

Prisca 5.1.0.17
Date of report: 25-09-2024

N A

Patient data			
Name Mrs. SHEETAL SANKET KOPARDE		Patient ID 0662409240304	
Birthday 29-05-1998		Sample ID A0979183	
Age at sample date 26.3		Sample Date 24-09-2024	
Gestational age 12 + 6			
Correction factors			
Fetuses 1	IVF no	Previous trisomy 21 pregnancies unknown	
Weight 59	diabetes no		
Smoker no	Origin Asian		
Biochemical data		Ultrasound data	
Parameter	Value	Corr. MoM	Gestational age 12 + 2
PAPP-A	3.67 mIU/mL	0.80	Method CRL Robinson
fb-hCG	98.1 ng/mL	2.53	Scan date 20-09-2024
Risks at sampling date			Crown rump length in mm 60
Age risk 1:908			Nuchal translucency MoM 1.03
Biochemical T21 risk 1:359			Nasal bone present
Combined trisomy 21 risk 1:1405			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 1405 women with the same data, there is one woman with a trisomy 21 pregnancy and 1404 women with not affected pregnancies. The free beta HCG 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