Advanced Fertility Center of Chicago
The Prelude Network

4920 N Central Ave, Ste 2C | Chicago, IL 60630
30 Tower Ct, Ste F | Gurnee, IL 60031
820 E Terra Cotta Ave, Ste 118 | Crystal Lake, IL 60014
3800 Highland Ave, Ste 110 | Downers Grove, IL 60515
Office 888.257.4420 | **Fax** 847.662.3001

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PATIENT INFORMATION				
Patient ID	**Patient Name**	**DOB / Age**	**Gender**	**Phone**
38003	Hannah Gagnon	04/25/1988/ (36 years)	Female	(920) 639-2244

SPECIMEN INFORMATION				
Accession ID	**Schedule/Collected**	**Completed**	**Released**	**Reviewed**
210826	11/25/2024 10:00 AM 11/25/2024 09:51 AM	11/25/2024 11:49 AM By:eIVF connect	11/25/2024 11:54 AM By:Qiao Meng	11/25/2024 12:37 PM By:Eli Reshef, MD

ORDERING PHYSICIAN	LAB NAME:
Michelle Catenacci	

Estradiol, Total REPORT

Lab	Result	Comments
Estradiol Total	173.8 pg/ml	Reference Range Male 23.1 - 26.6 pg/mL Female Follicular phase 49.8 - 58.1 pg/mL Ovulation phase 113 - 145 pg/mL Luteal phase 91.2 - 114 pg/mL Postmenopause <5 -5.2 pg/mL

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210826	11/25/2024 10:00 AM 11/25/2024 09:51 AM	11/25/2024 12:16 PM By:eIVF connect	11/25/2024 12:19 PM By:Qiao Meng	11/25/2024 12:37 PM By:Eli Reshef, MD

ORDERING PHYSICIAN	LAB NAME:
Michelle Catenacci	

LH REPORT

Lab	Result	Comments
LH	30.62 mIU/ml	Reference Range Male: 1.7 - 8.6 mIU/mL Female: Follicular phase 2.4 - 12.6 mIU/mL Ovulatory 14.0 - 95.6 mIU/mL Luteal phase 1.0 - 11.4 mIU/mL Postmenopausal 7.7 - 58.5 mIU/mL

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ORDERING PHYSICIAN	LAB NAME:
Michelle Catenacci	

Progesterone REPORT

Lab	Result	Comments
PROGESTERONE	1.59 ng/ml	Reference Range Male: 0.2 - 1.5 ng/mL Female: Follicular phase 0.2 - 1.5 ng/mL Ovulation phase 0.8 - 3.0 ng/mL Luteal phase 1.7 - 27 ng/mL Postmenopausal 0.1 - 0.8 ng/mL

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ORDERING PHYSICIAN	LAB NAME:
Michelle Catenacci	

HCG Quantitative REPORT

Lab	Result	Comments
HCG BETA	<0.100 mIU/ml	Reference Range

Female:

5.8 -71.2	3 Weeks Gestation
9.5 - 750	4 Weeks Gestation
217 - 7,138	5 Weeks Gestation
158 - 1,795	6 Weeks Gestation

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GYNECOLOGY ULTRASOUND REPORT

PATIENT:	HANNAH GAGNON	**DOB:**	04/25/1988	**DATE:**	**11/25/2024**
PHYSICIAN:	MICHELLE CATENACCI	**PATIENT ID:**	38003		

Ultrasound Method:

LEFT OVARY:	**LENGTH(MM):**	**HEIGHT(MM):**	**WIDTH(MM):**	**VOLUME(CC):**
FOLLICLE (MM):				
FOLLICLE <12 MM:				
CYST LEFT OVARY:				
RIGHT OVARY:	**LENGTH(MM):**	**HEIGHT(MM):**	**WIDTH(MM):**	**VOLUME(CC):**
FOLLICLE (MM):				
FOLLICLE <12 MM:				
CYST RIGHT OVARY:				

UTERINE MEASUREMENTS

UTERUS: **ORIENTATION:**
UTERUS LENGTH (MM): **UTERUS HEIGHT (MM):** **UTERUS WIDTH (MM):**

ENDO LINING (MM): 5

CUL-DE-SAC FLUID: ☐ None ☐ Mild ☐ Moderate ☐ Severe

SONOGRAPHER'S COMMENTS:
PHYSICIAN'S COMMENTS

SONOGRAPHER'S SIGNATURE: Electronically Released By : eIVFConnect
PHYSICIAN'S SIGNATURE: Electronically Signed By : Eli Reshef, MD at 11/25/2024 12:37 PM