

Patient Name	: Mrs.HARSHA OGRE	Collected	: 10/Jun/2023 12:00PM
Age/Gender	: 33 Y 3 M 7 D /F	Received	: 13/Jun/2023 06:20PM
UHID/MR No	: DSUS.0000004365	Reported	: 17/Jun/2023 04:16PM
Visit ID	: DSUSOPV5004	Status	: Final Report
Ref Doctor	: DR RASHMI SHARMA	Client Name	: PUP PLUS CARE DIAGNOSTICS
IP/OP NO	:	Patient location	: Raipur,Raipur

DEPARTMENT OF IMMUNOFLUOROMETRY

MATERNAL SCREENING FIRST TRIMESTER- DUAL/DOUBLE MARKER, FMF APPROVED.

MATERNAL SCREENING FIRST TRIMESTER- DUAL/DOUBLE MARKER, FMF APPROVED , SERUM

*Method - Time resolved Immunofluorometry on Auto Delfia

*Risk ratio calculated using LifeCycle 7.0

MATERNAL DETAILS	RESULT	UNITS
NUMBER OF FETUSES	1	
WEIGHT	57	Kg
H/O SMOKING	NO	
ETHNIC ORIGIN	ASIAN	
AGE AT TERM	33/09	YEARS/MONTHS
INSULIN DEPENDENT DIABETES	NO	

USG DETAILS		
DATE OF ULTRASOUND	09/06/2023	
GESTATIONAL AGE ON USG	13/5	WEEKS/DAYS
NUCHAL TRANSLUCENCY (NT)	1.97	mm

BIOCHEMICAL RESULTS	RESULT	UNITS	CORR. MOM	METHOD
PAPP-A	2729.05	mIU/L	0.46	Immunoflourometry
FREE BETA HCG	113.95	ng/mL	3.52	Immunoflourometry

DISORDER	RISK RATIO	RISK CATEGORY	SCREEN RESULT
DOWN'S SYNDROME	1:67	INCREASED	SCREEN POSITIVE
EDWARD'S SYNDROME	1:42252	LOW	SCREEN NEGATIVE
PATAU'S SYNDROME	1:22692	LOW	SCREEN NEGATIVE
TURNER'S SYNDROME NON-HYDROPS	1:100000	LOW	SCREEN NEGATIVE

Interpretation:-

1. The risks are calculated based on ultrasound gestational age, biochemical results, NT measurement, patient demographics and other risk factors such as IDD.
2. Patient specific risks are generated as analytical MoM (Multiples of Median) values, using Fetal Medicine Foundation (FMF) approved assays and software LIFECYCLE version 7.0 from Perkin Elmer.
3. A screen positive result occurs when the risk for Down's syndrome exceeds 1:250, when risk for Trisomy 13, Trisomy 18, Turner's syndrome exceeds 1:100 or when AFP MoM exceeds 2.5.

copies used

pollo

CAP
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COLLEGE of AMERICAN PATHOLOGISTS

Apollo
DIAGNOSTICS
Plus
Care

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DEPARTMENT OF IMMUNOFLUOROMETRY

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Limitations:-

1. The results of this test represent only risks and not diagnostic outcomes. Increased risk does not mean that the baby is affected, and further tests must be performed before a firm diagnosis can be made. A low risk does not exclude possibility of Down's syndrome or other abnormalities, as risk assessment does not detect all affected pregnancies.
2. If the history provided is not correct, it is advisable to ask for repeat risk calculations.

Associated tests:-

1. Integrated (first and second trimester) maternal serum screening.
2. NIPT- Non-invasive Prenatal Screening test - from maternal blood for aneuploidy screening.

UK NEQAS

International Quality Expertise

Participating in Proficiency testing Programme.

ADVICE: GENETIC COUNSELLING AND NIPT OR INVASIVE TEST FOR RISK CONFIRMATION.

*** End Of Report ***

Dr K. Anusha
MBBS, MD (Biochemistry)
Consultant Biochemist

Page 2 of 2



SIN No: IF00301715

This test has been performed at Apollo Health & Lifestyle Ltd. Global Reference Laboratory, Hyderabad

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

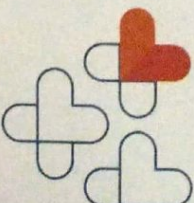
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Plus Care International Pvt. Ltd.

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Client is advised to contact plus care in case of any unexpected or alarming results for possible corrective measures.



PATIENT REPORT - Mrs.HARSHA OGRE

Requestor: -, DR RASHMI SHARMA

REQUESTOR TYPE: Hospital	REQUESTOR -	REQUESTOR DR RASHMI SHARMA	FACILITY -
REQUESTOR CODE: DFG0GHHHGJHHYIK	REQUESTOR PHONE 1: -		

Patient DSUS.0000004365: -, Mrs.HARSHA OGRE

PATIENT ID: DSUS.0000004365	LAST NAME: -	FIRST NAME: Mrs.HARSHA OGRE	BIRTH DATE: 06/03/1990
ETHNICITY: Asian	ADDRESS 1: -	CITY: -	POSTAL CODE: -

Pregnancy. Calculated EDD: 10/12/2023 (MAEDD: 33.76)

CALCULATED EDD: 10/12/2023	GEST. DATE: 05/03/2023	SELECTED GEST. METHOD: CRL	LMP DATE: 08/03/2023
SMOKING STATUS: Non smoker	INSULIN DEP. DIABETIC: No	NO. OF FETUSES: 1	MORZYZOZUS: No
CHORIONICITY: -	CORRECTED BY CHORIONICITY: -	FERTILIZATION DATE: -	ASSISTANCE METHOD: -
TRANSFER DATE: -	EGG EXTRACTION DATE: -	EGG DONOR DOB: -	AGE AT EXTRACTION: -
PAST T21 - DOWN'S SYNDROME: -	PAST T18 - EDWARDS' SYNDROME: -	PAST T13 - PATAUS SYNDROME: -	PAST COLS - CORNELIA DE LANGE SYNDROME: -
PAST SLOS - SMITH-LEMLI-OPITZ SYNDROME: -	PAST TR - TRIPLOIDY: -	PAST TS - TURNER'S SYNDROME: -	RISK ASSESSED: At term

Biochemistry

SAMPLE ID: IF00301715	SPECIMEN COLLECTED: 10/06/2023	WEIGHT [KG]: 57	GEST. AT SAMPLE DATE (W + D): 13 w 6 d
SAMPLE TYPE: -			

Ultrasound

SCAN DATE: 09/06/2023	CRL: 78.4	BPD: -	HC: -
CRL (R2): -	BPD (R2): -	HC (R2): -	GEST. AT MANUAL ENTRY (W + D): 0 w 0 d
WEIGHT [KG]: -	SAMPLE TYPE: -		

Tests

TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
hCGb (Signed)	IF00301715	10/06/2023	13 w 6 d	113.96	ng/mL	3.52	57
PAPP-A (Signed)	IF00301715	10/06/2023	13 w 6 d	2729.05	mU/L	0.47	57
NB (Signed)	-	09/06/2023	13 w 5 d	Present	-	-	-
NT (Signed)	-	09/06/2023	13 w 5 d	1.97	mm	1.28	-

Risks, Risk assessed: At term

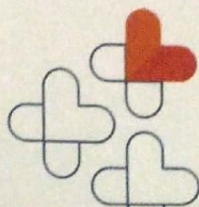
RISK NAME: T21 (Calculated)	RISK RESULT: Increased	RISK: 1:67	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: 1:548	CUT-OFF: 1:250
RISK NAME: T18 (Calculated)	RISK RESULT: Low	RISK: 1:42252	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: 1:4928	CUT-OFF: 1:100
RISK NAME: T13 (Calculated)	RISK RESULT: Low	RISK: 1:22692	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: 1:14791	CUT-OFF: 1:100

REPORT CREATED BY:

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REPORT CREATED AT:

14/06/2023 1:51 PM



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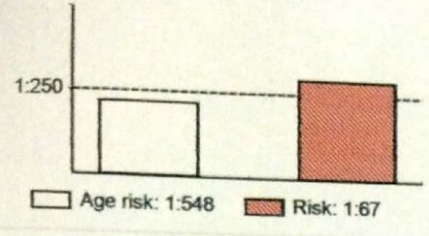
procedures used

Diagnostics, Hyderabad

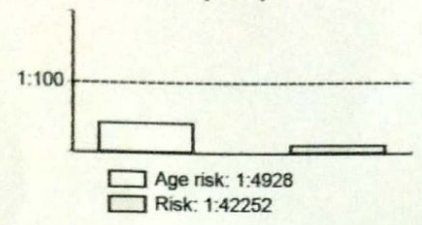
PATIENT REPORT - Mrs.HARSHA OGRE

RISK NAME:	RISK RESULT:	RISK:	TWIN RISK RESULT:	TWIN RISK:	AGE RISK:	CUT-OFF:
TS non-hydrops (Calculated)	Low	1:100000	-	-	1:6767	1:100

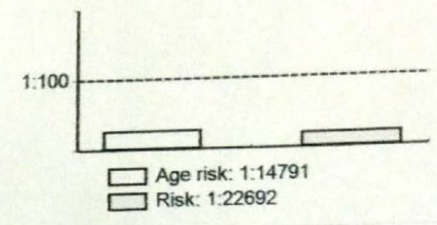
T21 (Increased)



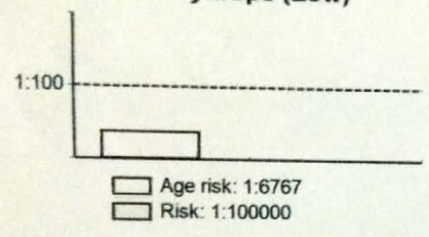
T18 (Low)



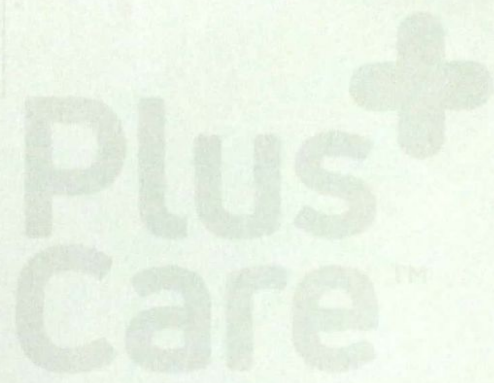
T13 (Low)



TS non-hydrops (Low)

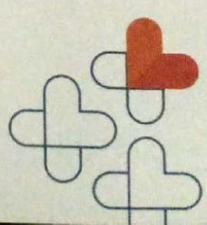


PLEASE NOTE:



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Dr. Rashmi Sharma

MBBS (Lucknow), MD (O&G) DMRD
MRCOG (LONDON) FRCOG (LONDON)
Senior Consultant Obstetrician & Gynaecologist



Dr. Richa Agrawal

MBBS, MS OBGY
Senior Registrar OPA

Mrs. Hansha

09/6/2023

Low
Double marker
Anomaly
Scan

2017/23

♀

- ✓ 1. Speedral } one daily x 12
- ✓ 2. Triple A cal PD/Biotin x 1
- ✓ 3. Cap. Luminia 60k one weekly x 12
- ✓ 4. Pro-P2 vanilla with milk x 12
- 5. Digihope sachet one d

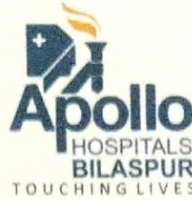
05/9/23

Wt. 770.5 gm in stat-

NIPT

Dr. Rashmi Sharma

MBBS (Lucknow), MD (O&G) DMRD
MRCOG (LONDON) FRCOG (LONDON)
Senior Consultant Obstetrician & Gynaecologist



Dr. Richa Agrawal

MBBS, MS OBGY
Senior Registrar OPA

ms. Harsha

Dr. 22/9/23

USG Obstetrics
for growth & AFI.

CBC
uric acid

75g show GCT.



APU DIAGNOSTICS & HEALTHCARE

4D COLOUR SONOGRAPHY AND DIGITAL X-RAY

SHOP F23-24, FIRST FLOOR RAJIV PLAZA, OPPOSITE DISTRICT HOSPITAL
BILASPUR, (C.G.)

Patient name	Mrs. HARSHA OGREY	Age/Sex	33 Years / Female
Patient ID	21-07-2023-0009	Visit no	1
Referred by	Dr. RASHMI SHARMA	Visit date	21/07/2023
LMP date	08/03/2023	LMP EDD	13/12/2023

OB - 2/3 Trimester Scan Report

Indication(s)

xvii

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

internal os is closed.

Right Uterine	0.85	(15%)
Left Uterine	0.83	(13%)
Mean PI	0.84	(14%)

Fetus

Survey

Presentation - cephalic spine maternal left

Placenta - Anterior grade II.

Liquor - Adequate

Single deepest pocket = 5

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 150 bpm

Biometry(Hadlock.MediScan)

BPD 43.7 mm 19W 1D (49%ile)	HC 161.9 mm 19W (34%ile)	AC 133.8 mm 18W 6D (36%ile)	FL 30.6 mm 19W 3D (48%ile)	EFW BPD,HC,AC,FL 276 grams (41%ile)
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

Long bones	Right (mm)
Tibia	26.1, 18W 6D (28%)
Fibula	27, 19W (38%)
Humerus	29.6, 19W 3D (58%)
Radius	23.9, 18W 6D (36%)
Ulna	26.3, 18W 4D (20%)

TCD : 19.2 mm

Aneuploidy Markers

Nasal Bone : appears normal

Nuchal Fold : 2.5 mm - Appears normal

Fetal Anatomy

Head

Cisterna magna measured 3.8 mm

Inter cerebellar diameter measures 19.2 mm and is corresponding to 19 wk 5 days.

Midline falx seen. Cavum septum pellucidum, Bilateral thalami and both lateral ventricles appeared normal. Posterior fossa appeared normal.

No identifiable intracranial lesion seen. Cisterna magna appeared normal.

Neck

Fetal neck appeared normal. No evidence of nuchal cord seen.

APU DIAGNOSTICS & HEALTHCARE

4D COLOUR SONOGRAPHY AND DIGITAL X-RAY

SHOP F23-24, FIRST FLOOR RAJIV PLAZA, OPPOSITE DISTRICT HOSPITAL

BILASPUR, (C.G.)

HARSHA OGREY / 21-07-2023-0009 / 21/07/2023 / Vial No 1

Spine
Entire spine visualised in longitudinal and transverse axis.
Vertebrae and spinal canal appeared normal

Face
Fetal face seen in the coronal and profile views.
Both orbits, nose and mouth appeared normal

Thorax
Both lungs seen.
No evidence of pleural or pericardial effusion.
No evidence of SOL in the thorax.

Heart
Heart appears in the mid-position. Normal Cardiac situs. Four chamber view normal. Outflow tracts appeared normal.

Abdomen
Abdominal situs appeared normal.
Stomach and bowel appeared normal.
Normal bowel pattern appropriate for the gestation seen.
No evidence of ascites.
Abdominal wall intact.

KUB
Right kidney appeared normal size. Left kidney appeared normal size
Bladder appeared normal

Extremities
All fetal long bones visualized and appear normal for the period of gestation.
Both feet appeared normal

Soft Markers of trisomy 21
Echogenic intracardiac focus - absent
Choroid plexus cyst - absent
Pyelectasias - absent
Single umbilical artery - absent
Nasal bone - present
Short humerus or femur - absent
Other soft markers - absent

Fetal doppler

Middle Cerebral Artery PI	1.72	→●← (28%)
Umbilical Artery PI	1.24	→●← (47%)
Cerebroplacental ratio	1.357	→●← (60%)
MCA PSV MOM	PSV : 52.47 MOM : 2.13	

Impression

Single gestation corresponding to a gestational age of 19 Weeks 2 Days

Gestational age assigned as per LMP

Estimated fetal weight according to BPD, HC, AC, FL :- 276 ± 27.6 gms.

Please turn over for growth graph

THANKS FOR REFERENCE.

Dr. Apoorv Singh Thakur, here by declare that while conducting the Sonography of Mrs. HARSHA OGREY W/o Mr. VINAY KUMAR, have not disclosed the sex of the foetus to anyone in any manner

All anomalies cannot be detected in ultrasound due to certain technical limitations, obesity, certain fetal positions, fetal movements or abnormal amount of amniotic fluid.

All information given today is as per the findings on scan today but does not guarantee normality of all fetal organs (structurally and functionally) in future.

Also note that ultrasound permits assessment of fetal structural anatomy but not the function of these structures.

All measurement including estimated fetal weight are subject to statistical variations.

Dr. APOORV SINGH THAKUR
MBBS., DMRD,