

**REPORT**

Name	: Mrs. FARZANA BEGUM	Sample ID	: A0590505
Age/Gender	: 25 Years/Female	Reg. No	: 0312408040018
Referred by	: Dr. HARITHA P	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 04-Aug-2024 11:09 AM
Primary Sample	: Whole Blood	Received On	: 04-Aug-2024 06:20 PM
Sample Tested In	: Serum	Reported On	: 04-Aug-2024 08:01 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Anti Mullerian Hormone (AMH)</b>	0.77	ng/mL	Refer Table	CLIA

Age Ranges in Females:	Fertility Ranges:
18-25 Years: 0.96-13.34 ng/mL	Optimal Fertility: 4.0-6.8 ng/mL
31-35 Years: 0.07-7.35 ng/mL	Satisfactory Fertility: 2.2-4.0 ng/mL
41-45 Years: < 3.27 ng/mL	Low Fertility: 0.3-2.2 ng/mL
26-30 Years: 0.17-7.37 ng/mL	
36-40 Years: 0.03-7.15 ng/mL	
> 46 Years: < 1.15 ng/mL	
Male Reference Range: 0.73-16.05 ng/mL	

**OVER VIEW:**  
Antimullerian hormone (AMH), also called müllerian inhibiting substance, is a glycoprotein that regulates reproductive duct development. Its presence in the fetal male causes regression of the müllerian (female) ducts which then allows for the wolffian (male) ducts to develop. AMH is produced by the Sertoli cells of the testis beginning around 6 weeks gestation; levels remain elevated until puberty. In the female fetus, the absence of AMH allows the müllerian ducts to develop into the fallopian tubes, uterus, and upper 2/3 of the vagina. The hormone is secreted by the granulosa cells of preantral and small antral follicles of the ovaries and begins to be detected around 36 weeks gestational age. AMH levels are low in female children until puberty. They typically remain constant during the reproductive years and then decline steadily with age as the number of follicles decrease. AMH is undetectable at menopause.

- Clinical Significance:**
- Assess gonadal function in children
  - Evaluation of infants with ambiguous genitalia and other intersex conditions.
  - Evaluating testicular function in infants and children including cryptorchidism and anorchidism.
  - Aid in the assessment of infrequent or absent menses, including premature ovarian insufficiency, polycystic ovarian syndrome and menopause.
  - Assessing ovarian status including follicle development, ovarian reserve, and ovarian responsiveness, as part of an evaluation for infertility and assisted reproduction protocols such as in vitro fertilization (IVF).
  - Assessing ovarian function prior to, during, and following gonadotoxic cancer treatment in premenopausal women.
  - Diagnosing and monitoring patients with AMH-secreting ovarian granulosa cell tumors.

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

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*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

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Primary Sample	: Whole Blood	Received On	: 04-Aug-2024 06:20 PM
Sample Tested In	: Serum	Reported On	: 04-Aug-2024 07:40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Thyroid Profile-I(TFT)</b>				
<b>T3 (Triiodothyronine)</b>	127.41	ng/dL	70-204	CLIA
<b>T4 (Thyroxine)</b>	10.8	µg/dL	3.2-12.6	CLIA
<b>TSH -Thyroid Stimulating Hormone</b>	2.34	µIU/mL	0.35-5.5	CLIA

**Pregnancy & Cord Blood**

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

**Interpretation:**

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Correlate Clinically.

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



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