

<b>PATIENT NAME : MRS. KOMAL W/O AMANDEEP</b>		<b>REF. DOCTOR : DR. BHARTI KALRA</b>	
<b>CODE/NAME &amp; ADDRESS</b> : C000024543 BHARTI RESEARCH INSTITUTE OF DIABETES & BHARTI HOSPITAL, KUNJPURA ROAD, WAZIR CHAND COLONY, KARNAL 132001 9896682933 9996357111	<b>ACCESSION NO</b> : <b>0070ZF005374</b> <b>PATIENT ID</b> : KOMAF200698708 <b>CLNT.PATIENT ID:</b> <b>ABHA NO</b> :	<b>AGE/SEX</b> : 28 Years Female <b>DRAWN</b> : <b>RECEIVED</b> : 20/06/2026 09:29:54 <b>REPORTED</b> : 20/06/2026 12:45:28	

Test Report Status	Final	Results	Biological Reference Interval	Units
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**SPECIALISED CHEMISTRY - HORMONE**

<b>HCG (HUMAN CHORIONIC GONADOTROPIN),SERUM</b>				
HCG	4445.0	Non pregnant		mIU/mL
		Pre menopausal: <5.3		
		Post Menopausal: <7.0		
LMP	16/05/2026			

**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

*Shaveta Arora*

**Dr. Shaveta Arora, MD**  
**Pathologist**



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**PERFORMED AT :**

**Agilus Diagnostics Ltd**  
C/O Health Affairs,416,Ashoka Colony Opp.Kalpna Chawla Medical College  
Karnal, 132001  
Haryana, India  
Tel : 0184-4030001,4030010,9111591115, Fax :  
CIN - U74899PB1995PLC045956



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7.0 - 11.0 weeks	9.0 - 13.0 weeks	20900 - 291000
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.agilusdiagnostics.com](http://www.agilusdiagnostics.com) for related Test Information for this accession

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ULR No.775000018351639-0070

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**CONDITIONS OF LABORATORY TESTING & REPORTING**

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| <ol style="list-style-type: none"> <li>1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.</li> <li>2. All tests are performed and reported as per the turnaround time stated in the AGILUS Directory of Services.</li> <li>3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.</li> <li>4. A requested test might not be performed if:             <ol style="list-style-type: none"> <li>i. Specimen received is insufficient or inappropriate</li> <li>ii. Specimen quality is unsatisfactory</li> <li>iii. Incorrect specimen type</li> <li>iv. Discrepancy between identification on specimen container label and test requisition form</li> </ol> </li> </ol> | <ol style="list-style-type: none"> <li>5. AGILUS Diagnostics confirms that all tests have been performed or assayed with highest quality standards, clinical safety &amp; technical integrity.</li> <li>6. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.</li> <li>7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.</li> <li>8. Test results cannot be used for Medico legal purposes.</li> <li>9. In case of queries please call customer care (91115 91115) within 48 hours of the report.</li> </ol> |
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