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

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

NAME	**: Mrs. PREETI**		
AGE/ GENDER	: 25 YRS/FEMALE	**PATIENT ID**	: 1766372
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012502220050**
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 22/Feb/2025 02:03 PM
BARCODE NO.	: 01525970	**COLLECTION DATE**	: 22/Feb/2025 02:04PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 22/Feb/2025 03:22PM
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: SERUM	< 1.20	mIU/mL	< 5.0

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:

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

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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:
1.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.

CAUTION:
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.

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CYTOLOGY

PAP SMEAR BY LIQUID BASED CYTOLOGY

TEST NAME:	**PAP SMEAR BY LIQUID BASED CYTOLOGY**
SPECIMEN:	**CERVICAL/VAGINAL CYTOLOGY (THIN PREPARATION)**
CLINICAL HISTORY (IF ANY):-	
MICROSCOPIC EXAMINATION:	**BY BETHESDA SYSTEM TERMINOLOGY, 2001**
(A) Statement of adequecy:	Adequate
(B) Microscopy:	Smear show superficial & intermediate squamous cells & occ. parabasal cells.Many inflammatory cells in the background present.
(C)Organism(If any):	NIL
(D)Endocervical cells:	NIL
(E)Koilocytotic cells:	
(F)Dysplastic cells:	
(G)Malignant cells:	
GENERAL CATEGORIZATION:	
IMPRESSION:	**Negative for intra-epithelial lesion or malignancy. Inflammatory smear.**
ADVISED:	

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DISCLAIMER : Gynecological cytology is a screening procedure subjected to both false positive and false negative results. It is most reliable when satisfactory sample is obtained on a regular and repetitive basis. Results must be interpreted in context of the history of the patient and current clinical information.

*** End Of Report ***

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