

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

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

< 5.0

NAME : Mrs. DIVYA JAIN

AGE/ GENDER : 37 YRS/FEMALE **PATIENT ID** : 1684353

COLLECTED BY : REG. NO./LAB NO. : 012411270066

 REFERRED BY
 : 27/Nov/2024 06:54 PM

 BARCODE NO.
 : 01521568
 COLLECTION DATE
 : 27/Nov/2024 06:55 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 28/Nov/2024 12:47 AM

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

Test Name Value Unit Biological Reference interval

ENDOCRINOLOGY

BETA HCG - TOTAL (QUANTITATIVE): MATERNAL

BETA HCG TOTAL, PREGNANCY MATERNAL: 33560.43^H mIU/mL

SFRUM

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:

MEN:	mIU/ml	< 2.0
NON PREGNANT PRE-MENOPAUSAL WOMEN:	mIU/mI	< 5.0
MENOPAUSAL WOMEN:	mIU/mI	< 7.0
BETA HCG EXPECTED VALUES IN ACCORDANCE TO WEEKS OF GESTATIONAL AGE		
WEEKS OF GESTATION	Unit	Value
4-5	mIU/mI	1500 -23000
5-6	mIU/mI	3400 - 135300
6-7	mIU/ml	10500 - 161000
7-8	mIU/mI	18000 - 209000
8-9	mIU/mI	37500 - 219000
9-10	mIU/mI	42800 - 218000
10-11	mIU/mI	33700 - 218700
11-12	mIU/mI	21800 - 193200
12-13	mIU/mI	20300 - 166100
13-14	mIU/mI	15400 - 190000
2rd TRIMESTER	mIU/mI	2800 - 176100
3rd TRIMESTER	mIU/mI	2800 - 144400



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)





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NAME : Mrs. DIVYA JAIN

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COLLECTED BY REG. NO./LAB NO. :012411270066

REFERRED BY **REGISTRATION DATE** : 27/Nov/2024 06:54 PM BARCODE NO. :01521568 **COLLECTION DATE** : 27/Nov/2024 06:55PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 28/Nov/2024 12:47AM

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Test Name Value Unit **Biological Reference interval**

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.Gestationalsite & 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:

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.

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 ***



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

