

Dr. Vinay Chopra
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 Chairman & Consultant Pathologist

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

NAME	: Mrs. NAVJOT	PATIENT ID	: 1524251
AGE/ GENDER	: 25 YRS/FEMALE	REG. NO./LAB NO.	: 012408310061
COLLECTED BY	:	REGISTRATION DATE	: 31/Aug/2024 01:32 PM
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	COLLECTION DATE	: 31/Aug/2024 01:37PM
BARCODE NO.	: 01516057	REPORTING DATE	: 31/Aug/2024 01:55PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY

HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB)
 by CALORIMETRIC

11.2^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 body's 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 (DECREASED 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 erythropoietin (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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COLLECTION DATE : 31/Aug/2024 01:37PM
REPORTING DATE : 31/Aug/2024 02:13PM

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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	79.14	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0
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INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A random plasma glucose level below 140 mg/dl is considered normal.
2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A random glucose level of above 200 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.



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ENDOCRINOLOGY

THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM 1.418 μ IU/mL 0.35 - 5.50

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

3rd GENERATION, ULTRASENSITIVE

INTERPRETATION:

AGE	REFERENCE RANGE (μ IU/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 circadian 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 hormones 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 hormone in treatment of hypothyroidism.
- 3.Autonomously functioning Thyroid adenoma
- 4.Secondary pituitary or hypothalamic hypothyroidism
- 5.Acute psychiatric illness
- 6.Severe dehydration.





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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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QUADRUPLER MARKER MATERNAL SCREENING

QUADRUPLER MARKER

PATIENT SPECIFICATIONS

DATE OF BIRTH	18/02/1999		
MATERNAL AGE	26	YEARS	
WEIGHT	69.9	Kg	
ETHNIC ORIGIN	ASIAN		ASIAN
H/O IVF	ABSENT		
H/O INSULIN DEPENDANT DIABETES	ABSENT		
H/O SMOKING	ABSENT		
H/O TRISOMY 21 SCREENING	ABSENT		


ULTRA SOUND SCAN DETAILS

DATE OF ULTRASOUND	31/08/2024		
by ULTRASOUND SCAN			
METHOD FOR GESTATION AGE ESTIMATION	ULTRASOUND SCAN DETAILS		
by ULTRASOUND SCAN			
FOETUS (NOS)	1		
by ULTRASOUND SCAN			
GA ON THE DAY OF SAMPLE COLLECTION	17.1	WEEKS	
by ULTRASOUND SCAN			
BIPARIETAL DIAMETER (BPD)	36.4	mm	26 - 52
by ULTRASOUND SCAN			

QUADRUPLER TEST - BIOCHEMICAL MARKERS

ALPHA FETO PROTEIN (AFP)	48.5	ng/mL	
PRENATAL SCREENING: SERUM			
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)			
ESTRIOL (uE3) UNCONJUGATED	1.46	ng/mL	
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)			
BETA HCG	27266	mIU/mL	
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)			
INHIBIN A	170	pg/mL	
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)			




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MULTIPLE OF MEDIAN (MOM) VALUES

AFP MOM	1.32
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	
ESTRIOL (uE3) MOM	1.15
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	
BETA HCG MOM	1.04
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	
INHIBIN A MOM	1.22
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	

TRISOMY 21 SCREENING (DOWNS SYNDROME) RISK ASSESSMENT

TRISOMY 21 SCREENING RISK RESULT	NEGATIVE (-ve)	NEGATIVE (-ve)
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		
TRISOMY 21 AGE RISK	1:1322 NEGATIVE (-ve)	
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		
TRISOMY 21 BIOCHEMICAL RISK	1:9626 NEGATIVE (-ve)	RISK CUT OFF 1:270
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		

TRISOMY 18 SCREENING RISK ASSESSMENT

TRISOMY 18 AGE RISK	NEGATIVE (-ve)	
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		
TRISOMY 18 SCREENING RISK	< 1:10000 NEGATIVE (-ve)	RISK CUT OFF 1:100
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		

NEURAL TUBE DEFECTS SCREENING RISK ASSESSMENT

NEURAL TUBE DEFECT SCREENING RISK	NEGATIVE (-ve)	RISK CUT OFF 1:50
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		
SPINA BIFIDA/ANENCEPHALY SCREENING RISK	< 1:10000 NEGATIVE (-ve)	RISK CUT OFF 1:50
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)		

INTERPRETATION:

1. Multiple marker serum has become standard tool used in obstetric care to identify pregnancies that may have increased risk for certain birth defects such as NEURALTUBE DEFECTS (NTD'S), DOWN'S SYNDROME (TRISOMY 21) AND TRISOMY 18. The screen is performed by measuring analytes in maternal serum that are produced by the fetus and the placenta. The analytes values along with maternal demographic information such as age, weight, gestational age, diabetic status, and race are used together in mathematical model to derive risk estimate.
 2. The laboratory establishes a specific cut off for each condition, which classifies each screen as either screen-positive or screen-negative.
 3. A screen-positive result indicates that the value obtained exceeds the established cut off.
 4. The estimated risk calculation and screen results are dependant on accurate information for gestation, maternal age, race, IDD, and weight. Inaccurate information can lead to significant alterations in the estimated risk. In particular, erroneous assessment of gestational age can result in false-positive or false-negative screen results. Because of its increased accuracy, we therefore recommend determination of




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Test Name	Value	Unit	Biological Reference interval
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gestational age by ultrasound, rather than by last menstrual period (LMP), When possible.

4.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.

5.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.

NOTE:

- 1.Triplet and higher multiple pregnancies cannot be interpreted
- 2.The reportable range for Trisomy 21, Trisomy 18 and NTD : >1:50 to < 1:10000
- 3.TRISOMY 21: HIGH RISK: >1:50 - 1:250
- 4.TRISOMY 18: HIGH RISK: >1:50 - 1:100
- 5.NEURAL TUBE DEFECT (NTD'S): HIGH RISK: >1:50
- 6.Biological markers evaluated in this test have marked as H(HIGH) or L(LOW) since there is wide variation in Alpha Fetoprotein, HCG and Unconjugated Estriol ranges depending upon gestational age. "In Range" and "Out of Range" columns are not applicable for the parameters appearing in Multiple of Median (MoM) and Risk calculation.
- 7.Individually, Alpha Fetoprotein or HCG or unconjugated Estriol levels do not correlate with risk assessment of Trisomy 18, Trisomy 21 or Neural Tube Defects




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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECIEVED	10	ml	
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
COLOUR	PALE YELLOW		PALE YELLOW
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
TRANSPARANCY	HAZY		CLEAR
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SPECIFIC GRAVITY	1.02		1.002 - 1.030
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			


CHEMICAL EXAMINATION

REACTION	ACIDIC		
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
PROTEIN	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SUGAR	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
pH	5.5		5.0 - 7.5
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BILIRUBIN	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
NITRITE	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.			
UROBILINOGEN	Normal	EU/dL	0.2 - 1.0
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
KETONE BODIES	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BLOOD	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
ASCORBIC ACID	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

MICROSCOPIC EXAMINATION




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Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCs) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	1-3	/HPF	0 - 5
EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	2-4	/HPF	ABSENT
CRYSTALS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	CALCIUM OXALATE (+)		NEGATIVE (-ve)
CASTS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	ABSENT		ABSENT

*** End Of Report ***




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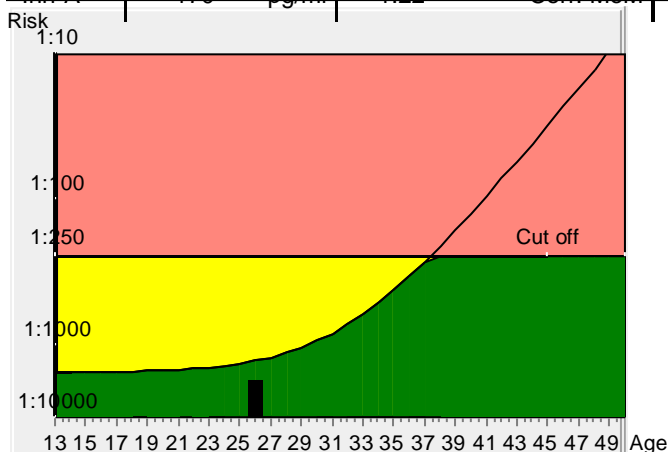
KOS DIAGNOSTIC LAB 6349/1, NICHOLSON ROAD, AMBALA

Result Down's syndrome screening

Name	MRS. NAVJOT	Sample ID	2408221188/AMB	diabetes	no
Patient ID		D.O.B.	18/02/1999	Fetuses	1
Day of serum taking	31/08/2024	Age at delivery	26.0	Smoker	no
Date of report:	1/09/2024	Weight [kg]	69.9 kg	IVF	no
Previous trisomy 21 pregnancies	no			Ethnic origin	Asian

Corrected MoM's and calculated risks

AFP	48.5	ng/ml	1.32	Corr. MoM	Gestational age at sample date	17 + 1
uE3	1.46	ng/ml	1.15	Corr. MoM	determination method	BPD Hadlock
HCG	27266	mIU/ml	1.04	Corr. MoM	Physician	
Inh-A	170	pg/ml	1.22	Corr. MoM		



Tr.21 risk

at term

1:9626

Age risk

at term

1:1322

Down's Syndrome Risk

The calculated risk for Trisomy 21 is below the cut off which represents a low risk.

After the result of the Trisomy 21 test it is expected that among 9626 women with the same data, there is one woman with a trisomy 21 pregnancy and 9625 women with not affected pregnancies.

The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.

Please note that risk calculations are statistical approaches and have no diagnostic value!

Neural tube defects risk

The corrected MoM AFP (1.32) is located in the low risk area for neural tube defects.

Risk for trisomy 18

The calculated risk for trisomy 18 is < 1:10000, which indicates a low risk.

below cut off

Below Cut Off, but above Age Risk

above cut off

Prisca 5.2.0.13