Dr. Vinay Chopra
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NAME	**: Mrs. SAPNA**		
AGE/ GENDER	: 34 YRS/FEMALE	**PATIENT ID**	: 1644073
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012410150042**
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 15/Oct/2024 02:16 PM
BARCODE NO.	: 01518946	**COLLECTION DATE**	: 15/Oct/2024 02:28PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 15/Oct/2024 02:45PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HB) *by CALORIMETRIC*	**11.4[L]**	**gm/dL**	**12.0 - 16.0**
RED BLOOD CELL (RBC) COUNT *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	4.76	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**36.1[L]**	**%**	**37.0 - 50.0**
MEAN CORPUSCULAR VOLUME (MCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**75.8[L]**	**fL**	**80.0 - 100.0**
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**24[L]**	**pg**	**27.0 - 34.0**
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**31.7[L]**	**g/dL**	**32.0 - 36.0**
RED CELL DISTRIBUTION WIDTH (RDW-CV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**19.2[H]**	**%**	**11.00 - 16.00**
RED CELL DISTRIBUTION WIDTH (RDW-SD) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	53.7	fL	35.0 - 56.0
MENTZERS INDEX *by CALCULATED*	15.92	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX *by CALCULATED*	30.64	RATIO	BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS (WBCS)			
TOTAL LEUCOCYTE COUNT (TLC) *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	10390	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) *by AUTOMATED 6 PART HEMATOLOGY ANALYZER*	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) % *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	NIL	%	< 10 %
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	**72[H]**	**%**	**50 - 70**

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Test Name	Value	Unit	Biological Reference interval
LYMPHOCYTES	**17^{L}**	**%**	**20 - 40**
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
EOSINOPHILS	**7^{H}**	**%**	**1 - 6**
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
MONOCYTES	4	%	2 - 12
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
BASOPHILS	0	%	0 - 1
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT	7481	/cmm	2000 - 7500
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE LYMPHOCYTE COUNT	1766	/cmm	800 - 4900
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE EOSINOPHIL COUNT	**727^{H}**	**/cmm**	**40 - 440**
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE MONOCYTE COUNT	416	/cmm	80 - 880
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
ABSOLUTE BASOPHIL COUNT	0	/cmm	0 - 110
by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY			
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.			
PLATELET COUNT (PLT)	348000	/cmm	150000 - 450000
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELETCRIT (PCT)	0.34	%	0.10 - 0.36
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
MEAN PLATELET VOLUME (MPV)	10	fL	6.50 - 12.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELET LARGE CELL COUNT (P-LCC)	**92000^{H}**	**/cmm**	**30000 - 90000**
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELET LARGE CELL RATIO (P-LCR)	26.5	%	11.0 - 45.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			
PLATELET DISTRIBUTION WIDTH (PDW)	16.1	%	15.0 - 17.0
by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE			

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

INDIRECT COOMBS TEST (ICT)

INDIRECT COOMBS TEST (ICT)	NEGATIVE (-ve)		NEGATIVE (-ve)

INTERPRETATION:-

SIGNIFICANCE:

1.The indirect Coombs test (also known as the indirect antiglobulin test or IAT) is used to detect in-vitro antibody-antigen reactions.
2.To detect very low concentrations of antibodies present in a patient's plasma/serum prior to a blood transfusion. The donor's and recipient's blood must be ABO and Rh D compatible.
3.In antenatal care, the IAT is used to screen pregnant women for antibodies IgG that are likely to pass through the placenta into the fetal blood and cause hemolytic disease of the newborn.
4.The IAT can also be used for compatibility testing, antibody identification, RBC phenotyping, and titration studies.

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Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	70.57	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > 0R = 200.0

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-prnadial 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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Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM	1.108	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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QUADRUPLE MARKER MATERNAL SCREENING

Test Name	Value	Unit	Biological Reference interval
QUADRUPLE MARKER			
PATEINT SPECIFICATIONS			
DATE OF BIRTH	25/10/1989		
MATERNAL AGE	35.4	YEARS	
WEIGHT	80	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 *by ULTRASOUND SCAN*	15-10-2024		
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*	15.5	WEEKS	
BIPARIETAL DIAMETER (BPD) *by ULTRASOUND SCAN*	31	mm	26 - 52
QUADRUPLE TEST - BIOCHEMICAL MARKERS			
ALPHA FETO PROTEIN (AFP) PRENATAL SCREENING: SERUM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	19.1	ng/mL	
ESTRIOL (uE3) UNCONJUGATED *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.38	ng/mL	
BETA HCG *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	22123	mIU/mL	
INHIBIN A *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	226	pg/mL	

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Test Name	Value	Unit	Biological Reference interval
MULTIPLE OF MEDIAN (MOM) VALUES			
AFP MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	0.69		
ESTRIOL (uE3) MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.49		
BETA HCG MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	0.73		
INHIBIN A MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.66		
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)*	1:389 NEGATIVE (-ve)		
TRISOMY 21 BIOCHEMICAL RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1:672 NEGATIVE (-ve)		RISK CUT OFF 1:270
TRISOMY 18 SCREENING RISK ASSESSMENT			
TRISOMY 18 AGE RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	NEGATIVE (-ve)		
TRISOMY 18 SCREENING RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:100
NEURAL TUBE DEFECTS SCREENING RISK ASSESSMENT			
NEURAL TUBE DEFECT SCREENING RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	NEGATIVE (-ve)		RISK CUT OFF 1:50
SPINA BIFIDA/ANENCEPHALY SCREENING RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:50

INTERPRETATION:

1.Multiple marker serum has become standard tool used in obstetrica 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

gestational age by ultrasound, rather than by last menstural 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 calcultion.

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

Test Name	Value	Unit	Biological Reference interval
PHYSICAL EXAMINATION			
QUANTITY RECIEVED *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	10	ml	
COLOUR *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	PALE YELLOW		PALE YELLOW
TRANSPARANCY *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	HAZY		CLEAR
SPECIFIC GRAVITY *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	1.02		1.002 - 1.030
CHEMICAL EXAMINATION			
REACTION *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	ACIDIC		
PROTEIN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
SUGAR *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
pH *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	6		5.0 - 7.5
BILIRUBIN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
NITRITE *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.*	Negative		NEGATIVE (-ve)
UROBILINOGEN *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Normal	EU/dL	0.2 - 1.0
KETONE BODIES *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
BLOOD *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	Negative		NEGATIVE (-ve)
ASCORBIC ACID *by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY*	NEGATIVE (-ve)		NEGATIVE (-ve)
MICROSCOPIC EXAMINATION			

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AGE/ GENDER	: 34 YRS/FEMALE	**PATIENT ID**	: 1644073
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012410150042**
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 15/Oct/2024 02:16 PM
BARCODE NO.	: 01518946	**COLLECTION DATE**	: 15/Oct/2024 02:28PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 15/Oct/2024 03:33PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCs) *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	4-6	/HPF	0 - 5
EPITHELIAL CELLS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	10-12	/HPF	ABSENT
CRYSTALS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	CALCIUM OXALATE (+)		NEGATIVE (-ve)
CASTS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	ABSENT		ABSENT

*** End Of Report ***

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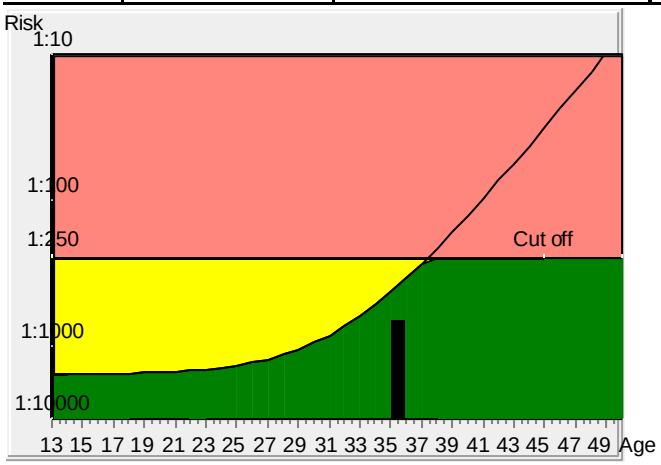
KOS DIAGNOSTIC LAB 6349/1, NICHOLSON ROAD, AMBALA

Result Down's syndrome screening

Name		Sample ID	2410220353/AMB	diabetes	no
	MRS. SAPNA	D.O.B.	25/10/89	Fetuses	1
Patient ID		Age at delivery	35.4	Smoker	no
Day of serum taking	15/10/24	Weight [kg]	80 kg	IVF	no
Date of report:	16/10/24			Ethnic origin	Asian
Previous trisomy 21 pregnancies	no				

Corrected MoM's and calculated risks

AFP	19.1	ng/ml	0.69	Corr. MoM	Gestational age at sample date	15 + 5
uE3	1.38	ng/ml	1.49	Corr. MoM	determination method	BPD Hadlock
HCG	22123	mIU/ml	0.73	Corr. MoM	Physician	KOS DIAG LAB
Inh-A	226	pg/ml	1.66	Corr. MoM		



Tr.21 risk
at term
1:672

Age risk
at term
1:389

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 672 women with the same data, there is one woman with a trisomy 21 pregnancy and 671 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 (0.69) 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