NAME	**: Mrs. RUCHI**		
AGE/ GENDER	: 23 YRS/FEMALE	**PATIENT ID**	: 1597155
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408310014**
REFERRED BY	:	**REGISTRATION DATE**	: 31/Aug/2024 09:10 AM
BARCODE NO.	: 01516010	**COLLECTION DATE**	: 31/Aug/2024 09:12AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 31/Aug/2024 10:02AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY

HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) *by CALORIMETRIC*	**11.7^{L}**	**gm/dL**	**12.0 - 16.0**

INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the tissues back to the lungs.
A low hemoglobin level is referred to as ANEMIA or low red blood count.

ANEMIA (DECRESED HAEMOGLOBIN):

1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
2) Nutritional deficiency (iron, vitamin B12, folate)
3) Bone marrow problems (replacement of bone marrow by cancer)
4) Suppression by red blood cell synthesis by chemotherapy drugs
5) Kidney failure
6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

1) People in higher altitudes (Physiological)
2) Smoking (Secondary Polycythemia)
3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
4) Advanced lung disease (for example, emphysema)
5) Certain tumors
6) A disorder of the bone marrow known as polycythemia rubra vera,
7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM *by DIAZOTIZATION, SPECTROPHOTOMETRY*	0.23	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM *by DIAZO MODIFIED, SPECTROPHOTOMETRY*	0.08	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM *by CALCULATED, SPECTROPHOTOMETRY*	0.15	mg/dL	0.10 - 1.00
SGOT/AST: SERUM *by IFCC, WITHOUT PYRIDOXAL PHOSPHATE*	19.1	U/L	7.00 - 45.00
SGPT/ALT: SERUM *by IFCC, WITHOUT PYRIDOXAL PHOSPHATE*	19.9	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM *by CALCULATED, SPECTROPHOTOMETRY*	0.96	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM *by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL*	78.77	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM *by SZASZ, SPECTROPHTOMETRY*	26.63	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM *by BIURET, SPECTROPHOTOMETRY*	7.01	gm/dL	6.20 - 8.00
ALBUMIN: SERUM *by BROMOCRESOL GREEN*	3.51	gm/dL	3.50 - 5.50
GLOBULIN: SERUM *by CALCULATED, SPECTROPHOTOMETRY*	3.5	gm/dL	2.30 - 3.50
A : G RATIO: SERUM *by CALCULATED, SPECTROPHOTOMETRY*	1	RATIO	1.00 - 2.00

INTERPRETATION

NOTE:- **To be correlated in individuals having SGOT and SGPT values higher than Normal Referance Range.**

USE:- Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0

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Test Name	Value	Unit	Biological Reference interval
INTRAHEPATIC CHOLESTATIS	> 1.5		
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)		

DECREASED:

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
2. Extra Hepatic cholestatis: 0.8 (normal or slightly decreased).

PROGNOSTIC SIGNIFICANCE:

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6

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Test Name	Value	Unit	Biological Reference interval

CALCIUM

CALCIUM: SERUM *by ARSENAZO III, SPECTROPHOTOMETRY*	9.91	mg/dL	8.50 - 10.60

INTERPRETATION:-

1.Serum calcium (total) estimation is used for the diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract.
2. Calcium levels may also reflect abnormal vitamin D or protein levels.
3.The calcium content of an adult is somewhat over 1 kg (about 2% of the body weight).Of this, 99% is present as calcium hydroxyapatite in bones and <1% is present in the extra-osseous intracellular space or extracellular space (ECS).
4. In serum, calcium is bound to a considerable extent to proteins (approximately 40%), 10% is in the form of inorganic complexes, and 50% is present as free or ionized calcium.
NOTE:-Calcium ions affect the contractility of the heart and the skeletal musculature, and are essential for the function of the nervous system. In addition, calcium ions play an important role in blood clotting and bone mineralization.

HYPOCALCEMIA (LOW CALCIUM LEVELS) CAUSES :-

1.Due to the absence or impaired function of the parathyroid glands or impaired vitamin-D synthesis.
2. Chronic renal failure is also frequently associated with hypocalcemia due to decreased vitamin-D synthesis as well as hyperphosphatemia and skeletal resistance to the action of parathyroid hormone (PTH).
3.***NOTE:-*** A characteristic symptom of hypocalcemia is latent or manifest tetany and osteomalacia.

HYPERCALCEMIA (INCREASE CALCIUM LEVELS) CAUSES:-

1.Increased mobilization of calcium from the skeletal system or increased intestinal absorption.
2.Primary hyperparathyroidism (pHPT)
3.Bone metastasis of carcinoma of the breast, prostate, thyroid gland, or lung.
NOTE:-Severe hypercalcemia may result in cardiac arrhythmia.

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Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM	1.298	µIU/mL	0.35 - 5.50

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

3rd GENERATION, ULTRASENSITIVE

INTERPRETATION:

AGE	REFFERENCE RANGE (µIU/mL)
0 – 5 DAYS	0.70 – 15.20
6 Days – 2 Months	0.70 – 11.00
3 – 11 Months	0.70 – 8.40
1 – 5 Years	0.70 – 7.00
6 – 10 Years	0.60 – 5.50
11 - 15	0.50 – 5.50
> 20 Years (Adults)	0.27 – 5.50
PREGNANCY	
1st Trimester	0.10 - 3.00
2nd Trimester	0.20 - 3.00
3rd Trimester	0.30 - 4.10

NOTE:-*TSH levels are subjected to circardian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has influence on the measured serum TSH concentration.*

USE:- TSH controls biosynthesis and release of thyroid harmones T4 & T3. It is a sensitive measure of thyroid function, especially useful in early or subclinical hypothyroidism, before the patient develops any clinical findings or goitre or any other thyroid function abnormality.

INCREASED LEVELS:

1.Primary or untreated hypothyroidism, may vary from 3 times to more than 100 times normal depending on degree of hypofunction.
2.Hypothyroid patients receiving insufficient thyroid replacement therapy.
3.Hashimotos thyroiditis.
4.DRUGS: Amphetamines, Iodine containing agents and dopamine antagonist.
5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge.

DECREASED LEVELS:

1.Toxic multi-nodular goitre & Thyroiditis.
2.Over replacement of thyroid harmone in treatment of hypothyroidism.
3.Autonomously functioning Thyroid adenoma
4.Secondary pituatary or hypothalmic hypothyroidism
5.Acute psychiatric illness
6.Severe dehydration.

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Test Name	Value	Unit	Biological Reference interval

7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.
8.Pregnancy: 1st and 2nd Trimester

LIMITATIONS:

1.TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy.
2.Autoimmune disorders may produce spurious results.

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DUAL MARKER MATERNAL SCREENING

Test Name	Value	Unit	Biological Reference interval
DUAL MARKER TEST			
PATEINT SPECIFICATIONS			
DATE OF BIRTH	2001-07-18		
MATERNAL AGE	23.63	YEARS	
WEIGHT	52	Kg	
ETHNIC ORIGIN	ASIAN		ASIAN
H/O IVF	ABSENT		
H/O SMOKING	ABSENT		
H/O INSULIN DEPENDANT DIABETES	ABSENT		
H/O TRISOMY 21 SCREENING	ABSENT		
ULTRA SOUND SCAN DETAILS			
DATE OF ULTRASOUND *by ULTRASOUND SCAN*	2024-08-29		
METHOD FOR GESTATION AGE ESTIMATION *by ULTRASOUND SCAN*	ULTRASOUND SCAN DETAILS		
FOETUS (NOS) *by ULTRASOUND SCAN*	1		
GA ON THE DAY OF SAMPLE COLLECTION *by ULTRASOUND SCAN*	13.4	WEEKS	
CROWN RUMP LENGTH (CRL) *by ULTRASOUND SCAN*	71	mm	38 - 84
GESTATIONAL AGE BY CRL *by ULTRASOUND SCAN*	13.4		
NUCHAL TRANSLUCENCY (NT) *by ULTRASOUND SCAN*	1.8	mm	0.1 - 6.0
NUCHAL TRANSLUCENCY (NT) MOM *by ULTRASOUND SCAN*	1.01		
DUAL MARKER - BIOCHEMICAL MARKERS			
PREGNANCY ASSOCIATED PLASMA PROTEIN A (PAPP-A) *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	4945	mIU/L	

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Test Name	Value	Unit	Biological Reference interval
BETA HCG - FREE: SERUM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	94.2	ng/mL	
MULTIPLE OF MEDIAN (MOM) VALUES			
PAPP-A MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	0.64		
BETA HCG - FREE MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	2.15		
TRISOMY 21 SCREENING (DOWNS SYNDROME) RISK ASSESSMENT			
TRISOMY 21 SCREENING RISK RESULT *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	NEGATIVE (-ve)		NEGATIVE (-ve)
TRISOMY 21 AGE RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1:1442 NEGATIVE (-ve)		
TRISOMY 21 BIOCHEMICAL RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1:2002 NEGATIVE (-ve)		RISK CUT OFF 1:150
TRISOMY 21 COMBINED RISK (BIOCHEMICAL + NT) *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:150
TRISOMY 18 SCREENING RISK ASSESSMENT			
TRISOMY 18 AGE RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	NEGATIVE (-ve)		
TRISOMY 13/18 SCREENING RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:300

INTERPRETATION:

1.Double marker test (maternal serum screen – first trimester) is a prenatal test to screen for Trisomy 21 (down's syndrome) and Trisomy 13/18 during gestational period 8 – 13 weeks.
2.Besides the biochemical markers tested – maternal pregnancy associated plasma protein a (papp-a) & maternal free beta hcg , the risk is calculated combining usg measurement of nuchat translucency (nt), gestational age at the time of sample with other maternal factors as age, weight, h/o diabetes, smoking, race, twin pregnancies, use of assissted reproductive technologies (IVF).

NOTE:

1.This is only screening test based purely on statistical analysis which is further based on the data submitted; hence the correctness of data is vital for risk analysis.
2.A negative screen indicates a lower probability of having a baby with trisomy 21 ,trisomy 18 and neural tube defects, but does not completely exclude the possibility.
3.A positive screen on the contrary only indicates a higher probability of having a baby with trisomy 21, trisomy 18 and neural tube defects, and needs confirmation by cytogenetic studies and/or level ii scan.
4.The detection rate by this test is about 60%, with 5% false positive rate when assesment is done for only biochemical parameters and increase to 85 % with 5% false positive rate when both biochemical parameters and nt are combined for analysis.
5.Correlation with patient history, family history and detailed USG scan is required to decide further course of action in cases who have high risk statistically calculated by this test.

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Test Name	Value	Unit	Biological Reference interval

*** End Of Report ***

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Basic Information

Name: RUCHI
Contact:
Gender: Female
Weight: 52.00 Kg
Birthdate: 2001-07-18
Age of EDC: 23.63 Year
Race: Asian
Twins: No
GA calc method: CRL Robinson
LMP Day:
Sender:

Sample information

Send time: 2024-09-01
Sample NO.: 01516010
Scan Date: 2024-08-29
Lab:
Sample Date: 2024-08-31
GA: 13+4
BPD: -- mm
CRL length: 71.00 mm
NT length: 1.80 mm

Assay

NO.	Item abbr	Result	Unit	MOM	Reference range
1	free-ß-HCG	**94.20**	ng/ml	2.15	
2	PAPP-A	**4945.00**	mIU/L	0.64	
3	NT	**1.80**	mm	1.01	

Risk calculate

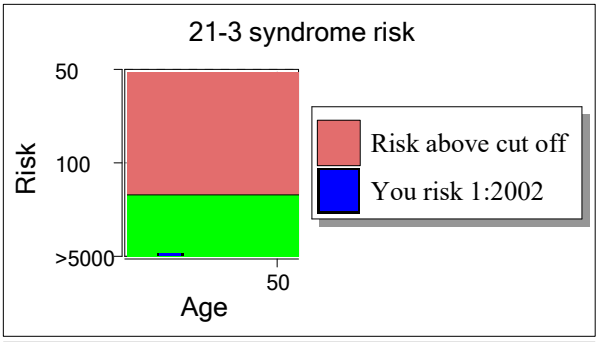
Age risk: 1:1442

Parameter: Trisomy21

Risk: 1:2002

Cut Off: (< 1:150)

Screaning Result: Negative

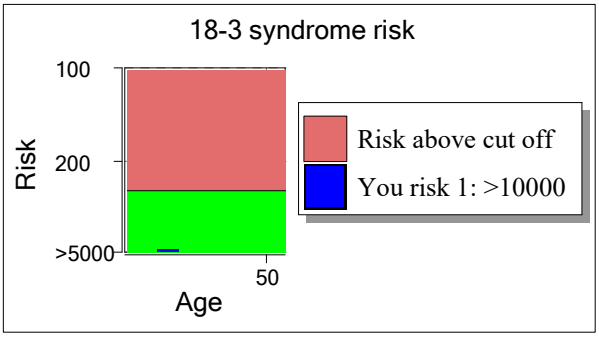


Parameter: Trisomy18/13

Risk: 1:4775037

Cut Off: (< 1:300)

Screening Result: Negative



Parameter:	Cut Off:	Screening Result:

Advice: Diagnostic results with less risk

Note: *The basic information on the basis of Down's risk assessment in this report is provided at the time of your onsite. When you get this report , please first check whether your relevant information is correct. If there is any discrepancy, please contact your doctor in time, so as to feedback us the correct information and documents, then obtain the correct report.
*The high risk and borderline risk of trisomy 21 or trisomy 18 requires further interventional prenatal diagnosis (from fetuses such as villus, amniotic fluid, cord blood, etc.); high risk of neural tube defect (NTD), please go to ultrasound prenatal diagnosis qualified hospitals use ultrasound to exclude.
*The risk of NTD is only calculated at 14-22 weeks.
*The screening result with low risk only shows that the chance of this kind of congenital abnormality in your fetus is less , and the possibility of this kind of abnormality or other abnormalities cannot be completely ruled out. Please consult a doctor in time after you get the report, and the doctor will follow your Risks and other conditions (whether you are older than 35 years old, whether you have had more than one child with other deformities, or have other diseases such as tumors) are comprehensively considered to suggest whether you need to take further examination to confirm the diagnosis.

****This report only can be reference and assistant for doctor , cannot directly give conclusion by this ****

Doctor:

Checked by :

Print date: 2024-09-01 12:19:17