

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

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

<b>NAME</b>	: Mrs. SHIKHA	<b>PATIENT ID</b>	: 1728483
<b>AGE/ GENDER</b>	: 38 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012501200005
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 20/Jan/2025 08:52 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 20/Jan/2025 08:53AM
<b>BARCODE NO.</b>	: 01524106	<b>REPORTING DATE</b>	: 20/Jan/2025 10:46AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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**ENDOCRINOLOGY**  
**PROGESTERONE**

<b>PROGESTERONE: SERUM</b> <i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>	0.14	ng/mL	MALES: 0.21 - 2.10 NON PREGNANT WOMEN MID FOLLICULAR PHASE: 0.29 - 1.55 MID LUTEAL PHASE: 5.11 - 18.78 PREGNANT WOMEN FIRST TRIMESTER: 4.69 - 51.31 SECOND TRIMESTER: 19.24 - 45.55
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**INTERPRETATION:**

EXPECTED VALUES OF PROGESTERONE DURING PREGNANCY	
	UNITS (ng/mL)
First trimester (0 - 12 Wweeks)	15.8 - 46.0
Second trimester ( 13 - 28 Wweeks)	15.6 - 74.0
Third trimester ( 29 - 40 Wweeks)	45.0 - 143.0
Post Menopausal	< 1.40

1. Progesterone is produced by the adrenal glands, corpus luteum, and placenta.  
 2. After ovulation, there is a significant rise in serum Progesterone levels as the corpus luteum begins To produce progesterone in increasing amounts. This causes changes in the uterus, preparing it for implantation of a fertilized egg. If implantation occurs, the trophoblast begins to secrete human chorionic gonadotropin, which maintains the corpus luteum and its secretion of progesterone. If there is no implantation, the corpus luteum degenerates and circulating progesterone levels decrease rapidly, reaching follicular phase levels about 4 days before the next menstrual period.

**The test is indicated for:**

1. Ascertaining whether ovulation occurred in a menstrual cycle
2. Evaluation of placental function in pregnancy
3. Workup of some patients with adrenal or testicular tumors

**NOTE:**

In patients receiving therapy with high biotin doses (ie, >5 mg/day), no specimen should be drawn until at least 8 hours after the last biotin administration.

\*\*\* End Of Report \*\*\*



  
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