

LPL - PRODUCTION TEST COLLECTION
 CENTRE
 SECTOR - 18, BLOCK-E ROHINI
 DELHI 110085

Name	: DUMMY	Collected	: 29/5/2021 1:37:00AM
Lab No.	: DUMMYB170	Received	: 29/5/2021 4:26:50PM
Age: 25 Years	Gender: Female	Reported	: 1/6/2021 4:25:26PM
A/c Status : P	Ref By : DR. DUMMY DUMMY	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
PCOD (POLYCYSTIC OVARIAN DISEASE) PANEL (Hexokinase, CLIA, CMIA)			
Glucose Fasting	90.00	mg/dL	70 - 100
Insulin, Fasting	3.00	µU/mL	2.00 - 25.00
FSH	32.00	mIU/mL	
LH	3.00	mIU/mL	
LH:FSH Ratio	0.09		<2.50
Prolactin, Serum	32.00	ng/mL	
Testosterone, Total	4.00	ng/dL	12.09 - 59.46
TSH, Ultrasensitive	54.000	µIU/mL	0.550 - 4.780

Note

- Ratio of LH to FSH > 2.50 indicates the presence of PCOS
- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
- TSH values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals
- Polycystic Ovary Syndrome (PCOS) is a complex syndrome and each of the clinical phenotype is associated with different patterns of steroid hormones. It is likely that simultaneous measurement of multiple androgens (steroid/androgen profiling with highly specific and sensitive method LC-MS/MS) be more sensitive for detecting PCOS-related androgen excess and for predicting metabolic risk.
- Women with Non-classical Congenital Hyperplasia (NC-CAH) due to 21-hydroxylase deficiency and women with PCOS have similar clinical presentation, with hyperandrogenism, oligomenorrhea, and polycystic ovaries. The screening tool to distinguish NC-CAH from PCOS is the basal 17-OHP levels and the ACTH stimulation test
- Test conducted in Plasma and serum



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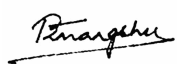
Test Name	Results	Units	Bio. Ref. Interval
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Interpretation

TANNER STAGE	AGE IN YEARS	FSH	LH	PROLACTIN	TESTOSTERONE, TOTAL
1	< 9.2	1.00-4.00	0.02-0.18	3.6-12.0	<71.04
2	9.2-13.7	1.00-10.80	0.02-4.70	2.6-18.0	<47.73
3	10.0-14.4	1.50-12.80	0.10-12.00	2.6-18.0	<37.54
4	10.7-15.6	1.50-11.70	0.40-11.70	3.2-20.0	<46.31
5	11.8-18.6	1.00-9.20	0.40-11.70	3.2-20.0	11.81-60.48

Comments

Polycystic Ovarian Syndrome is a clinical entity associated with enlarged ovaries, infertility, hirsutism, obesity and amenorrhoea. PCOS is clinically defined by hyperandrogenism with chronic anovulation in females without underlying disease of adrenal or pituitary glands. This syndrome is characterized by normal / low levels of FSH with elevated levels of LH & Testosterone. Females with PCOD have a greater frequency of hyperinsulinemia and insulin resistance.



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-----End of report -----



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IMPORTANT INSTRUCTIONS			
<p>*Test results released pertain to the specimen submitted.*All test results are dependent on the quality of the sample received by the Laboratory. *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.*Test results may show interlaboratory variations.*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).*Test results are not valid for medico legal purposes. *Contact customer care Tel No. +91-11-39885050 for all queries related to test results. (#) Sample drawn from outside source.</p>			

Sample Report

