

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

NAME : Mrs. PRIYANKA

AGE/ GENDER : 34 YRS/FEMALE **PATIENT ID** : 1698582

COLLECTED BY : SURJESH REG. NO./LAB NO. :012412130041

REFERRED BY **REGISTRATION DATE** : 13/Dec/2024 06:20 PM BARCODE NO. :01522416 **COLLECTION DATE** : 13/Dec/2024 06:34PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 13/Dec/2024 08:35PM

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: < 1.20 mIU/mL < 5.0

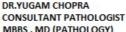
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

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/mI	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



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







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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. 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 ***



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