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

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

NAME	**: Mrs. SUKHWINDER**		
AGE/ GENDER	: 35 YRS/FEMALE	**PATIENT ID**	: 1653118
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012410250034**
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 25/Oct/2024 01:38 PM
BARCODE NO.	: 01519535	**COLLECTION DATE**	: 25/Oct/2024 01:41PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 25/Oct/2024 02:12PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

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 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

DR.VINAY CHOPRA
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BARCODE NO.	: 01519535	**COLLECTION DATE**	: 25/Oct/2024 01:41PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 25/Oct/2024 03:25PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	97.39	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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BARCODE NO.	: 01519535	**COLLECTION DATE**	: 25/Oct/2024 01:41PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 25/Oct/2024 04:44PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)* **3rd GENERATION, ULTRASENSITIVE**	1.05	µIU/mL	0.35 - 5.50

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.
7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.

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Test Name	Value	Unit	Biological Reference interval

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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Test Name	Value	Unit	Biological Reference interval

QUADRUPLE MARKER MATERNAL SCREENING

QUADRUPLE MARKER

PATEINT SPECIFICATIONS

DATE OF BIRTH	19/01/1988		
MATERNAL AGE	37.2	YEARS	
WEIGHT	64	Kg	
ETHNIC ORIGIN	ASIAN		ASIAN
H/O IVF	**PRESENT**		
DATE OF BIRTH - DONOR	05-09-1987		
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*	25-10-2024		
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*	17.3	WEEKS	
BIPARIETAL DIAMETER (BPD) *by ULTRASOUND SCAN*	37.5	mm	26 - 52

QUADRUPLE TEST - BIOCHEMICAL MARKERS

ALPHA FETO PROTEIN (AFP) PRENATAL SCREENING: SERUM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	34.5	ng/mL	
ESTRIOL (uE3) UNCONJUGATED *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.31	ng/mL	
BETA HCG *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	15685	mIU/mL	
INHIBIN A *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	152.7	pg/mL	

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Test Name	Value	Unit	Biological Reference interval
MULTIPLE OF MEDIAN (MOM) VALUES			
AFP MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	0.9		
ESTRIOL (uE3) MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.06		
BETA HCG MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	0.49		
INHIBIN A MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.04		
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)*	1:260 NEGATIVE (-ve)		
TRISOMY 21 BIOCHEMICAL RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1:2314 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 gestational age by ultrasound, rather than by last menstural period (LMP), When possible.

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Test Name	Value	Unit	Biological Reference interval

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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Test Name	Value	Unit	Biological Reference interval

CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

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

RED BLOOD CELLS (RBCs)	NEGATIVE (-ve)	/HPF	0 - 3

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Test Name	Value	Unit	Biological Reference interval
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
PUS CELLS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	0-3	/HPF	0 - 5
EPITHELIAL CELLS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	10-12	/HPF	ABSENT
CRYSTALS *by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT*	NEGATIVE (-ve)		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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MBBS , MD (PATHOLOGY)

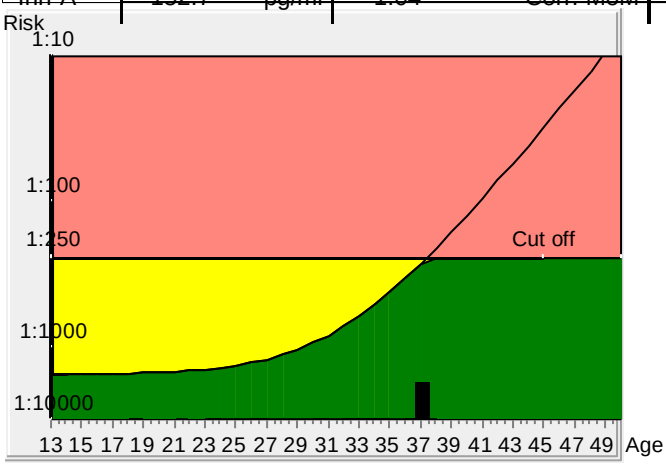
KOS DIAGNOSTIC LAB 6349/1, NICHOLSON ROAD, AMBALA CANTT

Result Down's syndrome screening

Name	MRS. SUKHVINDER	Sample ID	2410220559/AMB	diabetes	no
		D.O.B.	19/01/1988	Fetuses	1
Patient ID		Age at delivery	37.2	Smoker	no
Day of serum taking	25/10/2024	Weight [kg]	64 kg	IVF	yes
Date of report:	26/10/2024			Ethnic origin	Asian
Previous trisomy 21 pregnancies	no				

Corrected MoM's and calculated risks

AFP	34.5	ng/ml	0.90	Corr. MoM	Gestational age at sample date	17 + 3
uE3	1.31	ng/ml	1.06	Corr. MoM	determination method	BPD Hadlock
HCG	15685	mIU/ml	0.49	Corr. MoM	Physician	
Inh-A	152.7	pg/ml	1.04	Corr. MoM		



Tr.21 risk
at term
1:2314

Age risk
at term
1:260

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 2314 women with the same data, there is one woman with a trisomy 21 pregnancy and 2313 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 (0.90) 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