



MC-5875

PATIENT NAME : MS. SATVIKI PATIDAR**REF. DOCTOR : DR. KIRTI HEGDE****CODE/NAME & ADDRESS : CS00004936**SRCC CHILDRENS HOSPITAL MUMBAI
UNIT AT I-A,HAJI ALI PARK, K.KHADYE MARG,
MAHALAXMI MUMBAI
MUMBAI 400034
9594583754 9833866176**ACCESSION NO : 5047XA048718****PATIENT ID : SATVM3007185047****CLIENT PATIENT ID:****ABHA NO :****AGE/SEX : 5 Years Female****DRAWN :****RECEIVED : 30/01/2024 16:39:08****REPORTED : 30/01/2024 18:35:45****Test Report Status Final****Results****Biological Reference Interval Units****SPECIALISED CHEMISTRY - HORMONE****HCG, SERUM****HCG** Below 1.20 Non Pregnant Women mIU/mL
0 - 5

METHOD : CMIA

LMP -**WEEKS OF GESTATION** -**Interpretation(s)****Used for:** Early detection of pregnancy, Investigation of suspected ectopic pregnancy or other pregnancy-related complications and in vitro fertilization patients.

-Values between 5 and 25 IU/L (mIU/mL) are indeterminate for pregnancy. Consider confirming with repeat test in 72 hours. Values in pregnancy should double every 3 days for the first 6 weeks.

-Elevated concentrations of human chorionic gonadotropin (hCG) are observed in normal pregnancy, but may serve as an indication of choriocarcinoma, hydatidiform mole, or multiple pregnancy.

-Decreasing hCG concentrations indicate threatened or missed abortion, recent termination of pregnancy, ectopic pregnancy, gestosis or intrauterine death.

-Both normal and ectopic pregnancies generally yield positive results of pregnancy tests.

The comparison of quantitative hCG measurements with the results of transvaginal ultrasonography (TVUS) may aid in the diagnosis of ectopic pregnancy. When an embryo is first large enough for the gestation sac to be visible on TVUS, the patient generally will have hCG concentrations between 1000 and 2000 IU/L (mIU/mL); but these values may vary. If the hCG value is this high and no sac is visible in the uterus, ectopic pregnancy is suggested.

-Pre- and post-menopausal females may have detectable hCG concentrations (<14 IU/L or mIU/mL) due to pituitary production of hCG.

Reference Ranges:

CATEGORY		RANGES
Post-menopausal women		< 14 mIU/mL or IU/L
Non-pregnant women		< 5 mIU/mL or IU/L
Pregnant women		Ranges (mIU/mL or IU/L)
Weeks of Gestation	Weeks of LMP	
1.3 - 2.0 weeks	3.3 - 4.0 weeks	16 - 156
2.0 - 3.0 weeks	4.0 - 5.0 weeks	101 - 4870
3.0 - 4.0 weeks	5.0 - 6.0 weeks	1110 - 31500
4.0 - 5.0 weeks	6.0 - 7.0 weeks	2560 - 82300
5.0 - 6.0 weeks	7.0 - 8.0 weeks	23100 - 151000
6.0 - 7.0 weeks	8.0 - 9.0 weeks	27300 - 233000
7.0 - 11.0 weeks	9.0 - 13.0 weeks	20900 - 291000

DR. SONAL PRIYA
CONSULTANT PATHOLOGIST**Dr. Geetha Chandrashekhar, MD**
Consultant Pathologist

Page 1 Of 2



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Tel : +91 22 48247247/022 68247247, Fax : CIN - U85195DL1999PTC217659**Patient Ref. No. 504700006659522**



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11.0 - 16.0 weeks	13.0 - 18.0 weeks	6140 - 103000
16.0 - 21.0 weeks	18.0 - 23.0 weeks	4720 - 80100
21.0 - 39.0 weeks	23.0 - 41.0 weeks	2700 - 78100

Tumor markers in testicular cancers

Alpha fetoprotein (AFP), human chorionic gonadotropin (HCG) and lactate dehydrogenase (LDH) are common testicular tumor markers. Their serum levels should be obtained before orchiectomy and repeated weekly until they return to normal levels. Persistently high levels postorchiectomy in men with non-seminomatous germ cell tumors (NSGCT) may be suggestive of metastatic disease even without identifiable mass on imaging.

HCG half-life	Normal range	Tumor type
24-36 hours	<5 mIU/mL	Embryonal, Seminoma, choriocarcinoma

Postorchiectomy, tumor marker levels can be used for risk stratification and are incorporated into American Joint Committee on Cancer TNM Staging System for testis cancer.

Stage	HCG (mIU/mL)
S0	Within Normal Limits
S1	<5000
S2	5000-50,000
S3	>50,000

HCG values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. Recommended follow up on same platform as patient result can vary due to differences in assay method and reagent specificity.

****End Of Report******Please visit www.srlworld.com for related Test Information for this accession****DR. SONAL PRIYA**
CONSULTANT PATHOLOGIST**Dr. Geetha Chandrashekhar, MD**
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