

Patient Name : Ms.SHIV DEVI	Visit No : CHA250036161
Age/Gender : 35 Y/F	Registration ON : 28/Feb/2025 12:12PM
<b>Lab No : 10133457</b>	Sample Collected ON : 28/Feb/2025 12:14PM
Referred By : Dr.AMARPALI HOSPITAL	Sample Received ON : 28/Feb/2025 12:28PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 03:00PM
Doctor Advice : BETA hCG,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BETA HCG</b>				
Beta HCG	2535.0	mIU/mL	0.10 - 2.90	CLIA

Weeks of Pregnancy	Ranges HCG mIU/ml ( 5-95th percentile )
3	5.8 -71.2
4	9.50 -750
5	217 - 7138
6	158 - 31795
7	3697- 163563
8	32065 - 149571
9	63803 - 151410
10	46509 - 186977
12	27832 - 210612
14	13950 - 62530
15	12039 - 70971
16	9040 - 56451
17	8175 - 55868
18	8099 - 58176

**COMMENTS:**

This assay is capable of detecting whole molecule (intact) HCG as well as free  $\beta$ -HCG subunits. For diagnostic purposes, HCG results should always be used in conjunction with clinical findings and other tests. If the HCG levels are inconsistent with clinical impressions, results should be confirmed by an alternate HCG method. Low levels of HCG can occur in apparently healthy, non pregnant subjects.  $\beta$ -HCG values double approximately every 48 hrs in a normal pregnancy; patients with very low levels should be resampled and retested after 48 hrs. Specimens tested as positive during initial days after conception may later be negative due to natural termination of pregnancy. Natural termination occurs in 31% of overall pregnancies. Falsely depressed or falsely elevated results may occur due to presence of interfering substances (such as heterophilic antibodies, non-specific proteins, or HCG like substances).

In men, Increased levels of b-HCG are associated with testicular cancer and should be correlated with other findings.

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

[Checked By]



*Sharma*

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

Patient Name : Ms.SHIV DEVI Visit No : CHA250036161  
Age/Gender : 35 Y/F Registration ON : 28/Feb/2025 12:12PM  
**Lab No : 10133457** Sample Collected ON : 28/Feb/2025 12:12PM  
Referred By : Dr.AMARPALI HOSPITAL Sample Received ON :  
Refer Lab/Hosp : CHARAK NA Report Generated ON : 28/Feb/2025 02:37PM

### **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver** is **mildly enlarged in size measures 149 mm** and shows homogeneous echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 95 x 40 mm in size. Left kidney measures 102 x 42 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is normal in size, measures 81 x 38 x 37 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 5 mm. **An echogenic focus of size 9.1 x 6.4 mm is seen in endometrial cavity.**
- **Cervix** is normal in size, shape and echotexture.
- **Both ovaries** are normal in size, shape and echotexture. Right ovary measures 33 x 21 x 20 mm. Left ovary measures 23 x 19 x 24 mm.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

#### **OPINION:**

- **Mild hepatomegaly.**
- **? Rpoc's.**

**Clinical correlation is necessary.**

**(DR. R.K. SINGH, MD)**

Transcribed by Rachna

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

