

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

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

NAME : Mrs. DIKSHA
AGE/ GENDER : 33 YRS/FEMALE
COLLECTED BY :
REFERRED BY : DR MANISHA
BARCODE NO. : 01517686
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1624757
REG. NO./LAB NO. : 012409250038
REGISTRATION DATE : 25/Sep/2024 11:51 AM
COLLECTION DATE : 25/Sep/2024 12:18PM
REPORTING DATE : 25/Sep/2024 01:32PM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

ENDOCRINOLOGY

BETA HCG - TOTAL (QUANTITATIVE): MATERNAL

BETA HCG TOTAL, PREGNANCY MATERNAL: < 1.20 mIU/mL < 5.0
SERUM
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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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.Gestational site & 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.

*** End Of Report ***




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