

Prisca 5.1.0.17
Date of report: 12-10-2024

KRANTHI DIAGNOSTICS

Patient data			
Name	Mrs. SANDHYA TWIN A	Patient ID	0352410110041
Birthday	31-01-2004	Sample ID	A1250833 TWIN A
Age at sample date	20.7	Sample Date	11-10-2024
Gestational age	12 + 6		
Correction factors			
Fetuses	2	IVF	no
Weight	41	diabetes	no
Smoker	no	Origin	Asian
		Previous trisomy 21 pregnancies	unknown
Biochemical data		Ultrasound data	
Parameter	Value	Corr. MoM	Gestational age
PAPP-A	12.6 mIU/mL	0.97	Method
fb-hCG	37.07 ng/mL	0.39	Scan date
Risks at sampling date			Crown rump length in mm
Age risk	1:1091		Nuchal translucency MoM
Biochemical T21 risk	<1:10000		Nasal bone
Combined trisomy 21 risk	<1:10000		Sonographer
Trisomy 13/18 + NT	<1:10000		Qualifications in measuring NT
			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 free beta HCG level is low. The risk for this twin pregnancy has been calculated for a singleton pregnancy with corrected MoMs. 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

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KRANTHI DIAGNOSTICS

Patient data				
Name	Mrs. SANDHYA TWIN B		Patient ID	0352410110041
Birthday	31-01-2004		Sample ID	A1250833 TWIN B
Age at sample date	20.7		Sample Date	11-10-2024
Gestational age	13 + 1			
Correction factors				
Fetuses	2	IVF	no	Previous trisomy 21 pregnancies
Weight	41	diabetes	no	
Smoker	no	Origin	Asian	
Biochemical data			Ultrasound data	
Parameter	Value	Corr. MoM	Gestational age	13 + 1
PAPP-A	12.6 mIU/mL	0.87	Method	CRL Robinson
fb-hCG	37.07 ng/mL	0.42	Scan date	11-10-2024
Risks at sampling date			Crown rump length in mm	
Age risk	1:1101		71	
Biochemical T21 risk	<1:10000		Nuchal translucency MoM	
Combined trisomy 21 risk	<1:10000		1.01	
Trisomy 13/18 + NT	<1:10000		Nasal bone	
			present	
			Sonographer	
			N A	
			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 risk for this twin pregnancy has been calculated for a singleton pregnancy with corrected MoMs. 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