

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.

mIU/mL

Sample ID:

Pregnant Females

20000709125

Test Description	Value(s)	Reference Range
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Beta HCG (Human Chorionic Gonadotropin - Serum*

Beta Human Chorionic Gonadotropin (HCG) 11.20 (Serum)

Method: CLIA

 Gestational Age.
 Range

 3 Weeks
 6.1-73.1

 4 Weeks
 9.9-742

 5 Weeks
 233-7184

 6 Weeks
 278-32683

7 Weeks 3838-165878 8 Weeks 31846-151198 9 Weeks 63861-152897 10 Weeks 46995-190856 11 Weeks 35039-203614 12 Weeks 27801-210914 13 Weeks 19330-148019 14 Weeks 13912-62586 15 Weeks 12001-71054 16 Weeks 9087-56399 17 Weeks 8189-55761

Nonpregnant Premenopausal Women: ≤ 1.212 mIU/ml Post Menopausal Women : ≤ 7.105 mIU/ml

8071-58243

18 Weeks

END OF REPORT

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

Consultant Biochemistry

Multispeciality. Pharmacy, Diagnostics, Physiotherapy, Audiology, Ultrasound, X-ray, Daycare.



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Sample ID:

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

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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Test Description	Value(s)	Reference Range		
<u>Prolactin</u>				
Prolactin	47.1	Female Pediatric Ra	nge	ng/ml
(Serum)		Tanner1(<9.2yrs)	:3.3-17.0	
Method : CLIA		Tanner2-3(9.2-14.4y	rs):3.5-21.0	
		Tanner4(10.7-15.6yr	rs) :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 10to 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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