 D /F	Barcode No	: 10549310
DOB	:	Registration	: 25/Jun/2023 08:40AM
Ref Doctor	: SELF	Collected	: 25/Jun/2023 08:43AM
Client Name	: SVVDC (SRI VARASIDHI VINAYAKA	Received	: 25/Jun/2023 09:00AM
Client Add	: #9-57, New Pet Bus Stand, Chan	Reported	: 25/Jun/2023 11:12AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
AMH (ANTI MULLERIAN HORMONE)				
Sample Type : SERUM				
ANTI MULLERIAN HORMONE	0.01	ng/ml	Females 18-25 Years 0.96-13.34 26-30 Years 0.17-7.37 31-35 Years 0.07-7.35 36-40 Years 0.03-7.15 41-45 Years <3.27 Fertility Ranges Optimal Fertility - 4.0 - 6.8 Satisfactory Fertility - 2.2-4.0 Low Fertility 0.3-2.2	CLIA

INTERPRETATION:
Assay results should be interpreted only in the context of other laboratory findings and the total clinical status of the patient.
AMH reference range given as per test method, and analyser used for testing.

AMH is used to:
-Assess Ovarian Reserve - correlates with the number of antral follicles in the ovaries.
-Evaluate fertility potential and ovarian response in IVF- Women with low AMH levels are more likely to be poor ovarian responders.
-Assess the condition of Polycystic Ovary and premature ovarian failure.
-Evaluate testicular function in infants and children.
-Diagnose and monitor patients with AMH secreting ovarian granulosa cell tumours.

Increased in:
Polycystic ovarian syndrome. AMH concentrations may be 2 to 5 fold higher than age appropriate reference range values.

Decreased in:
Anorchia , Abnormal or absence of testis in males
Pseudohermaphroditism
Post Menopause

COMMENTS:
AMH measurement alone is seldom sufficient for diagnosis and results should be interpreted in the light of clinical findings and other relevant test results such as Ovarian ultrasonography (in fertility applications);

Verified By :
Naveena

Approved By :

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
FSH(FOLLICLE STIMULATING HORMONE)				
Sample Type : Serum				
FOLLICLE STIMULATING HORMONE	33.30	mIU/ml	Mid Follicular Phase : 3.85 - 8.78 Mid Cycle Peak : 4.54 - 22.51 Mid Luteal Phase : 1.79 - 5.12 Post Menopausal : 16.74 - 113.59	CLIA

INTERPRETATION:

Circulating levels of follicle stimulating hormone vary throughout the menstrual cycle in response to estradiol and progesterone. A small but significant increase in FSH accompanies the mid-cycle LH surge, while FSH declines in the luteal phase in response to estradiol and progesterone production by the developing corpus luteum.
At menopause FSH and LH increase sufficiently in response to diminished feedback inhibition of gonadotropin release.
In males, FSH, LH and testosterone regulate spermatogenesis by sertoli cells in seminiferous tubules of the testis. FSH may also be elevated in Klinefelter's syndrome or as a consequence of sertoli cell failure.
In females, situations in which FSH is elevated and gonadal steroids are depressed include - menopause, premature ovarian failure and oophorectomy, in polycystic ovarian syndrome the LH/FSH ratio may be increased. Abnormal FSH concentrations may indicate dysfunction of the hypothalamic-pituitary axis. In sexually mature adults, FSH deficiency together with low concentrations of LH and sex steroids may indicate panhypopituitarism.

LIMITATIONS:

Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either false positive or depressed values.