

Patient Name : Ms.ANUSHKA KASHYAP	Visit No : CHA250044993
Age/Gender : 28 Y/F	Registration ON : 13/Mar/2025 09:17AM
Lab No : 10142288	Sample Collected ON : 13/Mar/2025 09:18AM
Referred By : Dr.RATI ADHAULIA	Sample Received ON : 13/Mar/2025 09:18AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 10:05AM
Doctor Advice : BETA hCG,BLOOD GROUP,BTCT,HB,HBsAg (QUANTITATIVE),HCV,TSH,RANDOM,VDRL,HIV,URINE R/M (DR.RNS)	



ANC PROFILE				
Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP				
Blood Group	"A"			
Rh (Anti -D)	Negative			
BETA HCG				
Beta HCG	3439	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 β -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. β -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.

[Checked By]

Print.Date/Time: 13-03-2025 11:35:52

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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ANC PROFILE

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBsAg (HEPATITIS B SURFACE ANTIGEN)				
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		< 1.0 : NON REACTIVE-> (Sandwich Assay) 1.0 : REACTIVE	

HIV				
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE	

HCV				
Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay

VDRL				
VDRL	NON REACTIVE			Slide Agglutination

URINE R/M (DR.RNS)

Color	LIGHT YELLOW			
Appearance	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
Reaction (pH)	Acidic (6.0)		4.5-8.0	
Urine Protein	Absent		Absent	
Sugar	Absent		Absent	
Ketones	Absent		Absent	
Bilirubin	Absent	mg/dl	ABSENT	
Blood	Absent		Absent	
Urobilinogen	0.20		0.2-1.0 EU/dl	
Leukocytes	Absent		Absent	
Nitrite	Absent		Absent	

MICROSCOPIC EXAMINATION				
Leukocytes (Pus Cells)/hpf	Occasional		<5/hpf	by an azo-coupling reaction
Epithelial Cells	5-6	/hpf	0 - 5	
Red Blood Cells / hpf	Nil	/hpf	<3/hpf	

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ANC PROFILE

Test Name	Result	Unit	Bio. Ref. Range	Method
BT/CT				
BLEEDING TIME (BT)	2 mint 45 sec	mins	2 - 8	
CLOTTING TIME (CT)	5 mint 50 sec		3 - 10 MINS.	



CHARAK

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Referred By : Dr. RATI ADHAULIA	Sample Received ON : 13/Mar/2025 09:37AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 10:38AM
Doctor Advice : BETA hCG, BLOOD GROUP, BTCT, HB, HBsAg (QUANTITATIVE), HCV, TSH, RANDOM, VDRL, HIV, URINE R/M (DR. RNS)	



ANC PROFILE

Test Name	Result	Unit	Bio. Ref. Range	Method
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HAEMOGLOBIN

Hb	13.3	g/dl	12 - 15	Non Cyanide
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Comment:
Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

BLOOD SUGAR RANDOM

BLOOD SUGAR RANDOM	97	mg/dl	70 - 170	Hexokinase
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TSH

TSH	2.14	uIU/ml	0.47 - 4.52	ECLIA
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Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave's disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. Which may affect the thyroid function tests.
- (8) Generally when total T3 & T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with
(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYSYS -E411)

*** End Of Report ***



[Checked By]



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