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Mr. Dummy

Age / Sex : 28 YRS / M

Referred by : Dr. Sachin Patil (MBBS)

Reg. no. : 1108

1108

Registered on : 20/11/2024 03:53 PM

Collected on : 20/11/2024 Received on : 20/11/2024

Reported on : 20/11/2024 03:53 PM



# **ENDOCRINOLOGY**

TEST	VALUE	UNIT	REFERENCE
LUTEINISING HORMONE, LH	4	mIU/mL	

## Physiological basis:

LH is stimulated by the hypothalamic hormone gonadotropin- releasing hormone (GnRH). It is secreted from the anterior pituitary and acts on the gonads. LH is the principal regulator of steroid biosynthesis in the ovary and testis.

### Interpretation:

**Increased in:** Primary hypogonadism, polycystic ovary syndrome, postmenopause, endometriosis, after depot leuprolide injection; immunoassay result may be falsely elevated in pregnancy.

**Decreased in:** Pituitary or hypothalamic failure, anorexia nervosa, bulimia, advanced prostate cancer, severe stress, malnutrition, Kallman syndrome (gonadotropin deficiency associated with anosmia). Drugs: digoxin, oral contraceptives, phenothiazines.

#### Comments

In male hypogonadism, serum LH and FSH levels can distinguish between primary (hypergonadotropic) and secondary (hypogonadotropic) hypogonadism. Hypogonadism associated with aging (andropause) may present a mixed picture, with low testosterone levels and low to low-normal gonadotropin levels. Repeated measurement may be required to diagnose gonadotropin deficiencies.

Elevated serum LH levels are a common feature in polycystic ovary syndrome, but measurement of total testosterone is the test of choice to diagnose polycystic ovary syndrome.

~~~ End of report ~~~

Mr. Sachin Sharma

DMLT, Lab Incharge Page 1 of 1

**Dr. A. K. Asthana**MBBS, MD Pathologist

### NOT VALID FOR MEDICO LEGAL PURPOSE

Work timings: Monday to Sunday, 8 am to 8 pm