biosytech
MEDICAL LABORATORY

Tel : 971 4 398 8567
www.biosytech.com

Ms. KIM CANDICE GOTORA

PID NO :

Age : 37 Years Sex : Female

Reference : Dr. FARHAN

Sample Collected At :

CITICARE MEDICAL CENTER
Unit G03, Al Barsha South Bldg, Al Barhsa South Third, Dubai

VID : 5050104647

Registered on :
12-May-2025 05:21 PM
Collected on :
11-May-2025 09:15 PM
Reported on :
12-May-2025 06:34 PM

Investigation	Observed Value	Flag	Unit	Biological Reference Interval
FOLLICLE STIMULATING HORMONE (FSH) (Serum, ECLIA)	5.15		mIU/mL	Follicular phase: 2.5 - 10.2 Midcycle Peak: 3.4 - 33.4 Luteal Phase: 1.5 - 9.1 Postmenopausal: 23 - 116.3 Pregnant: < 0.3

INTERPRETATION:

- Increased level of FSH and LH are found in hypogonadism, anorchia, gonadal failure, complete testicular feminization syndrome, menopause, Klinefelter syndrome, alcoholism, and castration.
- Decreased level is seen in pituitary or hypothalamic failure

DR. ADLEY MARK FERNANDES
M.D (Pathology)
Pathologist

DR. VYOMA SHAH
M.D (Pathology)
Clinical Pathologist

M RASHID CHENANGADATH
Laboratory Technologist

This is an Electronically Authenticated Report.

Printed on: 12-May-2025 06:35 PM

biosytech
MEDICAL LABORATORY

Tel : 971 4 398 8567
www.biosytech.com

Ms. KIM CANDICE GOTORA

PID NO :

Age : 37 Years Sex : Female

Reference : Dr. FARHAN

Sample Collected At :

CITICARE MEDICAL CENTER
Unit G03, Al Barsha South Bldg, Al Barhsa South Third, Dubai

VID : 5050104647

Registered on :
12-May-2025 05:21 PM
Collected on :
11-May-2025 09:15 PM
Reported on :
12-May-2025 06:34 PM

LUTEINISING HORMONE (LH) (Serum, ECLIA)	5.96	IU/L	Follicular Phase: 1.9 - 12.5 Mid Cycle Peak : 8.7 - 76.3 Luteal phase : 0.5 - 16.9 Post Menopausal : 15.9 - 54.0 Pregnant: < 0.1 - 1.5 Contraceptives: 0.7 - 5.6

INTERPRETATION:

- LH is a glycoprotein hormone co-secreted with FSH by Anterior pituitary gland which together control growth and reproductive activities of the gonadal tissues.
- LH is increased in Luteal Phase of Menstrual cycle, Complete testicular feminization syndrome, Primary hypogonadism(anorchia, testicular failure, menopause), Precocious puberty (either idiopathic or secondary to a central nervous system lesion)
- LH is decreased in: Primary ovarian hyperfunction in females, Primary hypergonadism in male, In failure of the pituitary orhypothalamus, Hyperprolactinemia , Polycystic Ovary disease (PCOS).

Clinical Utility:

- An adjunct in the evaluation of menstrual irregularities
- Evaluating infertility
- Predicting ovulation in IVF Treatment
- Diagnosing pituitary disorders

Caution:

- Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin(more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

Disclaimer

- Because of episodic, circadian and cyclic nature of LH secretion, clinical evaluations may require determinations in pooled multiple serial samples.

Associated Tests:

FSH-LH Testosterone , AMH- Mullerian inhibiting substance , Inhibin B, PCOS Profile.

References:

- Package insert
- Wallach's interpretation of diagnostic tests, Ed10, 2015
- Arch Pathol Lab Med—Vol 141, November 2017
- Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. Burtis CA, Ashwood ER, Bruns DE, eds. 5th edition, St. Louis: Elsevier Saunders; 2014.

DR. ADLEY MARK FERNANDES
M.D (Pathology)
Pathologist

DR. VYOMA SHAH
M.D (Pathology)
Clinical Pathologist

M RASHID CHENANGADATH
Laboratory Technologist

This is an Electronically Authenticated Report.

Printed on: 12-May-2025 06:35 PM

biosytech
MEDICAL LABORATORY

Tel : 971 4 398 8567
www.biosytech.com

Ms. KIM CANDICE GOTORA

PID NO :
Age : 37 Years Sex : Female

Reference : Dr. FARHAN
Sample Collected At :
CITICARE MEDICAL CENTER
Unit G03, Al Barsha South Bldg, Al Barhsa South Third, Dubai

VID : 5050104647
Registered on :
12-May-2025 05:21 PM
Collected on :
11-May-2025 09:15 PM
Reported on :
12-May-2025 06:34 PM

Investigation	Observed Value	Unit	Biological Reference Interval	Flag
PROLACTIN (Serum, ECLIA)	348.00	mIU/L	Refer to Interpretation.	

INTERPRETATION:

FEMALE REFERENCE RANGE (Please note change):

Stages	Reference Range (mIU/L)	
Tanner Stage I:	76.596 - 255.319	Source: Quest Diagnostics
Tanner Stage II-III:	55.319 - 382.979	Source: Quest Diagnostics
Tanner Stage IV-V:	68.085 - 425.532	Source: Quest Diagnostics
Non Pregnant:	102-496	Source: Roche Cobas Elecsys IFU
Pregnant:	212.766 - 4446.808	Source: Quest Diagnostics
Postmenopausal:	42.553 - 425.532	Source: Quest Diagnostics

* High prolactin level is seen in pituitary gland tumour(prolactinoma), diseases of the hypothalamus , pregnancy, PCOS , liver disease (cirrhosis), kidney disease, anorexia nervosa hypothyroidism. Drugs that can cause an elevated prolactin include estrogen, tricyclic antidepressants, risperidone, opiates, amphetamines.
* Levels of prolactin that are below normal are not usually treated but may be indicative of a general decrease in pituitary hormones caused by a pituitary disorder such as hypopituitarism. drugs such as dopamine, levodopa and ergot alkaloid derivatives decrease prolactin level.

---------- End Of Report ----------

DR. ADLEY MARK FERNANDES
M.D (Pathology)
Pathologist

DR. VYOMA SHAH
M.D (Pathology)
Clinical Pathologist

M RASHID CHENANGADATH
Laboratory Technologist

This is an Electronically Authenticated Report.

Printed on: 12-May-2025 06:35 PM

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 unless specified by (*).