Reference No.	**: - 2007220753**	Age/Gender	: **36 Yrs/Female**
Pt's Name	**: Mrs. SUNEETA**		**AMB-KOS**
Referred By	**: NA**		
Sample Collection Date/Time	**: 26-Jul-2020**	Date	:**26-Jul-2020**
Sample Receiving Date/Time	**: 29-Jul-2020 11:37AM**	Approved Date	:**29-Jul-2020 02:29PM**
Sample From	**: KOS DIAG LAB**	Report Print Time	**:29-Jul-2020 08:32PM**

IMMUNOASSAY

Test Description	Observed Value	Biological Reference Interval
Alpha Feto Protein (AFP)		
AFP (Alpha Feto Protein Tumour Marker)	3.34	0.0-8.1 ng/mL

NORMAL RANGE :- 0 TO 8.1 ng/ml

Pregnancy weeks	Normal Range (ng/ml)	Median (ng/ml)
15	16.3 - 70.7	27.2
16	21.2 - 92.0	35.4
17	24.2 - 105	40.3
18	27.7 - 120	46.2
19	34.5 - 149	57.5
20	39.0 - 170	65.5

Comments

AFP synthesized by liver, yolk sac and GIT, is a major component of fetal plasma, reaching a peak concentration of 3mg/mL at 12 weeks of gestation. Following birth, it clears from circulation, falling to 100 ng/ mL by 150 days and reaching adult values by end of 1 year.

Clinical Utility

Screening for hepatocellular carcinoma (HCC) in high risk population. As an adjunct to diagnosis of HCC Cancer marker for non-seminomatous germ cell tumour, HCC and ovarian cancers. Sensitive indicator of relapse/ response to therapy in testicular tumors containing embryonal/ endodermal sinus elements. Failure of AFP to return to normal by approx. one month after surgery suggests presence of residual tumour. Increased levels can also be seen in physiological conditions (normal pregnancy), benign liver diseases (cirrhosis and hepatitis), ataxia telangiectasia, other malignancies like pancreatic, gastric, colonic and bronchogenic

Note

A difference of > 20% between two measurements is considered to be medically significant. The assay is used only as an adjunct to diagnosis and monitoring/ diagnosis should be confirmed by other tests/procedures.

Not recommended as a screening procedure for cancer detection in general population.

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*** End Of Report ***

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Test Description	Observed Value	Biological Reference Interval
Beta Human Chorionic Gonadotropin (BhCG) Chemiluminescent Microparticle Immuno Assay (CMIA)	19295.10	mIU/mL

Biological Ref_ Ranges: Men and Non Pregnant Women < 10

Post LMP weeks of pregnancy	Normal values in mIU/ml
3 - 4 weeks	9 - 130
4 - 5 weeks	75 - 2600
5 - 6 weeks	850 - 20800
6 - 7 weeks	4000 - 100200
7 - 12 weeks	11500 - 289000
12 - 16 weeks	18300 - 137000
16 - 29 weeks (2nd trimester)	1400 - 53000
29 - 41 weeks (3rd trimester)	940 - 60000

Comment :

In pregnancy, the levels of hCG increase exponentially for about 8 to 10 weeks after the last menstrual cycle. Later in pregnancy, about 12 weeks after conception, the concentration of hCG begins to fall as the placenta begins to produce steroid hormones.

Other sources of elevated hCG values are ectopic pregnancy, threatened abortion, micro-abortion, and recent termination of pregnancy.

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Test Description	Observed Value	Biological Reference Interval
Immunology		
Unconjugated Estriol (UE3)*		
ESTRIOL , UNCONJUGATED (E3)*	0.08	ng/ml

NORMAL RANGE :
MALE : Undetectable - 0.07 ng/ml
FEMALE : Undetectable - 0.08 ng/ml

FOR PREGNANT WOMEN :

GASTATIONAL AGE	uE3 MEDIAN ng/ml
14	0.22-0.25
15	0.50-0.64
16	0.70-1.00
17	0.80-1.27
18	1.05-1.40
19	1.30-1.85
20	1.41-1.71
21	1.65-2.15
22	2.10-2.43

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Test Description	Observed Value	Biological Reference Interval
	Elisa	
Inhibin A*	63.50	pg/mL

Enzyme-mediated chemiluminescence Immunoassay

POPULATION	N	MEAN (pg/mL)	MEDIAN (pg/mL)	95% CONFIDENCE RANGE (pg/mL)
Normally Cycling Females				
Early Follicular Phase (•14 to -10)	136	13.48 ± 0.93	10.54	t5.46 - 28.16
Mid Follicular (-9 to -4)	228	18.63 ± 0.59	17.06	t7.87 - 34.54
Late Follicular (•3 to -1)	130	56.10 ± 2.30	52.19	19.49 - 102.28
Mid Cycle (Day 0)	42	98.87 ± 30.99	98.23	49.92 - 155.48
Early Luteal (1 to 3)	115	71.59 ± 3.39	67.24	35.93 - 132.68
Mid Luteal (4 to 11)	268	75.22 ± 2.63	72.51	13.15 - 159.55
Late Luteal (12 to 14)	82	27.87 ± 3.20	17.44	t7.28 - 89.95
IVF Peak levels	43	792.37 ± 70.63	705.91	354.2 - 1690.0
PCOS - Ovulatory	26	t9.32 ± 2.61		t5.65 - 15.99
Postmenopausal	23	t1.15 ± 0.24		r, 1-3.88
Normal Males	40	t1.33 ± 0.42		t < 1 - 3.58

Comments

*Inhibins are hetrodimeric glycoprotein hormones secreted by granulosa cells of ovary in female and sertoli cells of the testis in males. This selectively suppresses the secretion of pituitary FSH.

*Several documented studies indicate utility of inhibin A measurement as endocrine marker for monitoring ovarian function and therefore, increased levels are used as diagnostic marker of ovarian mucinous granulosa cell cancers.

*It is also of value to determine response to therapy and predict recurrence and it is superior in to oestradiol.

*Since ovarian production of inhibin A is low to negligible in postmenopausal group, inhibin A assay as a tumor marker has significant role when majority of ovarian cancers are detected

*Besides ovarian cancers, levels also rise during pregnancy but levels fall within 3 hrs to lower concentration after termination of pregnancy.

* It is also used in assessment in Down syndrome.

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*** End Of Report ***