Medical Laboratory Report

Reference: Dr DR JYOTI DIXIT | VID: 230111501589073

ASHOK JYOTI MEDI CENTRE

Centre for Ortho & Gynae Care

Dr Ashok Dixit
MS (Ortho)
Orthopaedic, Joint Replacement
& Spinal Surgeon

Dr Jyoti Dixit
MBBS, DGO
Obst & Gynaecologist

Mrs Anupama
40yrs

1/11/23

O/E
1st missed abortion
FTCS mch sup

Amen 5th mon

M/H - LMP 13/6/23 — P/A — ut 20wks
FHS+
FM+

CT 50.9kg
BP — 120/60
Anemia +
oed lip

Rx

II dose — Inj Tetanus

— Sulfe extra 100
— Tab Daily fol tab
— Taking Syp Osteocalcium
— Tab NV tab SOS
— Tab Dydroboon BD
— Tab Duphaston SR HS
— Syp Vitoxyl 2tsf BD
— Dietwhey 2tsf

Adv
Quadruple marker

Taking Rx c physician for chronic fever

Residence : 1496/1, Jankipuram, Behind Aashirwad Garden, Jhansi Phone : 638675492?
Sunday Closed

27/12/23

Adv NIPT
Lal's Path Lab

Amen of 1/3 mons

P/A — US 24 wks
for AHS+

- Wt 62.1

BP - 120/80

- Ct 9 11

The Fetal Medicine Centre

JHANSI'S 1

A UNIT OF MEDISCAN CENTRE

Near Jain Temple Sadar Bazar, Jhansi (U.P.) 9621257135,9918530802

REFERRED BY DR JYOTI DIXIT MBBS DGO

Patient ID: E504492309116

Second Trimester Ultrasound

Patient: **ANUPAMA RICHARIYA** DOB: 15-12-1981

Exam date: 01-11-2023

Indication Fetal anatomy survey

History

General History Blood group: A, Rh positive. Smoking: no. Height 152 cm, 5 ft 0 in
Weight : 60 kg

OB History **Gravida 3. Para 1**
Children born living at term 1. Miscarriages 1

Method Transabdominal ultrasound examination. View: Sufficient

Pregnancy Singleton pregnancy. Number of fetuses: 1

Dating

	Date	Details	Gest. age	EDD
LMP	13-06-2023		20 w + 1 d	19-03-2024
Conception		Conception: spontaneous		
U/S	01-11-2023	based upon AC, BPD, Femur, HC	20 w + 3 d	17-03-2024
Agreed dating	**based on the LMP**		**20 w + 1 d**	**19-03-2024**

General Evaluation

Cardiac activity present. FHR 145 bpm. **Fetal movements:** visualised. **Presentation:** Unstable lie
Placenta: anterior
Amniotic fluid: normal amount

Maternal Structures

Cervix Cervical length 29.2 mm
Funnelling absent

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Fetal Biometry

BPD	47.3 mm		57%	AC	155.9 mm		65%
OFD	63.5 mm			Femur	34.0 mm		62%
HC	174.5 mm		34%	Humerus	33.0 mm		
Cerebellum tr	21.9 mm		92%	HC / AC	1.12		22%
Nuchal fold	3.7 mm						

Fetal Weight Calculation:

EFW	367 g		72%	EFW by	Hadlock (BPD-HC-AC-FL)
EFW (lb,oz)	0 lb 13 oz				

Head / Face / Neck Biometry:

BPD / OFD	0.74		11%	CM	6.2 mm		83%
Inner IOD	14.6 mm						

Extremities / Bony Structures Biometry:

Radius	28.2 mm			Ulna	31.4 mm		84%
FL / BPD	0.72		65%	Tibia	29.1 mm		71%
FL / HC	0.19		61%	Fibula	28.9 mm		
FL / AC	0.22		49%				

Maternal Doppler

Right uterine artery:			
PI	1.13		85%
Left uterine artery:			
PI	1.00		73%
Mean PI	1.07		79%

Impression: normal uteroplacental resistance

Fetal Anatomy **The following structures appear normal:**

Head / Neck	Cranium. Lateral ventricles. Choroid plexus. Midline falx. Cavum septi pellucidi. Cerebellum. Cisterna magna.
Face	Lips. Profile. Nose. Orbits.
Heart / Thorax	4-chamber view. RVOT view. LVOT view. 3-vessel view. 3-vessel-trachea view.
Abdomen	Abdominal wall. Cord insertion. Stomach. Kidneys. Bladder. Gallbladder.
Spine	Cervical spine. Thoracic spine. Lumbar spine. Sacral spine.
Extremities / Skeleton	Arms. Hands. Legs. Feet.

Heart / Thorax other: Echogenic foci seen in left ventricle

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Impression

Single live intrauterine fetus of gestational age 20 w 3 d.
Placenta- anterior
Liquor – Normal
Estimated fetal weight- 367 g

Follow-up

Advice : Quadruple marker test \NIPT
Follow-up as clinically indicated

Next Appointment

26-12-2023 (GA 28 w + 0 d), For Growth Scan

Disclaimer

Please note:

she has options of quadruple marker test(can be given upto 20 weeks and 6 days of gestational age)and NIPT . The definitive way to assess the fetal chromosomes at this gestational age is with amniocentesis.

1. All anomalies cannot be ruled out on ultrasound due to technical limitations, maternal factors like amount of liquor, maternal habitus, previous scar, advanced gestational age etc. and fetal conditions like multiple pregnancies, fetal positions, late appearance of few anomalies etc.
2. Absence of anomaly on ultrasound scan does not absolutely rule out the possibility of having one.
3. For detailed evaluation of fetal heart, advanced fetal echocardiography study is required.
4. Counting fingers /toes and examination of ear is not a part of ISUOG protocol for anomaly scan and is not done in this scan.
5. Fetuses with downs syndrome can appear completely normal on a ultrasound scan

Declaration

I Dr Shweta Pradhan, declare that while conducting ultrasonography/ image scanning on Mrs. RICHARIYA ANUPAMA, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

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BIOGENE LABS
WHERE SCIENCE MEETS INNOVATION

BIOGENE LABS INDIA PVT. LTD.
10/59 D,Kirti Nagar, Industrial Area,New Delhi -110015

REPORT

ender	: Mrs. ANUPAMA RICHHARIYA	Sample ID	: A2573793
ed by	: 38 Years 9 Months 6 Days/Female	Reg. No	: 0352309170004
ing Customer	: JYOTI DIXIT MBBS,DGO	Client Code	: BGLMP041
e Type	: DSHCC	Collected On	: 17-Sep-2023 10:30 AM
Address	: Serum	Registered On	: 21-Sep-2023 01:50 PM
	: Dr Soni Homeopathy and Cosmetics	Reported On	: 21-Sep-2023 08:08 PM
		Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Name	Results	Units	Bio. Ref. Intervel	Method
ttached				
le Marker				
a FetoProtein	26.1	ng/mL	Refer to Interpretation	CLIA
Human Chorionic Gonadotropin :hCG-Tota	152123	mIU/mL	Refer to Interpretation	CLIA
njugated Estriol (uE3)	0.25	ng/mL	Refer Interpretation	CLIA

ed NIPT(Non Invasive Prenatal Test) for aneuploidy detection. NOTE- This is a screening test and depends on facts provided

retnion of Results:

risk means 1 out of 250 women having similar results and history, one may have abnormality

Trisomy 21 (Down's syndrome) : Screen Positive/High Risk: <1:250 : Screen Negative/Low Risk:>1:250
Trisomy 18:(Edward syndrome) : Screen Positive/High Risk: <1:250 : Screen Negative/Low Risk:>1:250
Neural tube defects: cut-off 2.5 MoM of AFP

(Multiples of Median) is a measure of how far an individual test result deviates from the median (medians are generated from the Indian subpopulation)

KS OF GESTATION	AFP MEDIANS (ng/mL)	HCG MEDIANS (mIU/mL)	ESTRIOL FREE, MEDIANS (ng/mL)
14	27.20	40370	0.37
15	32.01	32200	0.55
16	37.67	25690	0.76
17	44.33	20490	1.00
18	52.16	16340	1.25
19	61.38	13040	1.50
20	72.33	10400	1.76
21	85.00	8295	1.99
22	100.02	6620	2.30

alculated risk by PRISCA depends on the accuracy of the information provided by the referring physician. Please note that risk calculations are statistical aches and have no diagnostic value!

*** End Of Report ***

Dr. Saumya Gupta
MD DNB
Alumnus PGIMER,
Chandigarh

Meenal Garg

Dr. MEENAL GARG
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Director Technical
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REPORT

Date of report: 21/09/2023
Prisca 5.2.0.13

BIOGENE LABS

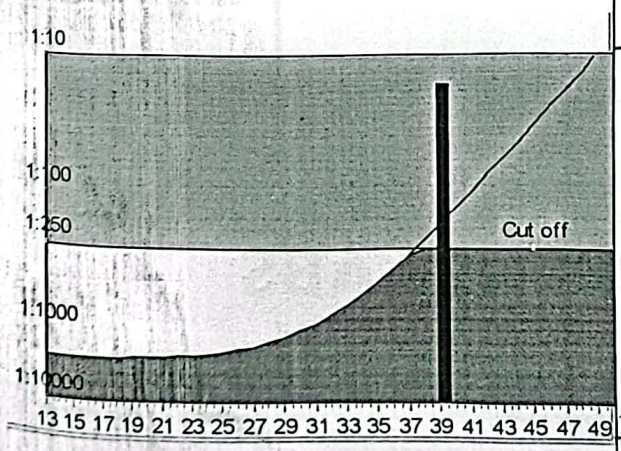
Patient data		Ultrasound data	
Name	MRS. ANUPAMA RICHHARIYA A25737	Gestational age	13 + 1
Birthday	15/12/1984	Method	CRL measurements
Age at delivery	39.3	Crown rump length in mm	71.1
Patient ID	A2573793	Date	11/09/2023
Previous trisomy 21 pregnancies	no	Nuchal translucency MoM	0.96
		Nuchal translucency	1.70 mm
		Nasal bone	present
		Sonographer	DR. SHWETA PRADHAN
		Qualifications in measuring NT	M.D

Correction factors			
Fetuses	1	diabetes	no
Weight	60.7	Origin	Asian
Smoker	no	IVF	no

Biochemical data		
Sample Date		18/09/2023
Gestational age at sample date		14 + 1
Parameter	Value	Corr. MoMs
AFP	26.1 ng/ml	0.95
HCG	152123 mIU/ml	3.34
uE3	0.25 ng/ml	0.37

Risks at term	
Age risk	1:155
Trisomy 21 risk	>1:50
Combined trisomy 21 risk	>1:50
Trisomy 18 risk	<1:10000

Risk



Trisomy 21

The calculated risk for Trisomy 21 (with nuchal translucency) is above the cut off, which indicates an increased risk.

After the result of the Trisomy 21 Test (with nuchal translucency), it is expected that among less than 50 pregnancies with the same data, there is one trisomy 21 pregnancy.
The HCG level is high.
The uE3 level is low.
The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.
Please note that risk calculations are statistical approaches and have no diagnostic value!
The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)).
The laboratory can not be hold responsible for their impact on the risk assessment ! Calculated risks have no diagnostic value!

Trisomy 18

The calculated risk for trisomy 18 (with nuchal translucency) is < 1:10000, which represents a low risk.

Neural tube defects

The corrected MoM AFP (0.95) is located in the low risk area for neural tube defects.

below cut off | Below Cut Off, but above Age Risk | above cut off

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REFERRED BY DR JYOTI DIXIT MBBS DGO

Patient ID: E504492309116

First Trimester Risk Assessment

Patient: ANUPAMA RICHARIYA DOB: 15-12-1981

Exam date: 11-09-2023

Indication First trimester screening

History

General History Smoking: no. Height 152 cm, 5 ft 0 in .

OB History **Gravida 3. Para 1**
Children born living at term 1. Miscarriages 1

Method Transabdominal ultrasound examination. View: Sufficient

Pregnancy Singleton pregnancy. Number of fetuses: 1

Dating

	Date	Details	Gest. age	EDD
LMP	13-06-2023		12 w + 6 d	19-03-2024
Conception		Conception: spontaneous		
U/S	11-09-2023	based upon CRL	13 w + 2 d	16-03-2024
Agreed dating	**based on the LMP**		**12 w + 6 d**	**19-03-2024**

General Evaluation

Cardiac activity present
Placenta: anterior
Amniotic fluid: normal amount

Maternal Structures

Cervix Cervical length 31.9 mm
Funnelling absent

maternal **Right ovarian simple cyst measuring as 2.3 X 3 cm**

Fetal Biometry

FHR	157 bpm		IT	1.9 mm			
CRL	71.1 mm	74%	BS	3.3 mm			
NT	1.70 mm		BSOB	5.0 mm			
BPD	24.5 mm	90%	BS / BSOB	0.66			
OFD	29.5 mm		AC	76.0 mm		92%	
HC	84.4 mm	66%	Femur	13.0 mm		83%	

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Fetal Anatomy **The following structures appear normal:**
Cranium. Heart. Abdominal wall. Stomach. Kidneys. Bladder. Spine. Arms. Legs.

Fetal Doppler

Ductus Venosus:		
PIV	1.24	86%

Maternal Doppler

Right uterine artery:		
PI	2.36	94%
Left uterine artery:		
PI	1.25	15%
Mean PI	1.81	67%

Impression: normal uteroplacental resistance

Risk Parameters

Maternal Characteristics and History
Age: 41 yrs. Height 152 cm, 5 ft 0 in. Weight 60 kg, 132 lb. Ethnic origin: South Asian. Smoking currently: no. Conception: spontaneous
Diabetes mellitus: no. History of chronic hypertension: no. Systemic lupus erythematosus: no. Antiphospholipid syndrome: no. Maternal family history of preeclampsia: no
Parity (pregnancies after 23 weeks): parous
Previous pregnancy with preeclampsia: no. Previous pregnancy with fetal growth restriction: no
Prev. outcomes 16-30w: 0. Prev. outcomes 31-36w: 0. Prev. outcomes >=37w: 1
Details of last previous pregnancy >23 weeks: Delivery date: 23-02-2015. Gest. age at delivery: 37 w + 0 d

U/S Markers
Nasal bone: present. Tricuspid regurgitation: absent. Fetal cardiac activity: present. FHR 157 bpm. Ductus ven. PIV 1.24. Holoprosencephaly: no. Diaphragmatic hernia: no. AV- septal defect: no. Exomphalos: no. Megacystis >= 7 mm: no.

Biophysical Markers
A. uterine mean PI 1.81, equivalent to 1.1323 MoM.

Risk Assessment

Chosen trisomy screening option: Tr21, Tr18 and Tr13.

Risk at time of screening	Trisomy 21	Trisomy 18	Trisomy 13
Background risk	1 in 51	1 in 130	1 in 406
Adjusted risk	1 in 1,028	1 in 1,603	1 in 8,116

The background risk is based on maternal age. The adjusted risk (risk at time of screening) is calculated on the basis of the background risk, ultrasound markers (nuchal translucency, nasal bone, ductus venosus Doppler, tricuspid Doppler and fetal heart rate).
Risk for preeclampsia before 37 weeks 1 in 66.
Risk for fetal growth restriction before 37 weeks 1 in 112.
Risk for spontaneous delivery before 34 weeks 1 in 66.
The risk for preeclampsia is based on maternal history and uterine artery mean-PI. The risk for fetal growth restriction is based on maternal history and uterine artery mean-PI. The risk for preterm delivery is based on maternal history.

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The risk assessment was performed by Shweta Pradhan. The estimated risk is calculated by the FMF-01-07-2018 software and is based on findings from extensive research coordinated by the Fetal Medicine Foundation (UK Registered charity 1037116). The risk is only valid if the ultrasound scan was performed by a sonographer who has been accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see www.fetalmedicine.com).

Impression

Single live intrauterine fetus of gestational age 13 w 2 d.
Placenta- anterior
Liquor – Normal

Follow-up

ADV : DUAL MARKER
Follow-up as clinically indicated .

Next Appointment

31-10-2023 (GA 20 w + 0 d), For Anomaly Scan

Disclaimer

Please note :
NT scan is done to ascertain the risk for chromosomal aneuploidies
The detection rate for aneupolidies with various screening tests are as follows :
First trimester NT scan only : 75%
First trimester combined (NT + double marker)-80-85 %
NIPT\ cell free DNA -99%
Sequential screening (combined + quadruple + genetic sonogram at (18-20 weeks))-95%
Invasive testing (Amniocentesis 100%) carries a procedure related risk of miscarriage of 1: 500.
1. All anomalies cannot be ruled out on ultrasound due to technical limitations, maternal factors like amount of liquor, maternal habitus, previous scar, advanced gestational age etc. and fetal conditions like multiple pregnancies, fetal positions, late appearance of few anomalies etc.
2. Absence of anomaly on ultrasound scan does not absolutely rule out the possibility of having one.
3. The opinion reported is based on data generated by computer, clinical correlation is required for deciding a treatment plan.

Declaration

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