

Prisca 5.1.0.17
Date of report: 10-06-2024

Patient data			
Name	Mrs. SNEHAL MALGUNDE		Patient ID
Birthday	15-01-2002		Sample ID
Age at sample date	22.4		Sample Date
Gestational age	13 + 1		
Correction factors			
Fetuses	1	IVF	no
Weight	55	diabetes	no
Smoker	no	Origin	Asian
			Previous trisomy 21 pregnancies
			unknown
Biochemical data			Ultrasound data
Parameter	Value	Corr. MoM	Gestational age
PAPP-A	17.81 mIU/mL	3.20	13 + 1
fb-hCG	38.98 ng/mL	1.06	Method
			CRL Robinson
			Scan date
			08-06-2024
Risks at sampling date			Crown rump length in mm
Age risk			72.5
Biochemical T21 risk			Nuchal translucency MoM
<1:10000			1.05
Combined trisomy 21 risk			Nasal bone
<1:10000			present
Trisomy 13/18 + NT			Sonographer
<1:10000			NA
			Qualifications in measuring NT
			MD
Risk			Trisomy 21
			The calculated risk for Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a low risk. After the result of the Trisomy 21 test (with NT) it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy. The PAPP-A level is high. 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 13/18 + NT			
The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.			

Sign of Physician