AMPATH
Central Reference Labor
Door No. 1-100/1/CCH N
Serilingampally
Hyderabad

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.

LABORATORY REPORT

NAME	**: MISS.PR0061**	REFERRED BY	: SELF	VISIT NO	: VAMP26148194
AGE	: 40Y 0M 0D	ZERO TARIFF CLIENT CODE		COLLECTED ON	: 21-04-2026 10:00
GENDER	: Female	**LAB MR#**	**: AAMP01479473**	RECEIVED ON	: 21-04-2026 19:51
OP / IP / DG #	:			APPROVED ON	: 22-04-2026 17:56
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
Menopause Screen-Ii			
	BIOCHEMISTRY		
Follicle Stimulating Hormone, FSH *(Serum)*			
Follicle Stimulating Hormone, FSH *ECLIA*	10.1	1.5 - 12.40	mIU/mL
Leutinizing Hormone,LH *(Serum)*			
Leutinizing Hormone,LH *ECLIA*	3.56	Follicular Phase: 2.4 - 12.6 Ovulation Phase : 14 - 96 Luteal phase : 1 - 11.4 Post menopause : 7.7 - 59	mIU/mL

Interpretation:

A glycoprotein gonadotropic hormone secreted by anterior pituitary that acts with FSH to promote ovulation and androgen and progesterone production.
Elevated levels of LH:
-Primary gonadal failure in both males and females.
-Precocious puberty
-Menopause
-Primary hypogonadism in males.
Decreased in pituitary or hypothalamus insufficiency.

Estradiol, E2 *(Serum)*			
Estradiol, E2 *ECLIA*	98.00	Follicular phase: 12.5 - 166 Ovulation phase : 85.5 - 498 Luteal phase: 43.8 - 211 Postmenopause: 5.0 - 54.7 Pregnancy 1st trimester: 215 - 4300	pg/ml

Interpretation:

Estrogens are involved in development and maintenance of the female phenotype, germ cell maturation, and pregnancy. Estrogens are responsible for the development of the secondary female sex characteristics. E2 is produced primarily in ovaries and testes by aromatization of testosterone. Estradiol (E2) levels below the premenopausal reference range in young females indicate hypogonadism. If luteinizing hormone (LH) and follicle stimulating hormone (FSH) levels are elevated, primary gonadal failure is diagnosed. Irregular or absent menstrual periods with normal or high E2 levels (and often high estrone: E1 levels) are indicative of possible polycystic ovarian syndrome, androgen producing tumors, or estrogen producing tumors.

Causes for increased estradiol levels include:

High androgen levels caused by tumors or androgen therapy (medical or sport performance enhancing), with secondary elevations in estradiol due to aromatization.Obesity with increased tissue production of estrone.

Decreased Estrone and estradiol clearance in liver disease

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Test Name	Result	Biological Ref. Interval	Unit
Menopause Screen-Ii			
Estrogen producing tumors			
Estrogen ingestion			
TSH, Thyroid Stimulating Hormone *(Serum)*			
TSH, Thyroid Stimulating Hormone *ECLIA*	2.860	Non pregnant women: 0.27-4.2 Pregnant women 1st trimester: 0.1-2.5 2nd trimester: 0.2-3.0 3rd trimester: 0.3-3.0	µIU/mL

Interpretation:

The following potential sources of variation should be considered while interpreting thyroid hormone results:
1. Circadian variation in TSH secretion: peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment
3. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
4. T4 may be normal in the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, in presence of drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetected by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
9. Various drugs can lead to interference in test results
It is recommended to evaluate unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

Calcium - Serum *(Serum)*			
Calcium - Serum *NM-BAPTA*	9.10	8.6 - 10.0	mg/dL
Vitamin D, 25-Hydroxy *(Serum)*			
Vitamin D, 25-Hydroxy *ECLIA*	48.0	Deficient: <=20 Insufficiency: 20-29 Desirable: >=30-100 Toxicity: >100	ng/ml

Interpretation:

Vitamin D is a fat soluble vitamin produced in the skin by exposure to sun light. Deficiency in children causes rickets and in adults leads to osteomalacia

Decreased levels can be due to- Impaired cutaneous production (lack of sunlight exposure), dietary absence, malabsorption,

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Menopause Screen-Ii

increased metabolism due to drugs like barbiturates, phenytoin, liver disease, renal failure, Vit D receptor mutation

Increased levels cab be due to - increased vit D supplements intake

Sanjeeta

Dr. Sanjeeta
MBBS,MD (Biochemistry)
Consultant Biochemist

Disclaimer:
1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

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