



45413

# **Laboratory Investigation Report**

Name : Ms. NOLAN THARWAH

DOB : 16/08/1990
Age / Gender : 34 Y / Female
Referred by : Dr.Mohammad

Centre : CITICARE MEDICAL CENTER

Ref No.

**Sample No.** : 2501520741

**Collected** : 02/01/2025 22:26

Registered : 03/01/2025 15:36

**Reported** : 03/01/2025 17:34

## **ENDOCRINOLOGY**

Test Result Flag Unit Reference Range Methodology THYROID STIMULATING HORMONE (TSH) 3.91 uIU/mL 0.27 - 4.2 ECLIA

Reference Range for

Pregnant:

First Trimester: 0.24 – 2.99

Second Trimester: 0.46 – 2.95

Third Trimester: 0.43 - 2.78

Sample Type : Serum

End of Report



Dr. Adley Mark Fernandes M.D (Pathology) Pathologist Dr. Vyoma V Shah M.D (Pathology) Clinical Pathologist

This is an electronically authenticated report

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HARSHAD MANIKANDAN Laboratory Technician Printed on: 05/01/2025 12:37

Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.

Dubai, UAE





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## **ENDOCRINOLOGY**

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ANTI MULLERIAN HORMONE (AMH) 4.49 ng/mL Please refer to interpretation ECLIA

### **INTERPRETATION NOTES:**

#### For females

AMH is a dimeric glycoprotein hormone belonging to the TGF-ß family, produced by Sertoli cells by ovarian follicular granulosa cells upto antral stage in females.

During reproductive age, follicular AMH production begins during the primary stage, peaks in the preantral stage & has influence on follicular sensitivity to FSH which is important in selection for follicular dominance. AMH levels thus represent the pool or number of primordial follicles but not the quality of oocytes. AMH does not vary significantly during the menstrual cycle & hence can be measured independently of the day of the cycle

- Polycystic ovarian syndrome can elevate AMH 2 to 5 fold higher than age-specific reference ranges & predict anovulatory, irregular
  cycles. Ovarian tumors like Granulosa cell tumors are often associated with higher AMH.
- Obese women are often associated with diminished ovarian reserve & can have 65% lower mean AMH levels than non-obese women.
- A combination of Age, Ultrasound markers -ovarian volume and Antral follicle count, AMH level & FSH level are useful for optimal
  assessment of ovarian reserve. Studies in various fertility clinics are ongoing to establish optimal AMH concentrations for predicting
  response to invitro fertilization, however, given below is suggested interpretative reference-

AMH levels (ng/ml)		Anticipated Antral Follicle Counts		Anticipated Response IVF/COH cycle
Below 0.3	Very Low	Below 4	Above 20	Negligible/poor
0.3 to 2.19	Low	4-10	Usually 16-20	Reduced
2.19 to 4	Satisfactory	11-25	Within reference range or Between 11-15	Safe/Normal
Above 4	Optimal	Up to 30 & Above	Within reference range, often between 10-15 or above 15	Possibly Excessive

Conversion of AMH levels from ng/ml to pmol/L can be performed by using equation- 1 ng/ml = 7.14 pmol/L

Dr. Adley Mark Fernandes Dr. Vyoma V Shah

M.D (Pathology)
Pathologist

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Result Flag Unit **Reference Range** Methodology Test

References-

The Correlations of Anti-Mullerian Hormone, Follicle-Stimulating Hormone and Antral Follicle Count in Different Age Groups of Infertile Women. Royan Institute International Journal of Fertility and Sterility Vol 8, No 4, Jan-Mar 2015, Pages: 393-398

- Age-specific serum antimullerian hormone levels in women with and without polycystic ovary syndrome. Fertility and Sterility 102, No. 1, July 2014
- Anti-Mullerian Hormone: A New Marker of Ovarian Function. J Obstet Gynaecol India. 2014 Apr; 64(2): 130-133.
- AMH- ovarian reserve marker. Fertil steril. 2005; 83(4): 979-87. Human Reprod. 2007 Mar; 22(3).
- Grinspon & Ray: AMH & Sertoli cell function in paediatrics. Horm Res Paediatr 73: 81-92, 2010.

Sample Type: Serum

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