

REPORT

Name	: Mrs. AMEENA BEGUM	Sample ID	: A0590919
Age/Gender	: 28 Years/Female	Reg. No	: 0312408160030
Referred by	: Dr. NAZM REHAL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Aug-2024 04: 44 PM
Primary Sample	: Whole Blood	Received On	: 16-Aug-2024 05: 46 PM
Sample Tested In	: Serum	Reported On	: 16-Aug-2024 08: 11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Anti Mullerian Hormone (AMH)	8.53	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.



Dr. Vaishnavi
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MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
FSH (Follicle Stimulating Hormone)	5.51	mIU/mL	Refer Table	CLIA

Interpretation:

Age	Reference Range: Male (mIU/mL)	Reference Range: Female(mIU/mL)
Pre Puberty Child		
2-11 Months	0.19-11.3	0.10-11.3
1-10 Years	0.3-4.6	0.68-6.7
Puberty Tanner Stage		
1-2	0.30-4.6	0.68-6.7
3.-4	1.24-15.4	1.0-7.4
5	1.53-6.8	1.0-9.2
Adult	1.42-18.4	
Follicular Phase	----	2.5-10.2
Midcycle Peak	----	3.4-33.4
Luteal Phase	----	1.5-9.1
Postmenopausal	----	23.0-116.3
Pregnant	----	< 0.3

The follicle stimulating hormone (FSH) blood test measures the level of FSH in blood. FSH is a hormone released by the pituitary gland, located on the underside of the brain.

Low FSH levels in women may be present due to:

- Being very underweight or having had recent rapid weight loss
- Not producing eggs (not ovulating)
- Parts of the brain (the pituitary gland or hypothalamus) not producing normal amounts of some or all of its hormones
- Pregnancy

High FSH levels in men may mean the testicles are not functioning correctly due to:

- Advancing age (male menopause)
- Damage to testicles caused by alcohol abuse, chemotherapy, or radiation
- Certain tumors in the pituitary gland

Correlate Clinically.

Laboratory is NABL Accredited

*** End Of Report ***



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