



FSH / LH / PROLACTIN

Indications

- Evaluation of menstrual irregularities
- Evaluating patients with suspected hypogonadism
- Predicting ovulation
- Evaluating infertility
- Diagnosing pituitary disorders
- Evaluation of galactorrhea

Interpretation of Results

In both males and females, primary hypogonadism results in an elevation of basal follicle-stimulating hormone (FSH) and luteinizing hormone (LH) levels.

FSH and LH are generally elevated in:

- Primary gonadal failure
- Complete testicular feminization syndrome
- Precocious puberty (either idiopathic or secondary to a central nervous system lesion)
- Menopause (postmenopausal FSH levels are generally >40 IU/L)
- Primary ovarian hypofunction in females
- Primary hypogonadism in males

Normal or decreased FSH in:

- Polycystic ovary disease in females

FSH and LH are both decreased in failure of the pituitary or hypothalamus