

SAGEPATH LABS PVT LTD.

Prisca

5.1.0.17

Date of report:

02-08-2024

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Patient data					
Name	Mrs. ASHWINI SHINDE		Patient ID	0662407310045	
Birthday	19-11-1995		Sample ID	A0549382	
Age at sample date	28.7		Sample Date	31-07-2024	
Gestational age	12 + 5				
Correction factors					
Fetuses	1	IVF	no	Previous trisomy 21 pregnancies	unknown
Weight	50	diabetes	no		
Smoker	no	Origin	Asian		
Biochemical data			Ultrasound data		
Parameter	Value	Corr. MoM	Gestational age	12 + 4	
PAPP-A	16.43 mIU/mL	3.11	Method	CRL Robinson	
fb-hCG	47.68 ng/mL	1.12	Scan date	30-07-2024	
Risks at sampling date			Crown rump length in mm	64	
Age risk	1:751		Nuchal translucency MoM	1.22	
Biochemical T21 risk	<1:10000		Nasal bone	present	
Combined trisomy 21 risk	<1:10000		Sonographer	N A	
Trisomy 13/18 + NT	<1:10000		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

below cut off

Below Cut Off, but above Age Risk

above cut off