NAME	**: Mrs. SHALU**		
AGE/ GENDER	: 30 YRS/FEMALE	**PATIENT ID**	: 1796166
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012503180041**
REFERRED BY	: DR SURESH SHARMA	**REGISTRATION DATE**	: 18/Mar/2025 01:03 PM
BARCODE NO.	: 01527343	**COLLECTION DATE**	: 18/Mar/2025 01:07PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 18/Mar/2025 01:44PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY

HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) *by CALORIMETRIC*	**11.6^{L}**	gm/dL	12.0 - 16.0

INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys 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 (DECRESED 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 erythropoetin (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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BLOOD GROUP (ABO) AND RH FACTOR TYPING

ABO GROUP *by SLIDE AGGLUTINATION*	B		
RH FACTOR TYPE *by SLIDE AGGLUTINATION*	POSITIVE		

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Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

BETA HCG - TOTAL (QUANTITATIVE): MATERNAL

BETA HCG TOTAL, PREGNANCY MATERNAL: SERUM	**18775.48^{H}**	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.

*** End Of Report ***

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