

## Interpretation results

Date: **01.06.2026**

User: **Female, 26 y.o.**



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### Test type

Reproductive hormones / pregnancy confirmation panel + thyroid screening.

Reference values were **not provided on a laboratory form**; references below are taken from the ranges you supplied / generally accepted early-pregnancy norms.

### Summary table of results

Marker	Result	Reference	Status
beta-hCG	2850 mIU/mL	Non-pregnant: <5; approx. 3–4 weeks gestation: ~5–4260	Consistent with early pregnancy
Progesterone	38 ng/mL	Luteal phase: ~1.7–27; 1st trimester: ~11–44	<b>Normal</b> for 1st trimester
Estradiol	212 pg/mL	Luteal phase: ~33–196; 1st trimester: ~150–1100	<b>Normal</b> for 1st trimester
TSH	2.1 mIU/L	Non-pregnant: 0.4–4.0; 1st trimester: 0.1–2.5	<b>Normal</b> for 1st trimester

### Interpretation of deviations

No clear abnormal deviations if interpreted in the context of a likely early pregnancy.

#### beta-hCG — 2850 mIU/mL

- Clinical meaning: this is well above the non-pregnant range and is compatible with early pregnancy, roughly in the 3–4 week gestational range depending on dating.
- Important note: a single hCG value confirms pregnancy biochemically but does not confirm location or viability. Trend over time and ultrasound are needed for that.

## Combined assessment

The combination of:

- positive home pregnancy test,
- delayed period,
- mild nausea and breast tenderness,
- beta-hCG 2850 mIU/mL,
- progesterone and estradiol within 1st-trimester ranges,

is **strongly consistent with early pregnancy**.

TSH is within the commonly recommended 1st-trimester range, which is reassuring from a thyroid screening perspective.

## Recommended additional tests / follow-up

- **Repeat quantitative beta-hCG in 48 hours** — in early viable intrauterine pregnancy, hCG often rises substantially over 48 hours, though exact doubling is not required in every case.
- **Transvaginal pelvic ultrasound** — usually useful when hCG is around or above the discriminatory zone, commonly ~1500–3500 mIU/mL, or around 5–6 weeks by last menstrual period, to confirm intrauterine location and later fetal heartbeat.
- **First prenatal visit labs:** CBC, blood type and Rh factor, antibody screen, urinalysis/urine culture, rubella/varicella immunity, hepatitis B/C, HIV, syphilis screening, and other tests per local prenatal protocol.
- **Consider free T4 / thyroid antibodies only if clinically indicated** — for example, thyroid disease history, symptoms, goiter, infertility history, or recurrent pregnancy loss.

## Which doctor to consult

- **Obstetrician-gynecologist / prenatal care provider** — to confirm pregnancy location, estimate gestational age, start prenatal care, and plan follow-up testing.

## General recommendations

- Start or continue a prenatal vitamin with **follic acid 400–800 mcg daily** unless your clinician recommends a different dose.
- Avoid alcohol, smoking/vaping, recreational drugs, and unnecessary medications or supplements.
- Review all current medications with a clinician to ensure pregnancy safety.
- Limit **high**-mercury fish; avoid unpasteurized foods and undercooked meat/eggs.

- Seek urgent medical care if you develop **severe one-sided pelvic pain, shoulder pain, fainting/dizziness, heavy bleeding, or worsening abdominal pain**, as these can be warning signs of ectopic pregnancy or miscarriage.

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**Important:** This decoding is preliminary. Reference values were not from a lab form; they are based on generally accepted early-pregnancy ranges. Consult a physician for diagnosis and pregnancy confirmation.

**⚠ Important notice**

This interpretation is for informational purposes only and is not medical advice, a diagnosis, or a treatment recommendation. Test results must be reviewed by a qualified physician taking into account your medical history and clinical picture.