

Dr. Vinay Chopra
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Chairman & Consultant Pathologist

Dr. Yugam Chopra
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CEO & Consultant Pathologist

NAME : Mrs. NEHA
AGE/ GENDER : 30 YRS/FEMALE
COLLECTED BY :
REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT)
BARCODE NO. : 01522687
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1703350
REG. NO./LAB NO. : 012412190037
REGISTRATION DATE : 19/Dec/2024 01:16 PM
COLLECTION DATE : 19/Dec/2024 02:11PM
REPORTING DATE : 19/Dec/2024 02:26PM

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) by CALORIMETRIC	12	gm/dL	12.0 - 16.0
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INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the body's 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 (DECREASED 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 erythropoietin (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



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BARCODE NO.	: 01522687	REPORTING DATE	: 19/Dec/2024 04:18PM
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ENDOCRINOLOGY

THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM 1.946 μ IU/mL 0.35 - 5.50

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

3rd GENERATION, ULTRASENSITIVE

INTERPRETATION:

AGE	REFERENCE RANGE (μ IU/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 circadian 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 hormones 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 hormone in treatment of hypothyroidism.
- 3.Autonomously functioning Thyroid adenoma
- 4.Secondary pituitary or hypothalamic 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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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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QUADRUPLER MARKER MATERNAL SCREENING

QUADRUPLER MARKER

PATIENT SPECIFICATIONS

DATE OF BIRTH 21-12-1995
MATERNAL AGE 29.5 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 19-12-2024
by ULTRASOUND SCAN
METHOD FOR GESTATION AGE ESTIMATION ULTRASOUND SCAN DETAILS
by ULTRASOUND SCAN
FOETUS (NOS) 1
by ULTRASOUND SCAN
GA ON THE DAY OF SAMPLE COLLECTION 15.3 WEEKS
by ULTRASOUND SCAN
BIPARIETAL DIAMETER (BPD) 30 mm 26 - 52
by ULTRASOUND SCAN
GESTATIONAL AGE BY BPD 14.6
by ULTRASOUND SCAN

QUADRUPLER TEST - BIOCHEMICAL MARKERS

ALPHA FETO PROTEIN (AFP) 27.6 ng/mL
PRENATAL SCREENING: SERUM
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)
ESTRIOL (uE3) UNCONJUGATED 0.95 ng/mL
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)
BETA HCG 74954 mIU/mL
by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)
INHIBIN A 170.8 pg/mL



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by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

MULTIPLE OF MEDIAN (MOM) VALUES

AFP MOM 1.03

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

ESTRIOL (uE3) MOM 1.09

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

BETA HCG MOM 2.34

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INHIBIN A MOM 1.23

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 21 SCREENING (DOWNS SYNDROME) RISK ASSESSMENT

TRISOMY 21 SCREENING RISK RESULT NEGATIVE (-ve) NEGATIVE (-ve)

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 21 AGE RISK 1:1022 NEGATIVE (-ve)

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 21 BIOCHEMICAL RISK 1:1880 NEGATIVE (-ve) RISK CUT OFF 1:270

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 18 SCREENING RISK ASSESSMENT

TRISOMY 18 AGE RISK NEGATIVE (-ve)

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 18 SCREENING RISK < 1:10000 NEGATIVE (-ve) RISK CUT OFF 1:100

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

NEURAL TUBE DEFECTS SCREENING RISK ASSESSMENT

NEURAL TUBE DEFECT SCREENING RISK NEGATIVE (-ve) RISK CUT OFF 1:50

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)


SPINA BIFIDA/ANENCEPHALY SCREENING RISK < 1:10000 NEGATIVE (-ve) RISK CUT OFF 1:50


by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:

1. Multiple marker serum has become standard tool used in obstetric care to identify pregnancies that may have increased risk for certain birth defects such as NEURAL TUBE 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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gestational age by ultrasound, rather than by last menstrual 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 calculation.

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

PHYSICAL EXAMINATION

QUANTITY RECIEVED <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	10	ml	
COLOUR <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	PALE YELLOW		PALE YELLOW
TRANSPARANCY <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	HAZY		CLEAR
SPECIFIC GRAVITY <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	1.02		1.002 - 1.030

CHEMICAL EXAMINATION

REACTION <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	ALKALINE		
PROTEIN <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	Negative		NEGATIVE (-ve)
SUGAR <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	Negative		NEGATIVE (-ve)
pH <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	7.5		5.0 - 7.5
BILIRUBIN <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	Negative		NEGATIVE (-ve)
NITRITE <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.</small>	Negative		NEGATIVE (-ve)
UROBILINOGEN <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	Normal	EU/dL	0.2 - 1.0
KETONE BODIES <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	Negative		NEGATIVE (-ve)
BLOOD <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	Negative		NEGATIVE (-ve)
ASCORBIC ACID <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	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	2-4	/HPF	0 - 5
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
EPITHELIAL CELLS	15-20	/HPF	ABSENT
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
CRYSTALS	CALCIUM OXALATE (++)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
CASTS	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
BACTERIA	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
OTHERS	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
TRICHOMONAS VAGINALIS (PROTOZOA)	ABSENT		ABSENT
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			

*** End Of Report ***




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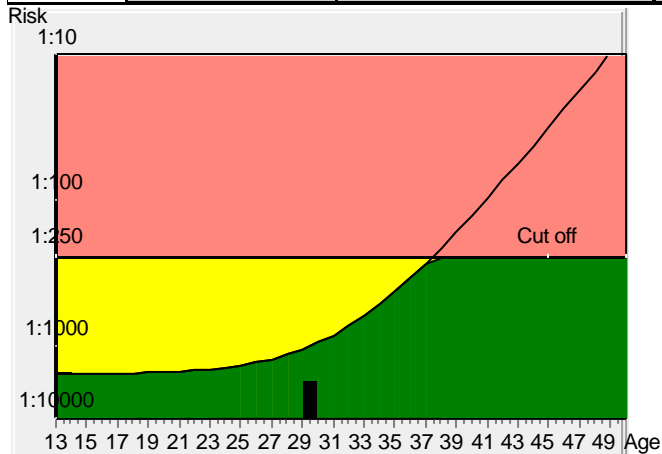
KOS DIAGNOSTIC LAB
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Result Down's syndrome screening

Name	MRS. NEHA	Sample ID	2412220433/AMB	diabetes	no
Patient ID		D.O.B.	21/12/1995	Fetuses	1
Day of serum taking	19/12/2024	Age at delivery	29.5	Smoker	no
Date of report:	20/12/2024	Weight [kg]	80 kg	IVF	no
Previous trisomy 21 pregnancies	no			Ethnic origin	Asian

Corrected MoM's and calculated risks

AFP	27.6	ng/ml	1.03	Corr. MoM	Gestational age at sample date	15 + 3
uE3	0.95	ng/ml	1.09	Corr. MoM	determination method	BPD Hadlock
HCG	74594	mIU/ml	2.34	Corr. MoM	Physician	
Inh-A	170.8	pg/ml	1.23	Corr. MoM		



Tr.21 risk
at term
1:1880

Age risk
at term
1:1022

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 1880 women with the same data, there is one woman with a trisomy 21 pregnancy and 1879 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 (1.03) 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