ISO 9001 : 2008 CERTIFIED LAB

KOS Diagnostic Lab
(A Unit of KOS Healthcare)

KOS™
EXCELLENCE IN HEALTHCARE & DIAGNOSTICS

Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME	**: Mrs. GURPREET**		
AGE/ GENDER	: 40 YRS/FEMALE	**PATIENT ID**	: 1566168
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012407310040**
REFERRED BY	:	**REGISTRATION DATE**	: 31/Jul/2024 10:29 AM
BARCODE NO.	: 01514180	**COLLECTION DATE**	: 31/Jul/2024 10:32AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 31/Jul/2024 11:47AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

BETA HCG - TOTAL (QUANTITATIVE): MATERNAL

BETA HCG TOTAL, PREGNANCY MATERNAL: SERUM	**235.27^{H}**	mIU/mL	< 5.0

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:

MEN:	mIU/ml	< 2.0
NON PREGNANT PRE-MENOPAUSAL WOMEN:	mIU/ml	< 5.0
MENOPAUSAL WOMEN:	mIU/ml	< 7.0
BETA HCG EXPECTED VALUES IN ACCORDANCE TO WEEKS OF GESTATIONAL AGE		
WEEKS OF GESTATION	Unit	Value
4-5	mIU/ml	1500 -23000
5-6	mIU/ml	3400 - 135300
6-7	mIU/ml	10500 - 161000
7-8	mIU/ml	18000 - 209000
8-9	mIU/ml	37500 - 219000
9-10	mIU/ml	42800 - 218000
10-11	mIU/ml	33700 - 218700
11-12	mIU/ml	21800 - 193200
12-13	mIU/ml	20300 - 166100
13-14	mIU/ml	15400 - 190000
2rd TRIMESTER	mIU/ml	2800 - 176100
3rd TRIMESTER	mIU/ml	2800 - 144400

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CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
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Test Name	Value	Unit	Biological Reference interval

1.hCG is a Glycoprotein with alpha and beta chains. Beta subunit is specific to hCG.
2.It is largely secreted by trophoblastic tissue. Small amounts may be secreted by fetal tissues and by the adult ant pituitary.
INCREASED :
1.Pregnancy
2.Gestationalsite & Non gestational trophoblastic neoplasia.
3.In mixed germ cell tumors.
SIGNIFICANTLY HIGHER THAN EXPECTED LEVEL:
1.Multiple pregnancies & High risk molar pregnancies are usually associated with levels in excess of one lac mIU/ml.
2.Erythroblastosis fetalis & Downs syndrome.
DECREASED:
1.Ectopic pregnancy.
2.Intra-uterine fetal death.
NOTE:
1.The test becomes positive 7-9 days after the midcycle surge that precedes ovulation (time of blastocyst implantation). Blood levels rise rapidly after this and double every 1.4 - 2 days.
2.Peak values are usually seen at 60-80 days of LMP. The levels then begin to taper and ebb out around the 20th week. These low levels are then maintained throughout pregnancy.
3.Doubling time: In intra-uterine pregnancy, serum hCG levels increase by approximately 66% every 48 hrs.Inappropriately rising serum hCG levels are suggestive of dying or ectopic pregnancy.
CAUTION:
Spuriously high levels (Phantom hCG) may be seen in presence of heterophilic antibodies (found in some normal people). If persistently raised levels are seen in a non-pregnant patient with no evidence of other obvious causes for such an increase a urine hCG assay may help confirm presence of the heterophile antibodies.

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Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

URINE PREGNANCY TEST (UPT)

URINE PREGNANCY TEST (UPT) *by IMMUNOCHROMATOGRAPHY*	**POSITIVE (+ve)**	**NEGATIVE (-)**

INTERPRETATION:-

Urine Pregnancy test have 99% sensitivity, hence the result must be co-related with clinical findings and ultrasound report.

COMMENTS:

1. In addition to pregnancy elevated hCG levels have been reported with gestation and non-gestational trophoblastic disease.
2. Very early pregnancy contaning low concentration of hormone in urine can give a negative result. In such cases urine should be retested after proper interval.
3. HCG level remain detectable for several weeks after normal delivery after casearean, spontaneous abortion or therapeutic abortion.
4. Even very high levels of hCG give test results as weak positive or negative. Ectopic pregnancy may also give weak positive results.
5. Urine sample with infections and samples with low specific gravity may not give satisfactory results.

*** End Of Report ***

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