H·O·D
HOUSE of DIAGNOSTICS

MC-2853

Patient Name	: **TANU PRIYA**	**Lab No.**	: NEH22052345
Age / Sex	: 29 Y / F	**Registration On**	: 01-05-2022
Referred By	: **Dr. ABHA MAJUMDAR**	**Collection Date**	: 01/May/2022 10:42AM
Patient ID	: UNEH.0000000246	**Received Date**	: 01/May/2022 04:34PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 01/May/2022 08:04PM

ADVANCE CARE

Test Name	Result	Biological Ref. Interval	Method
Iron Profile , *Serum*			
Iron	39 µg/dL	37-170	Pyridylazo Dye
Total Iron Binding Capacity	**530** µg/dL	265 - 497	Chromazurol B
Transferrin Saturation	**7.36** %	14 - 34	Calculated

The laboratory is **NABL Accredited** for tests in **Iron Profile**

Analyzer: Fully Automated Biochemistry and Immunology VITROS 5600
Technology:
- Iron: Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck Technology)
- TIBC: VITROS MicroTip, MicroSensor & Intellicheck Technology

Remarks: Please correlate with clinical conditions.

*** End Of Report ***

Dr.Pankaj Tayal
Consultant Pathologist
M.B.B.S., D.N.B. (Pathology)
DMC Reg. 83771

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22/12/23

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HOUSE of DIAGNOSTICS

MC-2653

Patient Name	: TANU PRIYA	**Lab No.**	: NEH22052345
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ADVANCE CARE

Test Name	Result	Biological Ref. Interval	Method
Vitamin D, 25 - Hydroxy , *Serum*			
25-OH Vitamin D (Total)	20.5 ng/mL	20 - 100	ECLIA

The laboratory is NABL Accredited for the Vitamin D (Total-25, Hydroxy)

Sample Type: Serum
Method: ECLIA (Enhanced Chemi-Luminescence ImmunoAssay)
Technology: VITROS Microwell, Microsensor, and Intellicheck Technology
Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay: VITROS 5600

Clinical Significance: The major circulating form of vitamin D is 25-hydroxyvitamin D (25(OH)D); thus, the total serum 25(OH)D level is currently considered the best indicator of vitamin D supply to the body from cutaneous synthesis and nutritional intake. The reference range of the total 25(OH)D level is 20-100 ng/mL.
There are two principal forms of vitamin D: D2 and D3. Many of the currently available assays measure and report on both vitamin D2 and D3 metabolites. This can be useful in studies evaluating the contribution of vitamin D2 and D3 to overall vitamin D status. 25-hydroxyvitamin D (25(OH)D) is the major circulating form of vitamin D; thus, the total serum 25(OH)D level is currently considered the best indicator of vitamin D supply to the body from cutaneous synthesis and nutritional intake.
One exception is that 25(OH)D levels do not indicate clinical vitamin D status in patients with chronic renal failure or type 1 vitamin D-dependent rickets or when calcitriol (1,25-dihydroxy vitamin D) is used as a supplement. Interpretation of 25(OH)D can be challenging owing to wide variability in patient's weight, ethnicity, assays, laboratory procedures and validation of reference ranges.
Vitamin D deficiency is defined by most experts as a serum 25(OH)D level of less than 20 ng/mL.
Vitamin D insufficiency has been defined as a serum 25(OH)D level of 20-29 ng/mL.
Vitamin D sufficiency has been defined as serum 25(OH)D levels of 30-100 ng/mL.
Vitamin D toxicity is observed when serum 25(OH)D levels are greater than 100 ng/mL.

Remarks: *Please correlate results clinically.*

Thyroid Function Test [T3,T4,TSH] , *Serum*			
Triiodothyronine (T3)	1.64 ng/mL	0.97-1.69	CLIA
Thyroxine (T4)	10.10 µg/dL	5.53-11.0	CLIA
Thyroid Stimulating Hormone (TSH)	1.76 mIU/L	0.46-4.68	CLIA

Note:
1. TSH Levels are subject to circadian variation, reaching peak levels between 2-4 AM and the minimum between 6-10 PM. The variation is of the order of 50-206% Hence time of the day has influence on the measured serum TSH concentrations (Reference:Tietz Textbook of Clinical Chemistry and Molecular Diagnostics - 5th Edition Page 123). Fluctuating TSH value must be Clinically correlated.
2. Circulating TSH levels are known to show a circadian rhythm & diurnal variation. The diagnosis based on one TSH value which fluctuates is not reliable. Clinical correlation is mandatory.
3. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.

Clinical Use:
* Diagnose Hypothyroidism and Hyperthyroidism
* Monitor T4 replacement of T4 suppressive therapy
* Quantity TSH level sin the subnormal range

Technology: VITROS MicroWell, MicroSensor & Intellicheck
Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: Vitros 5600

Remarks: Please correlate results clinically, along with FT3 and FT4 levels.

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HOUSE of DIAGNOSTICS
MC-2853

Patient Name	: TANU PRIYA	**Lab No.**	: NEH22052345
Age / Sex	: 29 Y / F	**Registration On**	: 01-05-2022
Referred By	: Dr. ABHA MAJUMDAR	**Collection Date**	: 01/May/2022 10:42AM
Patient ID	: UNEH.0000000246	**Received Date**	: 01/May/2022 04:34PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 01/May/2022 08:04PM

ADVANCE CARE

Test Name	Result	Biological Ref. Interval	Method
Lipid Profile , *Serum*			
Total Cholesterol	158 mg/dL	116 - 228	Enzymatic (CHE/CHO/POD)
Triglyceride	158 mg/dL	35-186	Enzymatic, Endpoint
HDL Cholesterol	50 mg/dL	31 - 70	Direct Measure, PTA / MgCl2
VLDL Cholesterol	32 mg/dL	5 - 40	Calculated
LDL Cholesterol	76 mg/dL	50-178	Friedewald Formula (Calculated)
Non-HDL Cholesterol	108 mg/dL	< 130	Calculated
LDL / HDL Ratio	1.52 Ratio	1.5 - 3.5	Calculated
TC / HDL Ratio	3.16 Ratio	3.0 - 5.0	Calculated

Clinical Decision Limits*	Optimal	Above Optimal	Borderline High	High	Very High
Triglycerides	<150	-	150-199	200-499	>=500
Total Cholesterol	<200	200-239	-	>=239	-
LDL Cholesterol	<100	100-129	130-159	160-189	>=189
HDL Cholestrol	>45	-	40-45	<40	-
Non HDL Cholesterol**	<130	130 - 159	160 - 189	190 - 219	>=220

* Clinical Decision Limits are suggested from Tietz Fundamentals Of Clinical Chemistry And Molecular Diagnostics 8th Edition
** Suggested from National Lipid Association Recommendations for Patient Centered Management of Dyslipidemia: Part 1—Full Report (Volume 9, Issue 2, P129-169, March 01,2015, Terry A. Jacobson, MD et al.

The laboratory is **NABL Accredited** for tests in **Lipid Profile**

Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: VITROS 5600
Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck Technology)

Reports of Lipid Profile are best obtained with 10 hours fasting.

Clinical Significance:
- Triglyceride: Very high levels of Triglyceride can be indicative of a significantly higher risk of coronary vascular disease. Elevation of triglyceride can be seen with fasting less than 12 hours, obesity medication, alcohol intake, diabetes mellitus or pancreatitis.
- Total Cholestrol: its fractions and triglycerides are the important plasma lipids identifying cardiovascular risk factor and in the management of cardiovascular disease. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL value.
- HDL - Cholestrol: Low levels of HDL are associated with an increased risk of coronary vascular disease even in the face of desirable levels of Cholesterol and LDL-Cholestrol
- LDL - Cholestrol: levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors.In case Triglyceride levels are more than 400 mg/dl, the patient is advised for a direct-LDL Cholesterol test.

Remarks: Please correlate results clinically.

Vitamin B12 , *Serum*			
Vitamin B-12	218 pg/mL	239-931	ECLIA

The laboratory is **NABL Accredited** for Vitamin B12.

Sample Type: Serum
Technology: VITROS Microwell, Microsensor and Intellicheck Technology
Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

Remarks: Please correlate results clinically.

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HOUSE of DIAGNOSTICS

MC-2853

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Patient Name	: **TANU PRIYA**	**Lab No.**	: NEH22052345
Age / Sex	: 29 Y / F	**Registration On**	: 01-05-2022
Referred By	: **Dr. ABHA MAJUMDAR**	**Collection Date**	: 01/May/2022 10:42AM
Patient ID	: UNEH.0000000246	**Received Date**	: 01/May/2022 04:34PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 01/May/2022 08:04PM

ADVANCE CARE

Test Name	Result	Biological Ref. Interval	Method
Glucose Fasting , *Sodium Fluoride*			
Blood Sugar Fasting	92 mg/dL	70 - 100	GOD/POD, colorimetric

Sample Type: Sodium Fluoride; A blood sample will be taken after 8 - 12 hours of fasting.
Method: Glucose oxidase hydrogen peroxidase
Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck Technology)
Analyzer: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: VITROS 5600

American Diabetes Association (ADA) 2019 Criteria defining prediabetes
Fasting Plasma Glucose 100 mg/dL to 125 mg/dL (Impaired Fasting Glucose)
OR
2-hour Plasma Glucose during 75-g OGTT 140 mg/dL to 199 mg/dL (Impaired Glucose Tolerance)
OR
HbA1C 5.7-6.4%
ADA 2019 Criteria for the diagnosis of diabetes
Fasting Plasma Glucose >=126 mg/dL. Fasting is defined as no caloric intake for at least 8 h.*
OR
2-hour Plasma Glucose >=200 mg/dL during OGTT. The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water.*
OR
HbA1C >=6.5%. The test should be performed in a laboratory using a method that is NGSP certified and standardized to the DCCT assay.*
OR
In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >=200 mg/dL.
*In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples

---

Remarks: *Please correlate clinically.*
Note: Blood glucose level is maintained by a very complex integrated mechanism involving a critical interplay of the release of hormones and action of enzymes on key metabolic pathways. If postprandial glucose is lower than fasting glucose, it is termed as postprandial reactive hypoglycemia (PRH). The possible cause of PRH are high insulin sensitivity, exaggerated response of insulin and glucagon-like peptide 1, defects in counter-regulation, very lean individuals, anxious individuals, after massive weight reduction, women with lower body overweight physical activity prior test, hypoglycemic medication, deliberately eating less or eat a non-carbohydrate meal before testing.

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HOUSE of DIAGNOSTICS

MC-2653

Patient Name	: **TANU PRIYA**	**Lab No.**	: NEH22052345
Age / Sex	: 29 Y / F	**Registration On**	: 01-05-2022
Referred By	: **Dr. ABHA MAJUMDAR**	**Collection Date**	: 01/May/2022 10:42AM
Patient ID	: UNEH.0000000246	**Received Date**	: 01/May/2022 04:34PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 01/May/2022 08:04PM

ADVANCE CARE

Test Name	Result	Biological Ref. Interval	Method
Liver Function Test , *Serum*			
Total Protein	7.7 g/dL	6.5-8.3	Biuret, No Serum Blank
Albumin	4.5 g/dL	3.9 - 5.0	Bromocresol Green
Globulin	3.2 gm/dL	2.0-3.5	Calculated
A/G Ratio	**1.41** Ratio	1.5-2.5	Calculated
Total Bilirubin	0.37 mg/dL	0.2-1.3	Azobilirubin/dyphylline
Conjugated Bilirubin	0.08 mg/dL	<0.3	Calculated
Unconjugated Bilirubin	0.29 mg/dL	<1.1	Spectrophotometry
SGOT (AST)	19 U/L	18-34	Enzymatic Colorimetric
SGPT (ALT)	12 U/L	4-35	UV with P5P
SGOT/SGPT Ratio	1.58 Ratio		Calculated
Alkaline Phosphatase	86 U/L	46 - 122	PNPP, AMP buffer
Gamma Glutamyl Transferase	14 U/L	12 - 38	G-glutamyl-p-nitroanilide

The laboratory is **NABL Accredited** for tests in **LFT**

Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor and Intellicheck Technology)

Sample Type: Serum
Analyzer: Fully Automated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

Clinical Significance of LFT: The clinical suspicion of liver disease usually leads to the measurement of the liver function tests (LFT) which include measurement of several enzymes, serum bilirubin and albumin. These parameters may point to an underlying pathological process and direct further investigation. The aim of investigation in patients with suspected liver disease are:
· To detect hepatic abnormality · Measurement of severity of liver damage · Identify the specific cause
· Investigate possible complications

Remarks: Please correlate clinically.

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MC-2853

Patient Name	**: TANU PRIYA**	**Lab No.**	: NEH22021766
Age / Sex	: 29 Y / F	**Registration On**	: 27-02-2022
Referred By	**: Dr. VIVEK MARWAH**	**Collection Date**	: 27/Feb/2022 01:47PM
Patient ID	: UNEH.0000000246	**Received Date**	: 27/Feb/2022 06:54PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 27/Feb/2022 08:59PM

Test Name	Result	Biological Ref. Interval	Method
Liver Function Test , *Serum*			
Total Protein	7.9 g/dL	6.5-8.3	Biuret, No Serum Blank
Albumin	4.5 g/dL	3.9 - 5.0	Bromocresol Green
Globulin	3.4 gm/dL	2.0-3.5	Calculated
A/G Ratio	**1.32** Ratio	1.5-2.5	Calculated
Total Bilirubin	0.33 mg/dL	0.2-1.3	Azobilirubin/dyphylline
Conjugated Bilirubin	0.1 mg/dL	<0.3	Calculated
Unconjugated Bilirubin	0.23 mg/dL	<1.1	Spectrophotometry
SGOT (AST)	19 U/L	18-34	Enzymatic Colorimetric
SGPT (ALT)	13 U/L	4-35	UV with P5P
SGOT/SGPT Ratio	1.46 Ratio		Calculated
Alkaline Phosphatase	77 U/L	46 - 122	PNPP, AMP buffer
Gamma Glutamyl Transferase	14 U/L	12 - 38	G-glutamyl-p-nitroanilide

The laboratory is **NABL Accredited** for tests in LFT

Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor and Intellicheck Technology)

Sample Type: Serum
Analyzer: Fully Automated Biochemistry and ImmunoAssay Analyzer. VITROS 5600

Clinical Significance of LFT: The clinical suspicion of liver disease usually leads to the measurement of the liver function tests (LFT) which include measurement of several enzymes, serum bilirubin and albumin. These parameters may point to an underlying pathological process and direct further investigation. The aim of investigation in patients with suspected liver disease are:
· To detect hepatic abnormality · Measurement of severity of liver damage · Identify the specific cause
· Investigate possible complications

Remarks: Please correlate clinically.

*** End Of Report ***

In case of any discrepancy due to typing error, kindly get it rectified immediately.This is professional opinion, not a diagnosis.

Dr.Pankaj Tayal
Consultant Pathologist
M.B.B.S., D.N.B. (Pathology)
DMC Reg. 83771

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24/12/23

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NAME: MRS TANU PRIYA JAISWAL 29Yrs/F **27.02.2022**

Ref: DR VIVEK MARWAH

ULTRASOUND LOWER ABDOMEN (TVS)

UTERUS is anteverted, **bulky, globular, (measures 92 x 63 mm). Posterior myometrium is heterogeneous (adenomyotic changes), e/o multiple (6 – 7) small round – oval hypoechoic intramural fibroids – of size 34 x 32 mm, 18.5 x 15 mm, 17 x 15 mm, 14 x 11 mm, 20 x 15 mm, 8 – 10 mm—total area of adenomyotic changes & conglomerate fibroids—is seen to have submucosal & subserosal extension.**

Endometrium is pushed anteriorly, meas. 6 mm.

BILATERAL OVARIES are normal in size and show multiple small follicles.

RIGHT OVARY measures 37 x 22 mm, **shows a large follicle of 15 x 13.2 mm, avg. = 14.1 mm, two small follicles of 5 – 8 mm.**

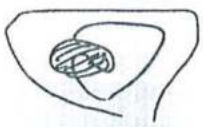
LEFT OVARY measures 26 x 16 mm, **shows few small follicles of 5 – 7 mm.**

E/o loculated collection / cystic mass measuring approx. 46 x 23 mm in POD – right adnexa, the fluid has low level internal echoes.

IMPRESSION:

- **Bulky globular uterus. Adenomyotic changes, multiple uterine fibroids—largely intramural, having submucosal & subserosal extension.**
- **Endometrium pushed anteriorly.**
- **Mild loculated collection / cystic mass in POD – right adnexa, the fluid has low level internal echoes.**

Suggested clinical correlation. (? Hydrosalpinx ? Hematosalpinx)



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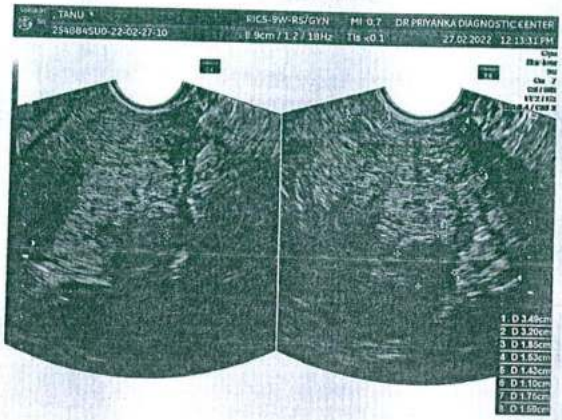
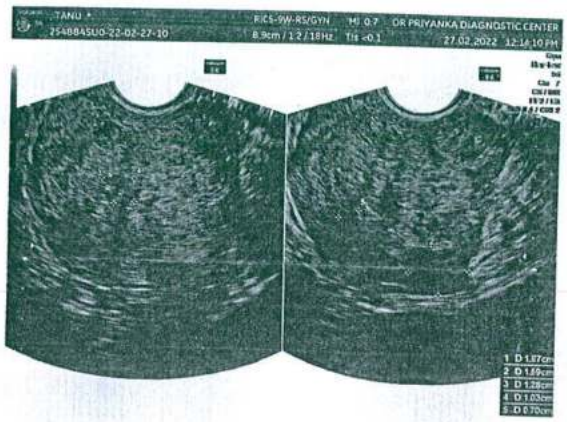
DR PRIYANKA GUPTA
MBBS, MD RADIODIAGNOSIS
GOLD MEDALIST, SAFDARJUNG HOSPITAL, NEW DELHI
PHN:7503171279

Findings / opinion should always be considered in co-relation with clinical findings and other investigations. Identity of the patient is not confirmed. Not for medico-legal purpose.





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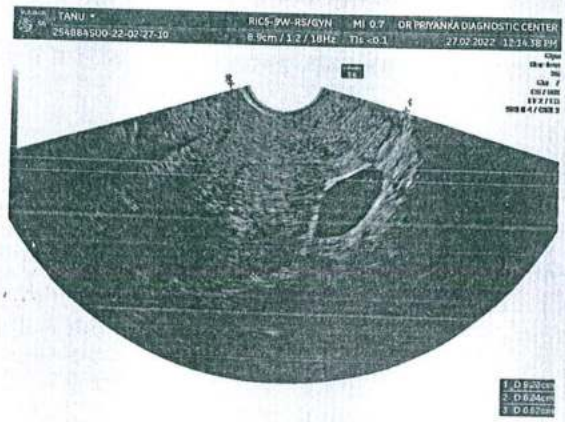

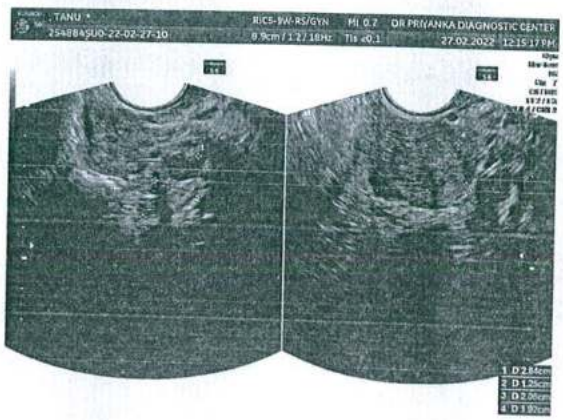

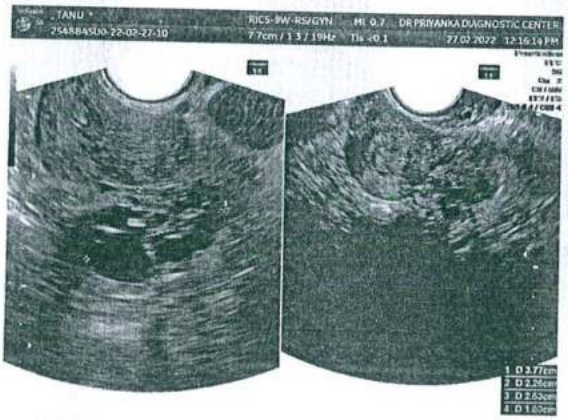

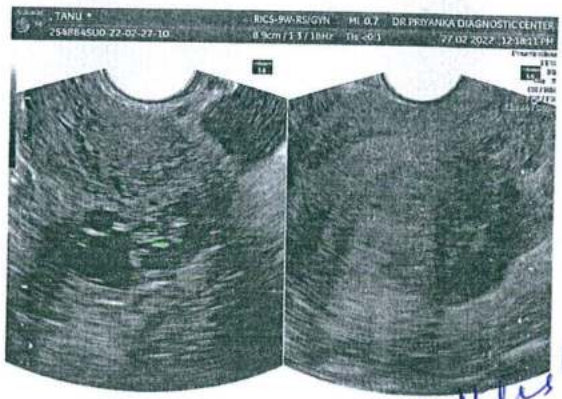

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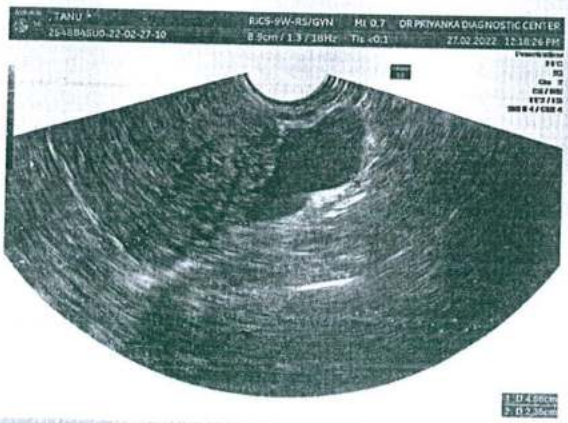

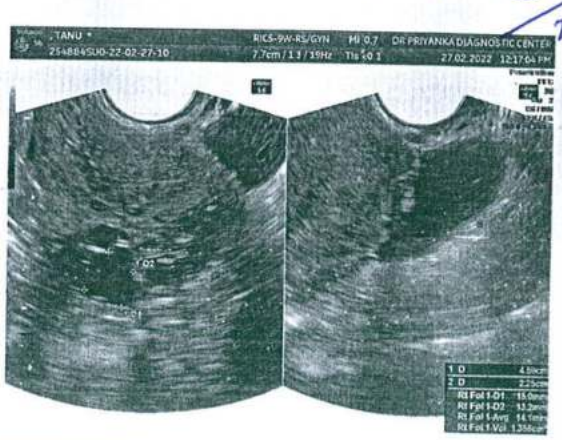

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MRI / Opt / ...

Visit No	:022201210056	UID	:1405089
Reg. Date	:21/Jan/2022 02:58PM	Report Date	:22/Jan/2022 08:20AM
Patient Name	: TANU PRIYA JAISWAL (29.5 YRS/Female)		
Referred By	:Dr. ALKA KRIPLANI		PAGE - 114

MRI OF THE ABDOMEN & PELVIS (KUB REGION)

MR imaging was performed on an advanced 3.0 Tesla, 32 channel digital broad-band MR system using a dedicated multi-channel phased-array surface coil with axial and coronal SSFSE, FIESTA, axial T1- & T2-weighted scans, thin fat saturated axial T1- & T2-weighted scans. Sagittal & coronal T2-weighted images were obtained and correlated with axial T1- & T2- and fat saturated T1- & T2-weighted images. High B-value diffusion-weighted images were obtained through the upper abdomen & pelvis.

Clinical profile: Lower abdominal pain; operated case of endometriosis with intra-myometrial & subserosal fibroids, bilateral ovarian endometrioma. Prior MR dated 08.10.2019 available for comparison.

Both the kidneys are normal in size, shape and outline. The cortex and medulla show normal signal intensity. The pelvicalyceal system is not dilated. The right kidney measures 4.2x5.3x9.6cm and the left kidney measures 4.7x5.2x10.2cm. The ureters are not dilated.

The urinary bladder does not show any focal abnormal wall thickening.

The uterus appears anteverted and retroflexed, normal in size (6.2x8.4x9.8cm) and outline. The endometrium is normal in thickness (6.7mm) and shows normal signal intensities. The endo-myometrial interface and the junctional zone appear normal. Intra-myometrial fibroids are seen in the left lateral aspect of the uterus measuring about 1.8x1.9x2.3cm and 2.5x2.1x2.3cm with less than 50% serosal bulge. There is plaque like hypointensity in the serosal surface of the posterior surface of the fundus of the uterus, with extension into the myometrium of the uterus showing T1/T1FS hypointensity-external adenomyosis (3.9x5.4x3.8cm). There is adherence of the ovaries and serosal tethering of the rectum by the lesion.

The endocervix and the vagina show normal signal intensities and appear normal.

Both the ovaries are well seen.
The right ovary measures 3.3x3.2x4.5cm and an endometriotic cyst measuring 2x2x2.1cm.
The left ovary measures 4.3x3.7x4.6cm with an endometriotic cyst measuring 1.3x1.6x1.7cm and larger cyst measuring about 2.7x3.6x3.8cm

No evidence of free fluid or lymphadenopathy is seen in the pelvis.

OPINION:

MR scan findings are suggestive of

- **Bilateral ovarian endometriomas**
- **Deep pelvic endometriosis with adherence of the ovaries, external adenomyosis and serosal adherence of the rectum.**
- **No abnormality in the kidneys.**

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22/12/23

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MC-2853

Patient Name	: TANU PRIYA	**Lab No.**	: NEH22011269
Age / Sex	: 29 Y / F	**Registration On**	: 08-01-2022
Referred By	: Dr. NEERA BHAN	**Collection Date**	: 08/Jan/2022 12:58PM
Patient ID	: UNEH.0000000246	**Received Date**	: 08/Jan/2022 07:12PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 08/Jan/2022 08:57PM

Test Name	Result	Biological Ref. Interval	Method

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Vitamin B12 , *Serum*

Vitamin B-12	254 pg/mL	239-931	ECLIA

The laboratory is **NABL Accredited** for Vitamin B12.

Sample Type: Serum
Technology: VITROS Microwell, Microsensor and Intellicheck Technology
Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

Remarks: Please correlate results clinically.

Thyroid Stimulating Hormone (TSH) , *Serum*	1.09 mIU/L	0.46-4.68	CLIA

Note:
1. TSH Levels are subject to circadian variation, reaching peak levels between 2-4 AM and the minimum between 6-10 PM. The variation is of the orde... 50-206% Hence time of the day has influence on the measured serum TSH concentrations (Reference:Tietz Textbook of Clinical Chemistry and Molecular Diagnostics - 5th Edition Pa... 3). Fluctuating TSH value must be Clinically correlated.
2. Circulating TSH levels are known to show a circadian rhythm & diurnal variation. The diagnosis based on one TSH value which fluctuates is ...iable. Cl... l correlation is mandatory.
3. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.

Clinical Use:
* Diagnose Hypothyroidism and Hyperthyroidism
* Monitor T4 replacement of T4 suppressive therapy
* Quantity TSH level sin the subnormal range

Technology: VITROS MicroWell, MicroSensor & Intellicheck
Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: Vitros 5600

Remarks: Please correlate clinically.

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HOUSE of DIAGNOSTICS

MC-2853

Patient Name	: **TANU PRIYA**	**Lab No.**	: NEH22011269
Age / Sex	: 29 Y / F	**Registration On**	: 08-01-2022
Referred By	: **Dr. NEERA BHAN**	**Collection Date**	: 08/Jan/2022 12:58PM
Patient ID	: UNEH.0000000246	**Received Date**	: 08/Jan/2022 07:12PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 08/Jan/2022 08:57PM

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Test Name	Result	Biological Ref. Interval	Method
Iron Profile With Ferritin , *Serum*			
Ferritin	7.42 ng/mL	6.24 - 137	ECLIA
Iron	**28** µg/dL	37-170	Pyridylazo Dye
Total Iron Binding Capacity	488 µg/dL	265 - 497	Chromazurol B
Transferrin Saturation	**5.74** %	14 - 34	Calculated

Reference range for Ferritin:

Category	Observed Range
Iron- Deficiency	0.68 - 34.5
Other- Anemia	13.0 - 1390.8
Iron Overload	334.6 - 8573.0
Renal Dialysis	31.3 - 1321.2
Chronic Liver Disease	7.9 - 12826.0

Sample Type: Serum
Technology:
- Iron: Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck Technology)
- TIBC: VITROS MicroTip, MicroSensor & Intellicheck Technology
- Ferritin: VITROS MicroWell, MicroSensor & Intellicheck Technology

Analyzer: Fully Automated Biochemistry and Immunology VITROS 5600

Remarks: Please correlate with clinical conditions.

Prolactin , *Serum*	9.9 ng/mL	4.79 - 23.3	ECLIA

Biological Reference Range:
Male : 3.7 - 17.9 ng/mL
Non-Pregnant Female : 4.79 - 23.3 ng/mL
Pregnant Female : 9.7 - 208.5 ng/mL
Post-Menopausal : 1.8 - 20.3 ng/mL

Clinical Significance of Prolactin:
Consistently elevated serum prolactin levels greater than 30 ng/mL in the absence of pregnancy and postpartum lactation are indicative of hyperprolactinemia, which is the most common hypothalamic-pituitary dysfunction encountered in clinical endocrinology. Hyperprolactinemia often results in galactorrhea, amenorrhea, and infertility in females, and in impotence and hypogonadism in males. Renal failure, hypothyroidism, and prolactin-secreting pituitary adenomas are also common causes of abnormally elevated prolactin levels.

Technology: VITROS MicroWell, MicroSensor and Intellicheck.
Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: Vitros 5600

Remarks: Please correlate results clinically.

*** End Of Report ***

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MC-2853

Patient Name	: **TANU PRIYA**	**Lab No.**	: NEH22011269
Age / Sex	: 29 Y / F	**Registration On**	: 08-01-2022
Referred By	: **Dr. NEERA BHAN**	**Collection Date**	: 08/Jan/2022 12:58PM
Patient ID	: UNEH.0000000246	**Received Date**	: 08/Jan/2022 07:18PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 08/Jan/2022 08:57PM

THALASSEMIA PROFILE

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Test Name	Result	Biological Ref. Interval	Method
CBC , *EDTA Whole Blood*			
Hemoglobin	**11.1** gm/dL	12.0 - 15.0	Photometric Measurement
Total RBC	4.35 million/µL	3.8 - 4.8	Coulter Principle
Platelet Count	232 X 10^3 / µL	150 - 410 x 10^3/µL	Coulter Principle
Total Leucocyte Count (WBC)	4.3 X 10^3 / µL	4.0 - 10.0	Coulter Principle
Differential Leucocyte Count (DLC)			
Neutrophils	65 %	40 - 80	VCSn/Microscopy
Lymphocytes	24 %	20 - 40	VCSn/Microscopy
Monocytes	08 %	2 - 10	VCSn/Microscopy
Eosinophils	03 %	1 - 6	VCSn/Microscopy
Basophils	00 %	0 - 1	VCSn/Microscopy
Absolute Neutrophil Count	2.8 X 10^3 / µL	2.0 - 7.5	VCSn/Microscopy
Absolute Lymphocyte Count	1.03 X 10^3 / µL	1.0 - 4.0	VCSn/Microscopy
Absolute Monocyte Count	0.34 X 10^3 / µL	0.2 - 1.0	VCSn/Microscopy
Absolute Eosinophil Count	0.13 X 10^3 / µL	0.04 - 0.44	VCSn/Microscopy
Absolute Basophil Count	0.01 X 10^3 / µL	0.00 - 0.30	VCSn/Microscopy
Indices			
Hematocrit	**34.2** %	36 - 46	Calculated
Mean Corpuscular Volume (MCV)	**78.7** fL	83 - 101	Calculated
Mean Corp. Hemoglobin (MCH)	**25.6** pg	27 - 32	Calculated
MCH Concentration (MCHC)	32.6 g/dl	31.5 - 34.5	Calculated
Red Cell Dist. Width (RDW-CV)	**15.9** %	11.5 - 14.5	Calculated
Red Cell Dist. Width (RDW-SD)	44.2 fL	39 - 46	Calculated
Mean Platelet Volume (MPV)	10.3 fL	7-5 - 12.0	Calculated
Neutrophil-Lymphocyte Ratio (NLR)	2.71		Calculated

Remarks: *Please correlate with clinical conditions.*

*** End Of Report ***

Dr.Pankaj Tayal
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Patient Name	: **TANU PRIYA**	**Lab No.**	: NEH22011269
Age / Sex	: 29 Y / F	**Registration On**	: 08-01-2022
Referred By	: **Dr. NEERA BHAN**	**Collection Date**	: 08/Jan/2022 12:58PM
Patient ID	: UNEH.0000000246	**Received Date**	: 08/Jan/2022 07:18PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 09/Jan/2022 01:53PM

THALASSEMIA PROFILE

Test Name	Result	Biological Ref. Interval	Method

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Hb Electrophoresis , *EDTA Whole Blood*

Hb F	<0.8 %	0.00 - 2.00	HPLC
A1c	5.3 %	4.0 - 6.0	HPLC
Peak 3(P3)	4.9 %		HPLC
A0	84.8 %		HPLC
Hba2	3.1 %	1.50 - 3.70	HPLC
Hb D	0.0 %		HPLC
Hb S	0.0 %	0.00 - 0.02	HPLC
Hb C	0.0 %	0.00 - 0.02	HPLC
Hb E	0.0 %	<0.02	HPLC
Unknown (Unidentified)	0.0 %	<0.02	HPLC
Other (Non Specific)	0.0 %	0.00 - 10.0	HPLC

Impression: HPLC findings are within normal limits.

Low Hb A2 levels are seen in:
- Iron-deficiency anemia
- Delta-beta Thalassemia (HbF is also elevated)
- Alpha Thalassemia trait
- Hb H disease
- Delta Thalassemia
- Additional delta chain variant

Borderline high hemoglobin F levels are seen in:
- Children below 2 years of age often have raised fetal hemoglobin levels.
- Second trimester of pregnancy.
- Thyrotoxicosis
- Certain drug therapies in pregnancy like Hydroxyurea, Erythropoetin, etc.
- Carcinoma with metastasis to bone marrow
- Chronic Kidney Disease
- Hereditary persistence of fetal hemoglobin (HPFH). This condition does not have any significant clinical implications.
- Some individuals with hematological disorders (aplastic anemia, MDS, JMML, PNH, Megaloblastic Anemia, AML-M6)
- In approximately 30% of Beta Thalassemia trait patients.

Note:
1. Hb Electrophoresis (HPLC) is a screening test.
2. In case of Abnormal findings, the result should be confirmed by DNA Analysis and Parenteral Screening.

Sample Type: EDTA, Whole Blood Sample
Method: Ion Exchange High-Performance Liquid Chromatography
Analyzer: Fully Automated Analyzer: Bio-Rad, D-10

Remarks: *Please correlate clinically.*

Self Attested @ 22/12/23

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

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Patient Name	: TANU PRIYA	**Lab No.**	: NEH22011269
Age / Sex	: 29 Y / F	**Registration On**	: 08-01-2022
Referred By	: Dr. NEERA BHAN	**Collection Date**	: 08/Jan/2022 12:58PM
Patient ID	: UNEH.0000000246	**Received Date**	: 08/Jan/2022 07:12PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 08/Jan/2022 10:07PM

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Test Name	Result	Biological Ref. Interval	Method
Anti Mullerian Hormone , *Serum*			
Anti Mullerian Hormone	1.20 ng/mL	0.17-7.37	CLIA

Biological Reference Interval:
Optimal Fertility : 4.0 - 6.8 ng/mL
Satisfactory Fertility : 2.2 - 4.0 ng/mL
Low Fertility : 0.3 - 2.2 ng/mL
Very Low / Undetectable : 0.0 - 0.3 ng/mL
High Level : >6.8 ng/mL

Suggested Reference Ranges as Per Beckman Coulter AMH IFU:

Gender	Reference Group Age Range (years)	95% Reference Interval (ng/mL)
Females	18-25	0.96-13.34
Females	26-30	0.17-7.37
Females	31-35	0.07-7.35
Females	36-40	0.03-7.15
Females	41-45	<3.27
Males	≥ 46	<1.15
	>18	0.73-16.05

Clinical Significance :
AntiMullerian hormone (AMH), also known as mullerian-inhibiting substance, is a dimeric glycoprotein hormone belonging to the transforming growth factor-beta family. It is produced by sertoli cells of the testis in males and by ovarian granulosa cells in females. In women, antimullerian hormone (AMH) levels represent the ovarian follicular pool and could be a useful marker of ovarian reserve. A serum level of AMH strongly correlates with antral follicle count and reflect the size of primordial follicle pool thus may be useful as a predictor of ovarian responsiveness. AMH may permit the identification of both the extremes of ovarian stimulation thus a possible role for its measurement has been suggested in the individualization of treatment strategies.

Clinical Applications :
*To assess ovarian status including follicle development, ovarian reserve, and ovarian responsiveness, as part of evaluation for infertility and assisted reproduction protocols
*To assess menopausal status, including premature ovarian failure.
*To assess ovarian function in patients with polycystic ovarian syndrome.
*To evaluate infants with ambiguous genitalia and other intersex conditions.
*To evaluate testicular function in infants and children.
*To diagnose and monitor patients with antimullerian hormone-secreting ovarian granulosa cell tumors.

Remarks: Please correlate results with clinical conditions.

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

In case of any discrepancy due to typing error, kindly get it rectified immediately.This is professional opinion, not a diagnosis.

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22/12/23

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SIN No:SE00061090

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MC-2853

Patient Name	: **TANU PRIYA**	**Lab No.**	: NEH21121151
Age / Sex	: 29 Y / F	**Registration On**	: 22-12-2021
Referred By	: **Dr. NEENA MALHOTRA**	**Collection Date**	: 22/Dec/2021 08:30AM
Patient ID	: UNEH.0000000246	**Received Date**	: 22/Dec/2021 12:27PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 22/Dec/2021 02:59PM

Test Name	Result	Biological Ref. Interval	Method

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Beta HCG , *Serum*

Beta HCG	<2.39 mIU/mL		C.L.I.A.

Biological Reference Range:
Men & Non Pregnant Woman: <5.0 mIU/ml
During Pregnancy:

Trimester	Gestation(Weeks)	Range (mIU/ml)
1st	4	5 - 100
1st	5	200 - 3000
1st	6	10,000 - 80,000
1st	7-14	90,000 - 5,00,000
1st	15-26	5000 - 80,000
1st	27-40	3000 - 15000

Trophoblstic disease > 10,000 mIU/ml

Clinical Significance of Beta HCG:
The detection of HCG in urine or blood within 3-4 weeks of the last menstrual blood in the most reliable indicator for the confirmation of pregnancy. HCG in initially secreted by the trophoblast, and later by the chorion and placenta. Levels rise exponentially to a peak during the first trimester, declining to a plateau during the second and third trimesters. Measurement of HCG has also been applied in the diagnosis of ectopic pregnancy, threatened abortion, and multiple gestation. HCG levels may also be elevated in patients with neoplasms, which may or may not be of trophoblastic origin, e.g. cancers of the small intestines, lungs, testes, breast and prostate, hydatidiform mole, choriocarcinoma and cerebral metastases.5-7 measurement of circulating HSG levels can be useful in monitoring the treatment of these conditions.

Important Note:
Detection of very low levels of HCG does not exclude pregnancy. A further sample should be tested after 48 Hours if pregnancy is suspected.

Remarks: Please correlate with clinical conditions.

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

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Ruhani Kanwar
Dr. Ruhani Kanwar
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: 88891

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MC-2853

Patient Name	: **TANU PRIYA JAISWAL**	**Lab No.**	: NEH2110854
Age / Sex	: 29 Y / F	**Registration On**	: 27-10-2021
Referred By	: **Dr. MEETA SHARMA**	**Collection Date**	: 27/Oct/2021 12:23PM
Patient ID	: UNEH.0000000094	**Received Date**	: 27/Oct/2021 03:36PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 27/Oct/2021 05:54PM

Test Name	Result	Biological Ref. Interval	Method

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Estradiol [E2] , *Serum*	934 pg/mL		ECLIA

Biological Reference Range for Estradiol(E2):
Males : 11.6 - 41.2
Menstruating Females : (By day in cycle relative to LH peak)
- Follicular Phase (-12 to -4 days) : 18.9 - 246.7
- Midcycle (-3 to +2 days) : 35.5 - 570.8
- Luteal Phase (+4 to +12 days) : 22.4 - 256.0

Postmenopausal Females (Untreated) : ND* - 44.5
* ND = Not Detectable

Clinical Significance of Estradiol (E2):
The measurement of Estradiol is important for the evaluation of normal sexual development (menarche), causes of infertility (anovulation, amenorrhoea, dysmenorrhoea). Normal estradiol levels are lowest during menstrual cycle.

Sample Type: Serum
Technology: VITROS MicroWell, MicroSensor and Intellicheck Technology
Analyzer: Fully Automated Integrated Biochemistry and Immunology Analyzer: VITROS 5600

Remarks: Please correlate results with clinical conditions.

*** End Of Report ***

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MC-2853

Patient Name	: **TANU PRIYA JAISWAL**	**Lab No.**	: NEH2110837
Age / Sex	: 29 Y / F	**Registration On**	: 24-10-2021
Referred By	: **Dr. NEETA SHARMA**	**Collection Date**	: 24/Oct/2021 10:32AM
Patient ID	: UNEH.0000000094	**Received Date**	: 24/Oct/2021 03:41PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 24/Oct/2021 05:20PM

Test Name	Result	Biological Ref. Interval	Method

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CA 19.9 , *Serum*

CA 19.9	**67.6** U/mL	< 37.0	ECLIA

Clinical Significance :
- CA 19.9 isolated originally from colon cancer cell line has greatest utility in detecting pancreatic cancers and hence is the most useful circulating tumour marker for evaluating chronic pancreatic disorders.
- Increased levels are seen in
  - Pancreatic cancer.
  - Cancers of bile duct, stomach, colon and oesophagus
  - Some non-gastrointestinal cancers Hepatomas Non-malignant conditions like hepatitis, cirrhosis, acute cholangitis pancreatitis and cystic fibrosis.

Clinical Notes :
The specificity and positive predictive value for cancers increase with higher CA 19.9 values.Tumour size and histological grade affect the values, being higher in tumors > 3cms in diameter and in differentiated tumors. High levels suggest tumour is unresectable. Used in conjunction with CT scan and other imaging modalities to decide about tumor resection.Useful in predicting survival and recurrence after surgery. A persistent elevation following surgery may be indicative of occult metastasis or recurrence of disease.

Advise: CA 19.9 assay should be correlated with other diagnostic information in the management of cancer. The results obtained with different analytical techniques and different equipments cannot be used interchangeably due to difference in assay methods and reagent specificity. In course of monitoring, the assay method preferably should not be changed.

Remarks: Please correlate results with clinical conditions.

CA 125 Level , *Serum*

	23.1 U/mL	<35.0	ECLIA

Clinical Significance of CA125 Level:
Cancer antigen-125 (CA-125) is a glycoprotein that occurs in blood as high molecular weight entity. High concentrations of this antigen are associated with ovarian cancer and a range of benign and malignant diseases. Although the specificity and sensitivity of CA-125 assays are somewhat limited, especially in early diagnosis of Ovarian Cancer, the assay has found wide spread use in the differential diagnosis of adnexal masses, in monitoring disease progression and response to therapy in ovarian cancer, and in the early detection of recurrence after surgery or chemotherapy for ovarian cancer. Elevated serum CA-125 levels can be observed in patients with serious endometrioid, clear cell and un-differentiated ovarian carcinoma. The serum CA-125 is elevated in 1% of normal healthy women, 3% of normal healthy women with benign ovarian diseases, and 6% of patients with non-neoplastic conditions (including but not limited to first trimester pregnancy, menstruation, endometriosis uterine fibrosis, acute salpingitis, hepatic diseases, and inflammation of peritoneum or pericardium).

Remarks: Please correlate results with clinical conditions.

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MC-2853

Patient Name	: **TANU PRIYA JAISWAL**	**Lab No.**	: NEH2110837
Age / Sex	: 29 Y / F	**Registration On**	: 24-10-2021
Referred By	: **Dr. NEETA SHARMA**	**Collection Date**	: 24/Oct/2021 10:32AM
Patient ID	: UNEH.0000000094	**Received Date**	: 24/Oct/2021 03:41PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 24/Oct/2021 05:20PM

Test Name	Result	Biological Ref. Interval	Method
Estradiol [E2] , *Serum*	307 pg/mL		ECLIA

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Biological Reference Range for Estradiol(E2):
Males : 11.6 - 41.2
Menstruating Females : (By day in cycle relative to LH peak)
- Follicular Phase (-12 to -4 days) : 18.9 - 246.7
- Midcycle (-3 to +2 days) : 35.5 - 570.8
- Luteal Phase (+4 to +12 days) : 22.4 - 256.0

Postmenopausal Females (Untreated) : ND* - 44.5
* ND = Not Detectable

Clinical Significance of Estradiol (E2):
The measurement of Estradiol is important for the evaluation of normal sexual development (menarche), causes of infertility (anovulation, amenorrhoea, dysmenorrhoea). Normal estradiol levels are lowest during menstrual cycle.

Sample Type: Serum
Technology: VITROS MicroWell, MicroSensor and Intellicheck Technology
Analyzer: Fully Automated Integrated Biochemistry and Immunology Analyzer: VITROS 5600

Remarks: Please correlate results with clinical conditions.

*** End Of Report ***

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Patient Name	: **TANU PRIYA**	**Lab No.**	: NEH2110769
Age / Sex	: 29 Y / F	**Registration On**	: 17-10-2021
Referred By	: **Dr. NEENA MALHOTRA**	**Collection Date**	: 17/Oct/2021 09:14AM
Patient ID	: UNEH.0000000246	**Received Date**	: 17/Oct/2021 12:48PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 17/Oct/2021 03:41PM

Test Name	Result	Biological Ref. Interval	Method

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Progestrone , *Serum*

Progesterone	0.971 ng/ml		ECLIA

Biological Reference Interval:
Males : 0.21- 1.54
Females
- Follicular Phase : 0.14 - 2.03
- Mid Luteal : 5.22 - 22.7
- Luteal Phase : 1.42 - 16.6
- Periovulatory : 0.40 - 4.47
- Post Menopausal : 0.15 - 1.04

Pregnant females
- I Trimester (4 to 12 weeks gastation) : 6.57 - 40.3
- II Trimester (13 to 24 weeks gastation) : 9.66 - 62.3
- III Trimester (25 to 36 weeks gastation) : 24.5 - 334

Clinical Significance of Progestrone:
Progesterone also known as P4 (pregn-4-ene-3,20-dione) is a C-21 steroid hormone involved in the female menstrual cycle and pregnancy (supports gestation and embryogenesis). Progesterone belongs to a class of hormones called progestogens, and is the major naturally occurring human progestogen. In women, progesterone levels are relatively low during the preovulatory phase of the menstrual cycle, rise after ovulation, and are elevated during the luteal phase. Progesterone levels tend to be < 2 ng/ml prior to ovulation, and > 5 ng/ml after ovulation. If pregnancy occurs, the corpus luteum maintains the levels of progesterone. At around 12 weeks the placenta begins to produce progesterone in place of the corpus luteum. After delivery of the placenta and during lactation, progesterone levels are very low. Progesterone levels are relatively low in children and postmenopausal women. Adult males have levels similar to those in women during the follicular phase of the menstrual cycle.

Sample Type: Serum
Progestrone (P4) test performed at Immuno Diagnostics Pvt. Ltd.

Remarks: Please correlate with clinical conditions.

*** End Of Report ***

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MC-2853

Patient Name	: **TANU PRIYA**	**Lab No.**	: NEH2110769
Age / Sex	: 29 Y / F	**Registration On**	: 17-10-2021
Referred By	: **Dr. NEENA MALHOTRA**	**Collection Date**	: 17/Oct/2021 09:14AM
Patient ID	: UNEH.0000000246	**Received Date**	: 17/Oct/2021 12:48PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 17/Oct/2021 03:41PM

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Test Name	Result	Biological Ref. Interval	Method
LH , *Serum*	0.497 mIU/mL	Follicular Phase: 1.9-12.5 Luteal Phase: 0.5-16.9 Midcycle Peak: 8.7-76.3 Pregnant: 0.1-1.5 Post Menopausal: 15.9-54.0	ECLIA

Biological Reference Range:
Follicular phase : 1.9 - 12.5
Luteal phase : 0.5 - 16.9
Post menopausal : 15.9 - 54.0
Male (20 -70 years) : 1.5 - 9.3
Male (>70years) : 3.1 - 34.6
Midcycle peak : 8.7 - 76.3
Pregnant : 0.1 - 1.5
Children : 0.1 - 6.0

Remarks: Please correlate results clinically.

Estradiol [E2] , *Serum*	49 pg/mL		ECLIA

Biological Reference Range for Estradiol(E2):
Males : 11.6 - 41.2
Menstruating Females : (By day in cycle relative to LH peak)
- Follicular Phase (-12 to -4 days) : 18.9 - 246.7
- Midcycle (-3 to +2 days) : 35.5 - 570.8
- Luteal Phase (+4 to +12 days) : 22.4 - 256.0

Postmenopausal Females (Untreated) : ND* - 44.5
* ND = Not Detectable

Clinical Significance of Estradiol (E2):
The measurement of Estradiol is important for the evaluation of normal sexual development (menarche), causes of infertility (anovulation, amenorrhoea, dysmenorrhoea). Normal estradiol levels are lowest during menstrual cycle.

Sample Type: Serum
Technology: VITROS MicroWell, MicroSensor and Intellicheck Technology
Analyzer: Fully Automated Integrated Biochemistry and Immunology Analyzer: VITROS 5600

Remarks: Please correlate results with clinical conditions.

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

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HOUSE of DIAGNOSTICS

MC-2853

Patient Name	: TANU PRIYA	**Lab No.**	: NEH2109482
Age / Sex	: 29 Y / F	**Registration On**	: 03-09-2021
Referred By	: Dr. NEENA MALHOTRA	**Collection Date**	: 03/Sep/2021 09:11AM
Patient ID	: UNEH.0000000246	**Received Date**	: 03/Sep/2021 12:34PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 03/Sep/2021 03:30PM

Test Name	Result	Biological Ref. Interval	Method

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LH , *Serum*

0.352 mIU/mL

Follicular Phase: 1.9-12.5
Luteal Phase: 0.5-16.9
Midcycle Peak: 8.7-76.3
Pregnant: 0.1-1.5
Post Menopausal: 15.9-54.0

ECLIA

Biological Reference Range:
Follicular phase : 1.9 - 12.5
Luteal phase : 0.5 - 16.9
Post menopausal : 15.9 - 54.0
Male (20 -70 years) : 1.5 - 9.3
Male (>70years) : 3.1 - 34.6
Midcycle peak : 8.7 - 76.3
Pregnant : 0.1 - 1.5
Children : 0.1 - 6.0

Remarks: Please correlate results clinically.

FSH , *Serum*

7.15 mIU/mL

Follicular Phase:1.98-11.6
MidCycle Peak: 5.14-23.4
Luteal Phase: 1.38-9.58
Post-Menopausal:21.5-131

ECLIA

Biological Reference Range:
Normal Female Follicular Phase : 1.98 - 11.6 mIU/mL
Normal Female mid-cycle Phase : 5.14 - 23.4 mIU/mL
Normal Female Luteal Phase: 1.38-9.58 mIU/mL
Post Menopausal Female : 21.5-131 mIU/mL
Normal Male : 1.55 - 9.74 mIU/mL

Sample Type: Serum
Technology: VITROS MicroWell, MicroSensor and Intellicheck.
Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: Vitros 5600

Remarks: Please correlate results clinically.

*** End Of Report ***

Ruhani Kanwar

Dr. Ruhani Kanwar
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: 88891

Self Attested
22/12/23

Scan to Validate Report

9 089 089 089 www.hod.care info@hod.care SIN No:CL00425087
House of Diagnostics, 14/15/16 Hargovind Enclave, Delhi-110092

H·O·D
HOUSE of DIAGNOSTICS

Patient Name	**: TANU PRIYA**	**Lab No.**	: NEH2109482
Age / Sex	: 29 Y / F	**Registration On**	: 03-09-2021
Referred By	**: Dr. NEENA MALHOTRA**	**Collection Date**	: 03/Sep/2021 09:11AM
Patient ID	: UNEH.0000000246	**Received Date**	: 03/Sep/2021 12:07PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 03/Sep/2021 02:05PM

Test Name	Result	Biological Ref. Interval	Method

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Rubella [IgG] , *Serum*

Rubella [IgG]	<0.200 IU/mL	<7	CLIA

Biological Reference Range:
Negative : <7 IU/mL
Equivocal : 7-10 IU/mL
Positive: > 10 IU/mL

Clinical Significance:
Rubella, also known as German measles or three-day measles, is a disease caused by the rubella virus. The name "rubella" is derived from Latin, meaning little red. Rubella is also known as German measles because the disease was first described by German physicians in the mid-eighteenth century. This disease is often mild and attacks often pass unnoticed. The disease can last one to three days. Infection of the mother by Rubella virus during pregnancy can be serious; if the mother is infected within the first 20 weeks of pregnancy, the child may be born with congenital rubella syndrome (CRS), which entails a range of serious incurable illnesses. Rubella virus specific IgM antibodies are present in people recently infected by Rubella virus but these antibodies can persist for over a year and a positive test result needs to be interpreted with caution. The presence of IgG antibodies indicates immunity received through either vaccination or a past infection.

Remarks: Please correlate results with clinical conditions and drug history.

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

In case of any discrepancy due to typing error, kindly get it rectified immediately.This is professional opinion, not a diagnosis.

Ruhani Kanwar
Dr. Ruhani Kanwar
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: 88891

Self Attested
24/12/23

MC-2853

Patient Name	**: TANU PRIYA JAISWAL**	**Lab No.**	: NEH2108389
Age / Sex	: 28 Y / F	**Registration On**	: 19-08-2021
Referred By	**: Dr.VIVEK MARWAH**	**Collection Date**	: 19/Aug/2021 08:22AM
Patient ID	: UNEH.0000000094	**Received Date**	: 19/Aug/2021 11:30AM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 19/Aug/2021 03:51PM

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Test Name	Result	Biological Ref. Interval	Method
CA 19.9 , *Serum*			
CA 19.9	**71.9** U/mL	< 37.0	ECLIA

Clinical Significance :
- CA 19.9 isolated originally from colon cancer cell line has greatest utility in detecting pancreatic cancers and hence is the most useful circulating tumour marker for evaluating chronic pancreatic disorders.
- Increased levels are seen in
  - Pancreatic cancer.
  - Cancers of bile duct, stomach, colon and oesophagus
  - Some non-gastrointestinal cancers Hepatomas Non-malignant conditions like hepatitis, cirrhosis, acute cholangitis pancreatitis and cystic fibrosis.

Clinical Notes :
The specificity and positive predictive value for cancers increase with higher CA 19.9 values.Tumour size and histological grade affect the values, being higher in tumors > 3cms in diameter and in differentiated tumors. High levels suggest tumour is unresectable. Used in conjunction with CT scan and other imaging modalities to decide about tumor resection.Useful in predicting survival and recurrence after surgery. A persistent elevation following surgery may be indicative of occult metastasis or recurrence of disease.

Advise: CA 19.9 assay should be correlated with other diagnostic information in the management of cancer. The results obtained with different analytical techniques and different equipments cannot be used interchangeably due to difference in assay methods and reagent specificity. In course of monitoring, the assay method preferably should not be changed.

Remarks: Please correlate results with clinical conditions.

*** End Of Report ***

Dr. Geeta Tiwary
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: 36388

Self Attested
22/12/23

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SIN No:CL00411106

MC-2853

Patient Name	: **TANU PRIYA JAISWAL**	**Lab No.**	: NEH2108389
Age / Sex	: 28 Y / F	**Registration On**	: 19-08-2021
Referred By	: **Dr.VIVEK MARWAH**	**Collection Date**	: 19/Aug/2021 08:22AM
Patient ID	: UNEH.0000000094	**Received Date**	: 19/Aug/2021 11:30AM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 19/Aug/2021 01:58PM

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Test Name	Result	Biological Ref. Interval	Method
CA 125 Level , *Serum*	24.6 U/mL	<35.0	ECLIA

Clinical Significance of CA125 Level:
Cancer antigen-125 (CA-125) is a glycoprotein that occurs in blood as high molecular weight entity. High concentrations of this antigen are associated with ovarian cancer and a range of benign and malignant diseases. Although the specificity and sensitivity of CA-125 assays are somewhat limited, especially in early diagnosis of Ovarian Cancer, the assay has found wide spread use in the differential diagnosis of adnexal masses, in monitoring disease progression and response to therapy in ovarian cancer, and in the early detection of recurrence after surgery or chemotherapy for ovarian cancer. Elevated serum CA-125 levels can be observed in patients with serious endometrioid, clear cell and undifferentiated ovarian carcinoma. The serum CA-125 is elevated in 1% of normal healthy women, 3% of normal healthy women with benign ovarian diseases, and 6% of patients with non-neoplastic conditions (including but not limited to first trimester pregnancy, menstruation, endometriosis uterine fibrosis, acute salpingitis, hepatic diseases, and inflammation of peritoneum or pericardium).

Remarks: Please correlate results with clinical conditions.

*** End Of Report ***

Ruchani Kanwar

Dr. Ruhani Kanwar
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: 88891

Self Attested
22/12/23

Scan to Validate Report

SIN No:CL00411106

Patient Name	**: TANU PRIYA JAISWAL**	**Lab No.**	: NEH2108389
Age / Sex	: 28 Y / F	**Registration On**	: 19-08-2021
Referred By	**: Dr.VIVEK MARWAH**	**Collection Date**	: 19/Aug/2021 08:22AM
Patient ID	: UNEH.0000000094	**Received Date**	: 19/Aug/2021 11:29AM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 19/Aug/2021 01:58PM

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Test Name	Result	Biological Ref. Interval	Method
Anti Mullerian Hormone , *Serum*			
Anti Mullerian Hormone	1.10 ng/mL	0.17-7.37	CLIA

Biological Reference Interval:
Optimal Fertility : 4.0 - 6.8 ng/mL
Satisfactory Fertility : 2.2 - 4.0 ng/mL
Low Fertility : 0.3 - 2.2 ng/mL
Very Low / Undetectable : 0.0 - 0.3 ng/mL
High Level : >6.8 ng/mL

Suggested Reference Ranges as Per Beckman Coulter AMH IFU:

Gender	Reference Group Age Range (years)	95% Reference Interval (ng/mL)
Females	18-25	0.96-13.34
Females	26-30	0.17-7.37
Females	31-35	0.07-7.35
Females	36-40	0.03-7.15
Females	41-45	<3.27
Females	≥ 46	<1.15
Males	>18	0.73-16.05

Clinical Significance :
AntiMullerian hormone (AMH), also known as mullerian-inhibiting substance, is a dimeric glycoprotein hormone belonging to the transforming growth factor-beta family. It is produced by sertoli cells of the testis in males and by ovarian granulosa cells in females. In women, antimullerian hormone (AMH) levels represent the ovarian follicular pool and could be a useful marker of ovarian reserve. A serum level of AMH strongly correlates with antral follicle count and reflect the size of primordial follicle pool thus may be useful as a predictor of ovarian responsiveness. AMH may permit the identification of both the extremes of ovarian stimulation thus a possible role for its measurement has been suggested in the individualization of treatment strategies.

Clinical Applications :
*To assess ovarian status including follicle development, ovarian reserve, and ovarian responsiveness, as part of evaluation for infertility and assisted reproduction protocols
*To assess menopausal status, including premature ovarian failure.
*To assess ovarian function in patients with polycystic ovarian syndrome.
*To evaluate infants with ambiguous genitalia and other intersex conditions.
*To evaluate testicular function in infants and children.
*To diagnose and monitor patients with antimullerian hormone-secreting ovarian granulosa cell tumors.

Remarks: Please correlate results with clinical conditions.

*** End Of Report ***

In case of any discrepancy due to typing error, kindly get it rectified immediately.This is professional opinion, not a diagnosis.

Ruhani Kanwar

Dr. Ruhani Kanwar
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: 88891

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22/12/23

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SIN No:SE00035775

MC-2853

Patient Name	: **TANU PRIYA JAISWAL**	**Lab No.**	: NEH2107178
Age / Sex	: 28 Y / F	**Registration On**	: 16-07-2021
Referred By	: **VIVEK**	**Collection Date**	: 16/Jul/2021 08:30AM
Patient ID	: UNEH.0000000094	**Received Date**	: 16/Jul/2021 01:29PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 16/Jul/2021 05:30PM

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Test Name	Result	Biological Ref. Interval	Method
Vitamin B12 , *Serum*			
Vitamin B-12	305 pg/mL	239-931	ECLIA

The laboratory is NABL Accredited for Vitamin B12.

Sample Type: Serum
Technology: VITROS Microwell, Microsensor and Intellicheck Technology
Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

Remarks: Please correlate results clinically.

Vitamin D, 25 - Hydroxy , *Serum*			
25-OH Vitamin D (Total)	21.3 ng/mL	20 - 100	ECLIA

The laboratory is NABL Accredited for the Vitamin D (Total-25, Hydroxy)

Sample Type: Serum
Method: ECLIA (Enhanced Chemi-Luminescence ImmunoAssay)
Technology: VITROS Microwell, Microsensor, and Intellicheck Technology
Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay: VITROS 5600

Clinical Significance: The major circulating form of vitamin D is 25-hydroxyvitamin D (25(OH)D); thus, the total serum 25(OH)D level is currently considered the best indicator of vitamin D supply to the body from cutaneous synthesis and nutritional intake. The reference range of the total 25(OH)D level is 20-100 ng/mL.
There are two principal forms of vitamin D: D2 and D3. Many of the currently available assays measure and report on both vitamin D2 and D3 metabolites. This can be useful in studies evaluating the contribution of vitamin D2 and D3 to overall vitamin D status. 25-hydroxyvitamin D (25(OH)D) is the major circulating form of vitamin D; thus, the total serum 25(OH)D level is currently considered the best indicator of vitamin D supply to the body from cutaneous synthesis and nutritional intake.
One exception is that 25(OH)D levels do not indicate clinical vitamin D status in patients with chronic renal failure or type 1 vitamin D-dependent rickets or when calcitriol (1,25-dihydroxy vitamin D) is used as a supplement. Interpretation of 25(OH)D can be challenging owing to wide variability in patient's weight, ethnicity, assays, laboratory procedures and validation of reference ranges.
Vitamin D deficiency is defined by most experts as a serum 25(OH)D level of less than 20 ng/mL.
Vitamin D insufficiency has been defined as a serum 25(OH)D level of 20-29 ng/mL.
Vitamin D sufficiency has been defined as serum 25(OH)D levels of 30-100 ng/mL.
Vitamin D toxicity is observed when serum 25(OH)D levels are greater than 100 ng/mL.

Remarks: *Please correlate results clinically.*

*** End Of Report ***

In case of any discrepancy due to typing error, kindly get it rectified immediately.This is professional opinion, not a diagnosis.

Ruhani Kanwar
Dr. Ruhani Kanwar
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: 88891

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Dr. Harsh Mahajan, MD
Former Radiologist to the President of India, Padma Shri

Dr. Punit Sethi, MD • Dr. Anjana Aggarwal, DMRD • Dr. Geetanjali Nanda, MD
Dr. Vishal Maskara, MD • Dr. Aditya Patney, MDS • Dr. Srikant Panigrahi, MD

Visit No.	: 032106290128	UID No.	: 999553
Patient Name	: **Ms. TANUPRIYA JAISWAL**	Reg. Date	: 29/Jun/2021 07:15 PM
Age/Sex	: **28 YRS / Female**	Report Date	: 30/Jun/2021 10:39AM
Referred By	: Dr. VIVEK MARWAH	Print Date	: 30/Jun/2021 10:39 AM

MRI PELVIS

MR imaging of the pelvis was performed and T1-and T2-weighted serial sections obtained in the sagittal, axial and coronal planes using a dedicated torso-array surface coil and respiratory compensation on a 1.5 Tesla scanner.

Clinical profile:- Lower abdomen pain.

The uterus is slightly bulky measuring 11.3cm in length. The endometrial lining measures 5mm in thickness. The junctional zone of myometrium is within normal limits. Multiple uterine fibroids are seen as follows:-

- A subserosal fibroid is seen arising from fundus of uterus projecting towards right side above the urinary bladder measuring 47mm in size.
- Another subserosal fibroid is seen at fundus of uterus measuring 18mm in size.
- A tiny subserosal fibroid is seen in fundus of uterus measuring 10mm in size.
- A submucosal fibroid is seen in the inner myometrium towards the lower uterine segment in posterior wall measuring 15mm in size.
- An intramural fibroid is seen in posterior wall of uterine body measuring 17mm in size.
- Another subserosal fibroid is seen along the left lateral wall of lower uterine body measuring 24mm in size.

There is asymmetric thickening of posterior wall of uterus with poorly marginated T2 hypointense area in the outer myometrium measuring about 35mm (AP) x 36mm (TR) x 32mm (CC) in size. There is en-plaque thickening over the serosal surface of uterus along the posterior wall with a few tiny cystic spaces interspersed within, suggesting external adenomyoma and surface endometriosis. The rectum appears tethered in this region.

The uterine cervix and endocervical canal appear unremarkable.

Self Attested
22/12/23

There is a complex multiloculated multicystic lesion in the left adnexa with multiple T2 shading areas at its inferior aspect and a convoluted tubular structure at its superior aspect. All these areas show hyperintensity on T1 weighted images. This lesion cumulatively measures about 89mm (AP) x 87mm (TR) x 96mm (CC) with a volume of 372cc. There are

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Dr. Harsh Mahajan, MD
Former Radiologist to the President of India, **Padma Shri**

Dr. Punit Sethi, MD • Dr. Anjana Aggarwal, DMRD • Dr. Geetanjali Nanda, MD
Dr. Vishal Maskara, MD • Dr. Aditya Patney, MDS • Dr. Srikant Panigrahi, MD

Visit No.	: 032106290128	UID No.	: 999553
Patient Name	: **Ms. TANUPRIYA JAISWAL**	Reg. Date	: 29/Jun/2021 07:15 PM
Age/Sex	: **28 YRS / Female**	Report Date	: 30/Jun/2021 10:39AM
Referred By	: Dr. VIVEK MARWAH	Print Date	: 30/Jun/2021 10:39 AM

small T2 hypointense nodular areas projecting from the wall of tubular convoluted structure into the lumen.

Another large complex multicystic lesion is seen in right adnexa which is projecting upto the supraumbilical level superiorly and is crossing the midline anterior to the iliac vessels to result in the midline component of this lesion. This lesion also shows T1 hyperintensity and it cumulatively measures 76mm (AP) x 162mm (TR) x 146mm (CC) in size with a volume of 899cc.

Both ovaries are adherent to posterior surface of uterus.

The urinary bladder is distended and shows normal wall thickness. No focal lesion is seen in the urinary bladder to suggest urinary bladder endometrioma.

No obvious rectal lesion to suggest rectal endometriosis is seen.

A loculated fluid collection is seen between the posterior surface of uterus and right ovarian endometrioma measuring about 40mm in size.

OPINION: MR findings are suggestive of:-
1. A bulky uterus with multiple subserosal, intramural and submucosal uterine fibroids along with external adenomyoma in posterior wall of uterine body and surface endometriosis overlying the posterior serosa to which rectum is tethered and both ovaries are adherent.
2. Large multiloculated right ovarian endometriosis projecting upto the supraumbilical level.
3. Left hematosalpinx with a complex left ovarian endometriosis.
Please correlate clinically.

DR. GEETANJALI NANDA, MD
DMC NO-50982

Self Attested
22/12/23

E-mail : drsabyasachi.sarkar@gmail.com Website : www.drsarkar.in

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Founder Chairman
Dr. Sabya Sachi Sarkar
MBBS, MD
PADMA SHRI (2016)

Date	05/08/2020				
Name	Mrs TANU PRIYA	Patient Id	102025732	Age 27 Yrs	Sex Female
Ref Dr	DR MEENA MALHOTRA	Collected			
		Authenticated	05/08/2020 18:11:22		

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ULTRASONOGRAPHY REPORT

PELVIC ULTRASOUND [TVS]

Urinary bladder is normal in filling and contour. No calculus or wall thickening is seen.

Uterus is bulky in size anteverted. There are myometrial masses measuring 41 x 37mm - 20 x 19mm. Endometrial echoes are distorted. Endometrial thickness is 7mm. There is no fluid collection in uterine cavity.

Cervix is bulky.

There are right adnexal multiloculated cystic lesions measuring 93 x 78mm and 46 x 38mm. Right ovary is not separate seen.

There is a left adnexal cystic lesion measuring 83 x 67mm. Left ovary is not separately seen.

There is no free fluid in cul de sac.

OPINION::
1. UTERINE FIBROIDS.
2. BILATERAL ADNEXAL CYSTIC LESIONS ? Endometriosis.

*** End of Report ***

Self Attested
@
22/12/23

Dr SABYA SACHI SARKAR MBBS MD
* JOHNS HOPKINS, BALTIMORE, USA
* VISUS, VIENNA, AUSTRIA

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● TRANSVAGINAL/TRANSRECTAL & SOFT TISSUE ULTRASOUND ● ENDOSCOPY (Upper & Lower GI) ● BRONCHOSCOPY ● TMT & ECG ● VEP
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DIAGNOSTIC REPORT

SRL Diagnostics

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C/O Indira Ivf Hospital Pvt Ltd, Shalimar Logix,Gr Floor,4-A, Ranapratap Marg,
Lucknow
Uttar Pradesh, INDIA
CIN - U74899PB1995PLC045956

PATIENT NAME : TANU PRIYA ABHISHEK FLUPV899 PATIENT ID : **TANUF250792200**

ACCESSION NO : **0200TK001084** AGE : 28 Years SEX : Female DATE OF BIRTH : 25-07-1992

DRAWN : 01-01-0001 00:00 RECEIVED : 19-11-2020 14:39 REPORTED : 19-11-2020 17:01

REFERRING DOCTOR : SELF CLIENT PATIENT ID : FLUPV899

Test Report Status **Final**	Results	Biological Reference Interval	Units

INFERTILITY PANEL - F (WITH AMH)

PAGE - 135

HIV 4TH GEN ASSAY (P24AG + HIV AB), SERUM			
HIV 4TH GEN ASSAY (P24AG + HIV AB)	NON REACTIVE	NON REACTIVE	
HEPATITIS B SURFACE ANTIGEN, SERUM			
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE	NON REACTIVE	
PATIENT VALUE	0.17	Ref. ranges for Electrochemiluminescence < 0.90 (Non Reactive) > or = 1.00 (Reactive)	IU/mL
VDRL, SERUM			
VDRL	NONREACTIVE	NONREACTIVE	TITER
HEPATITIS C ANTIBODIES, SERUM			
HEPATITIS C ANTIBODIES	NON REACTIVE	NON REACTIVE	
PATIENT VALUE	0.05	Ref. ranges for Electrochemiluminescence < 0.90 (Non Reactive) > or = 1.00 (Reactive)	IU/mL
TSH 3RD GENERATION ULTRA(TSH3 - UL), SERUM			
TSH 3RD GENERATION	1.940	0.27 - 4.20	µIU/mL
PROLACTIN, SERUM			
PROLACTIN	12.51	4.79 - 23.3	ng/mL
GLUCOSE RANDOM, PLASMA			
GLUCOSE RANDOM, PLASMA	100.0	Non-Diabetic: < 200 Diabetic: > or = 200 "In individuals with symptoms of hyperglycemia or hyperglycemic crisis."	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD			
ABO GROUP	TYPE B		
RH TYPE	NEGATIVE		
ANTI MULLERIAN HORMONE			
ANTI MULLERIAN HORMONE	**1.09**	Low 1.18 - 9.16	ng/ml
BLOOD COUNTS			
HEMOGLOBIN	**8.1**	Low 12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	**3.79**	Low 3.8 - 4.8	mil/µL
WHITE BLOOD CELL COUNT	8.30	4.0 - 10.0	thou/µL
PLATELET COUNT	329	150 - 410	thou/µL

Self Attested
22/12/23

E-mail : drsabyasachi.sarkar@gmail.com Website : www.drsarkar.in ☎ : 4091007 (30 lines) Fax : 0522-4091001

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Founder Chairman
Dr. Sabya Sachi Sarkar
MBBS,MD
PADMA SHRI AWARDEE

Date	10/05/2020	Patient Id	10205152	Age 27 Yrs	Sex Female
Name	Mrs. TANUPRIYA		Collected	13/05/2020 10:23	
Ref Dr	Dr. AIIMS HOSPITAL		Authenticated	10/05/2020 15:02:05	

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ULTRASONOGRAPHY REPORT

PELVIC ULTRASOUND [TVS]

Urinary bladder is normal in filling and contour. No calculus or wall thickening is seen.

Uterus is bulky in size anteverted. There are anterior and posterior of myometrial masses measuring 18 x 14mm and 48 x 31mm respectively.Endometrial thickness is 6mm. Endometrial echoes are normal.There is no fluid collection in uterine cavity.

Cervix is seen with few nabothian cysts measuring 4-6mm.

Right ovary is enlarged with three cystic areas of 30 x 26mm, 28 x 24mm and 35 x 30mm.Soft echoes are seen with in the cyst.

Left ovary is mildly enlarged in size and seen with two cystic areas of 40 x 26mm and 51 x 33mm. Soft echoes are seen within the cysts

There is no free fluid in cul de sac.

OPINION::
1. ANTERIOR AND POSTERIOR WALL MYOMETRIAL MASSES ? UTERINE FIBROIDS
2.. NABOTHIAN CYSTS IN CERVIX.
3. CYSTIC AREAS IN BOH OVARIES WITH SOFT ECHOES SUGGESTIVE OF ENDOMETRIOSIS.

*** End of Report ***

Self Attested
22/12/23

Dr SABYA SACHI SARKAR MBBS MD
* JOHNS HOPKINS, BALTIMORE, USA
* VISUS, VIENNA, AUSTRIA

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DUAL SOURCE, DUAL ENERGY, HIGH RESOLUTION – 128 SLICE CT SCANNER WITH ALL LATEST APPLICATIONS
16 CHANNEL 3D VOLUME Hdxt 1.5 Tesla Hi - Definition FUNCTIONAL MRI with 3D MULTI - VOXEL Spectroscopy

• MRI • WHOLE BODY CT SCAN • WHOLE BODY ULTRASOUND • HIGH RESOLUTION ULTRASOUND • EEG • MAMMOGRAPHY • PFT • BMD
• TRANSVAGINAL/TRANSRECTAL & SOFT TISSUE ULTRASOUND • ENDOSCOPY (Upper & Lower GI) • BRONCHOSCOPY • TMT & ECG • VEP
• FETAL COLOUR DOPPLER • 2D ECHO WITH COLOUR DOPPLER & TISSUE HARMONIC IMAGING • PERIPHERAL VASCULAR WITH PW & CW PROBES
• ABDOMINAL DIGITAL HOLTER • IMAGE INTENSIFIER (HTV) • MOTORISED DOUBLE TUBE 500 & 300 mA X-RAY • COMPUTERISED PATHOLOGY

Scanned by CamScanner

SARKAR DIAGNOSTICS
(Venture of Sarkar Medical Diagnostic Centre Pvt. Ltd.)
An ISO 9001-2008 Certified Organisation
B-307, SECTOR-B, MAHANAGAR, LUCKNOW-226006

Date	10/05/2020	Patient Id	10205152	Age 27 Yrs	Sex Female
Name	Mrs. TANUPRIYA		Collected	13/05/2020 10:23	
Ref Dr	Dr. AIIMS HOSPITAL		Authenticated	10/05/2020 16:32:10	

Test Name	Value	Unit	Biological Ref. Range
AMH-Anti Mullerian hormone	1.660	ng/mL	Healthy men:1.43-11.6 Healthy women 20-24yrs:1.66-9.49 25-29yrs:1.18-9.16 30-34yrs:0.672-7.55 35-39yrs:0.777-5.24 40-44yrs:0.097-2.96 45-50yrs:0.046-2.06 PCOS Women:2.41-17.1

Comments

Anti mullerian hormone (AMH) or mullerian inhibiting substances (MIS) is a glycoprotein dimer composed of two 72 kDa monomers linked by disulfide bonds. AMH belongs to the transforming growth factor B (TGF - B) superfamily. AMH is a hormone marker for quantitative prediction of ovarian reserve, ovarian aging, ovarian dysfunction and ovarian responsiveness. The levels of AMH decrease in pre -menopausal women as the quality and number of ovarian follicles decline with age.

Clinical Utility

** Evaluating Fertility Potential - AMH levels correlate with the number of early antral follicles with greater specifity than Inhibin B, Oestradiol, Follicle Stimulating Hormone and Luteinzing Hormone on cycle day 3. Thus , Day 3 AMH may reflect ovarian follicular status better than these hormone markers.*

** Measuring Ovarian Aging - Diminished ovarian reserve, associated with poor response to IVF, is signaled by reduced baseline serum AMH concentrations. AMH would appear to be useful marker for predicting ovarian aging and the potential for succesful IVF.*

** Predicting Onset of Menopause - The duration of the menopausal transtion can vary significantly in individuals and reproductive capacity may be seroiusly compromised proir to clinical diagnosis. AMH can predict the occurence of the menopausal tansition.*

** Asscssing polycystic Ovary Syndrome - Serum AMH levels are elevated in patients with polycystic ovary syndrome and may be useful as a marker for the extent of he disease.*

Self Attested
22/12/23

IN CASE OF ANY DISCREPANCY, KINDLY GET YOUR TEST REPEATED.

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TIMING : 9 a.m. To 8 p.m. SUNDAY : 9 a.m. To 4 p.m. AMBULANCE AVAILABLE

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