

### Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

#### Immunoassay Max PCOD Panel

#### FSH - Follicle Stimulating Hormone, Serum

<b>Date</b>	<b>07/Mar/2022</b>	<b>Unit</b>	<b>Bio Ref</b>
	<b>07:57AM</b>		<b>Interval</b>
Follicle Stimulating Hormone	5.81	mIU/mL	
CLIA			

#### Ref. Range

<b>Adult Male</b>	1.27 - 19.26
<b>Adult Female :</b>	
Follicular	3.85 - 8.78
Midcycle Peak	4.54 - 22.51
Luteal Phase	1.79 - 5.12
Post Menopausal (>50 Yrs)	16.74 - 113.59

#### Interpretation

Increased in primary gonadal failure, ovarian or testicular agenesis, Klinefelter's syndrome, Reifenstein's syndrome, castration, alcoholism, menopause, orchitis, gonadotropin-secreting pituitary tumors.

Decreased in anterior hypofunction, hypothalamic disorders, pregnancy, anorexia nervosa, polycystic ovarian disease, hemochromatosis, sickle cell anaemia, severe illness, hyperprolactinemia.

Pooled samples are advisable due to episodic, diurnal and cyclic variations in gonadotropin secretion.

#### Insulin Level (Fasting), Serum

<b>Date</b>	<b>07/Mar/2022</b>	<b>Unit</b>	<b>Bio Ref</b>
	<b>07:57AM</b>		<b>Interval</b>
Insulin, Serum (Fasting)	15.12	µIU/mL	1.9-23
CLIA			

**Interpretation** Increased in Insulinoma, Untreated mild DM in obese individuals.



SIN No: B2C099553, Test Performed at : 910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017  
Booking Centre : 1590 - MAX@Home, 21, 0000000000

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### Immunoassay Max PCOD Panel

### LH-Luteinizing Hormone , Serum

Date	07/Mar/2022 07:57AM	Unit	Bio Ref Interval
Luteinizing Hormone CLIA	4.80	mIU/mL	

### Ref Range

LH(Male-Adult)	Reference Range
	1.24-8.62
LH (Female-Adult)	
Follicular	2.12-10.89
Mid Cycle Peak	19.18-103.03
Luteal Phase	1.2-12.86
Post Menopausal (>50 Year)	10.87-58.64

### Interpretation

Increased in Primary gonadal dysfunction, polycystic ovarian syndrome (LH/FSH ratio is high in 60% cases), post-menopause, and pituitary adenoma.  
Decreased in pituitary or hypothalamic impairment, isolated gonadotropic deficiency associated with anosmia or hyposmia (Kallmann's syndrome), anorexia nervosa, isolated LH deficiency ("fertile eunuch"), sever stress, malnutrition, and sever illness.  
Pooled samples are advisable due to episodic, diurnal and cyclic variations in gonadotropin secretion.



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Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Lab, Max Hospital, Gurgaon: Opposite HUDA City Centre Metro Station, B-Block, Sushant Lok-1, Gurgaon-122001,  
Phone: +91-124-6623 000 | (CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 | [www.maxlab.co.in](http://www.maxlab.co.in) | [feedback@maxlab.co.in](mailto:feedback@maxlab.co.in)

**Conditions of Reporting:** 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.

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#### Immunoassay Max PCOD Panel

#### Prolactin, Serum

Date	07/Mar/2022 07:57AM	Unit	Bio Ref Interval
Prolactin CLIA	25.29	ng/mL	

#### Ref Range

<b>Males :</b>	2.64 - 13.13
<b>Females :</b>	
Premenopausal (<50 years of age):	3.34 - 26.74
Postmenopausal (>50 years of age):	2.74 - 19.64

#### Interpretation

Increased in prolactin-secreting pituitary tumors, amenorrhea and/or galactorrhea, Chiari-Frommel and Argonz Del Cstillo syndromes, various types of hypothalamic-pituitary disease (e.g. sarcoidosis, granulomatous diseases, craniopharyngioma, metastatic cancer, empty sella syndrome), primary hypothyroidism, anorexia nervosa, polycystic ovary syndrome, renal failure, insulin-induced hypoglycemia, chest wall injury, adrenal insufficiency, and pituitary stalk section surgery  
Decreased in pituitary apoplexy (Sheehan's Syndrome)



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#### Immunoassay Max PCOD Panel

#### Testosterone, Total, Serum

Date	07/Mar/2022 07:57AM	Unit	Bio Ref Interval
Testosterone (total) CLIA	0.30	ng/mL	0.1-0.75

**Interpretation** Increase in Idiopathic sexual precocity and adrenal hyperplasia in boys, some adrenocortical tumors, extragonadal tumors producing gonadotropin in men, trophoblastic disease during pregnancy, testicular feminization, idiopathic hirsutism, virilizing ovarian tumors, arrhenoblastoma, hilar cell tumor, and virilizing luteoma. Secretion is episodic, with peak about 7:00 AM and minimum about 8:00 PM; pooled samples are more reliable. Decreased in Down syndrome, uremia, myotonic dystrophy, hepatic insufficiency, cryptorchidism, primary and secondary hypogonadism, and delayed puberty in boys.



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#### TSH, Serum

<b>Date</b>	<b>07/Mar/2022</b>	<b>Unit</b>	<b>Bio Ref Interval</b>
	<b>07:57AM</b>		
Thyroid Stimulating Hormone CLIA	3.67	µIU/mL	0.34 - 5.6

#### Interpretation

Parameter	Unit	Premature (28 - 36 Weeks)	Cord Blood ( > 37 weeks)	Upto 2 Month	Adult	1st Trimester	2nd Trimester	3rd Trimester
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.38 - 5.33	0.1 - 2.5	0.2 - 3.0	0.3 - 3.0

Increased in primary Hypothyroidism.  
Decreased in primary Hyperthyroidism

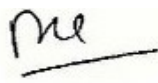
**Note :** TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 am and at a minimum between 6 – 10 pm. The variation is of the order of 50% - 206 %, hence time of the day has influence on the measured serum TSH concentrations.

Kindly correlate with clinical findings

\*\*\* End Of Report \*\*\*



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