



Tests for PCOS / PCOD

Polycystic Ovarian Syndrome, Stein-Leventhal syndrome, is to some extent a diagnosis of exclusion. There is no specific test that can be used to diagnose PCOS/ PCOD. Physicians should ask for tests to rule out causes of an ovulation and infertility.

These tests include estimation of variety of hormones to help determine whether hormone over production may be due to PCOS, an adrenal or ovarian tumor, or an overgrowth in adrenal tissue (adrenal hyperplasia). Ultrasonography is also useful in identifying a cyst/s in the ovaries and to see if the internal structures appear normal.

Diagnosis of PCOS is based on laboratory tests and clinical findings that suggest PCOS. These tests include lipid profile and glucose levels to monitor risk of developing future complications such as diabetes and cardiovascular disease



Symptoms:

Irregular or missed periods | Excessive body hair growth | Acne & Dark patches | Weight changes and Trouble losing weight | Fatigue | Trouble conceiving or Infertility | Mood changes | Low Sex Drive | Male pattern baldness thinning hair

Available Tests

Prolactin | LH | FSH | AMH | Insulin | Glucose | Homa Score | Testosterone Total & Free | DHEA-S | 17-OHP | Androstenedione | SHBG | Estrogens | TSH

Laboratory Tests	Purpose
FSH	Low or normal with PCOS
AMH	Normally elevated
LH	Elevated
LH / FSH ratio	Elevated. This ratio is normally about 1:1 in premenopausal women, but with PCOS a ratio of greater than 2:1 or 3:1 may be considered diagnostic.
Prolactin	Normal or low
Testosterone Total & Free	Usually elevated
DHEAS	To rule out a virilizing adrenal tumor in women with rapidly advancing hirsutism, frequently mildly elevated with PCOS.
Estrogens	Normal or elevated
SHBG	Reduced
Androstenedione	May be elevated
hCG	Used to check pregnancy: negative
Glucose	Fasting or a glucose tolerance test, may be elevated
Insulin	Often elevated
TSH	Some persons having PCOS are hypothyroid

Other Related Tests

Ultrasound whole abdomen