



Patient Name : MRS. S. KAVYA  
Age / Gender : 23 years / Female  
Mobile No. : -  
Patient ID : 1247  
Source : JADE CLINIC

Referral : Dr. AVANI REDDY  
Collection Time : Apr 01, 2025, 07:51 p.m.  
Reporting Time : Apr 02, 2025, 12:52 p.m.  
Sample ID :



Test Description	Value(s)	Reference Range
<b><u>Beta HCG (Human Chorionic Gonadotropin - Serum)*</u></b>		
Beta Human Chorionic Gonadotropin (HCG) (Serum)	11.20	Pregnant Females mIU/mL
Method : CLIA		Gestational Age. Range
		3Weeks 6.1-73.1
		4Weeks 9.9-742
		5Weeks 233-7184
		6Weeks 278-32683
		7Weeks 3838-165878
		8Weeks 31846-151198
		9Weeks 63861-152897
		10Weeks 46995-190856
		11Weeks 35039-203614
		12Weeks 27801-210914
		13Weeks 19330-148019
		14Weeks 13912-62586
		15Weeks 12001-71054
		16Weeks 9087-56399
		17Weeks 8189-55761
		18Weeks 8071-58243
		NonpregnantPremenopausal
		Women: 1.212 mIU/ml
		Post Menopausal Women: 7.105mIU/ml

\*\*END OF REPORT\*\*

DR Amberina  
M.B.B.S, M.D  
Consultant Biochemistry



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**Reporting Time :** Apr 02, 2025, 10:17 a.m.  
**Sample ID :**



Test Description	Value(s)	Reference Range
<b>Thyroid Profile</b>		
<b>Tri-iodothyronine (T3)</b> Method : CLIA	136.19	Adults Euthyroid :60 to 181 Hypothyroid :less than 60 Hyperthyroid :greater than 181 ng/dl
<b>Thyroxine (T4)</b> Method : CLIA	7.46	Hypothyroid 0.0- 5.5 Euthyroid 4.5 - 10.9 Hyperthyroid 10.8-19.1 µg/dL Pregnant Euthyroid 6.4- 10.7 Cord Blood (0 day) 7.4 - 13.0 Neonatal (1-4 days) 14.0 - 28.4
<b>TSH-Ultrasensitive</b> Method : CLIA	3.60	0.30-4.50 IU/mL 1st Trimester: 0.1-2.5 2nd Trimester: 0.2-3.0 3rd Trimester: 0.3-3.0

#### Specimen Type : Serum

#### Interpretation :

It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low. Low TSH levels can be observed in conditions such as goiter, noncancerous tumors or Graves's disease and during the first trimester of pregnancy. High TSH can be observed in surgery, psychiatric medications, radiation therapy or an autoimmune disease.

**\*\*END OF REPORT\*\***

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20000709125

Test Description	Value(s)	Reference Range
<b><u>Prolactin</u></b>		
<b>Prolactin</b>	47.1	Female Pediatric Range
<b>(Serum)</b>		Tanner1(<9.2yrs) :3.3-17.0
<b>Method : CLIA</b>		Tanner2-3(9.2-14.4yrs):3.5-21.0
		Tanner4(10.7-15.6yrs) :3.1-14.8
		Tanner5(11.8-18.6yrs) :4.6-21.0
		Adult Females
		Nonpregnant :2.8-29.2
		Pregnant :9.7-208.5
		Postmenopausal :1.8-20.3

#### Interpretation:

Prolactin initiates and maintains lactation in females. During pregnancy and postpartum lactation, serum prolactin can increase 10- to 20-fold. Renal failure, hypothyroidism, and prolactin-secreting pituitary adenomas are also common causes of abnormally elevated Prolactin levels.  
Exercise, stress, and sleep can cause transient increases in Prolactin levels.

**\*\*END OF REPORT\*\***

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