

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

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 MD (Pathology)
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NAME	: Dog BOBO	PATIENT ID	: 1598295
AGE/ GENDER	: 3 YRS/Male	REG. NO./LAB NO.	: 012409010004
COLLECTED BY	:	REGISTRATION DATE	: 01/Sep/2024 08:18 AM
REFERRED BY	:	COLLECTION DATE	: 01/Sep/2024 08:20AM
BARCODE NO.	: 01516075	REPORTING DATE	: 01/Sep/2024 10:39AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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ENDOCRINOLOGY

PROGESTERONE

PROGESTERONE: SERUM < 0.10 ng/mL < 2.80

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:

EXPECTED VALUES OF PROGESTERONE DURING PREGNANCY	
	UNITS (ng/mL)
First trimester (0 - 12 Wweeks)	15.8 - 46.0
Second trimester (13 - 28 Wweeks)	15.6 - 74.0
Third trimester (29 - 40 Wweeks)	45.0 - 143.0
Post Menopausal	< 1.40

1. Progesterone is produced by the adrenal glands, corpus luteum, and placenta.
2. After ovulation, there is a significant rise in serum Progesterone levels as the corpus luteum begins To produce progesterone in increasing amounts. This causes changes in the uterus, preparing it for implantation of a fertilized egg. If implantation occurs, the trophoblast begins to secrete human chorionic gonadotropin, which maintains the corpus luteum and its secretion of progesterone. If there is no implantation, the corpus luteum degenerates and circulating progesterone levels decrease rapidly, reaching follicular phase levels about 4 days before the next menstrual period.

The test is indicated for:


1. Ascertaining whether ovulation occurred in a menstrual cycle
2. Evaluation of placental function in pregnancy
3. Workup of some patients with adrenal or testicular tumors

NOTE:

In patients receiving therapy with high biotin doses (ie, >5 mg/day), no specimen should be drawn until at least 8 hours after the last biotin administration.

*** End Of Report ***




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