Name	**: Mrs.VINODHA**	Barcode No	: 10003756
Age/Gender	**: 24 Y 0 M 0 D /Female**	Visit No	: NCD3104
Ref Doctor	: TRIVENI MS OBG	Collection On	: 30/Dec/2024 07:26PM
Client Code	: NCL006	Received On	: 30/Dec/2024 07:26PM
PUP Name	: TRIVENI HOSPITAL	Authorized On	: 06/Jan/2025 01:21PM

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
Double Marker (SERUM)				
PATIENT DEMOGRAPHICS	:			
Origin	Asian			
Weight	60 kg			
Date of Birth	10/06/2000			
H/O Diabetes	Unknown			
H/O IVF	Unknown			
No. of Fetus	1			
Date of Scan	30/12/2024			
Crown-Rump Length (CRL)	59.80	MM		
PAPP-A	4.27	mIU/mL	<0.1:Non-Pregnant 0.1-19.5:Pregnant	CLIA
Mom for PAPP-A	1.36			
Free Beta Hcg	159.00	ng/mL	<2:Non-Pregnant 5.4-393.4:Pregnant	CLIA
Mom For Free Beta Hcg	4.32			
Nuchal Translucency (NT)	2.30	MM		
MoM for NT	1.480			
Down syndrome (T21) Biochemical Risk	1:330	Risk Cutoff	High Risk:< 1:250 Low Risk: > 1:250	
Down syndrome (T21) Combined Risk	1:216	Risk Cutoff	High Risk:< 1:250 Low Risk: > 1:250	
Combined Trisomy 13/18 Risk Estimate.	**<1:10000**	Risk Cutoff	High Risk : < 1:250 Low Risk : > 1:250	
Down syndrome(T21) Maternal Age Risk:	1:971			

Reviewed By:
Mr. SK. Rasheed
(Biochemist)

Dr. P. H. Latha MD
Consultant Pathologist

Name	**: Mrs.VINODHA**	Barcode No	: 10003756
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DEPARTMENT OF HORMONE ASSAYS				
Test Name	**Result**	**Unit**	**Bio. Ref. Range**	**Method**

Interpretation :

NOTE:

Multiple of the Median (MoM): Analyte values are compared to median values at a given gestational age and multiple of the median (MoM) results obtained. The MoM results are used in a multivariate algorithm that includes the mother's age to derive risk factors for Down syndrome and Trisomy 18. An interpretive report is provided.

- Double marker screen or first-trimester screen is performed by measuring analytes in maternal serum that are produced by the fetus and the placenta. Additionally: the Nuchal translucency (NT) measurement is a sonogaphic marker shown to be effective in screening fetuses for Down svndrome.

A mathematical model is used to calculate a risk estimate by combining the analyte values. NT measurement and maternal demographic information.

- All serum marker multiple of medians are adjusted for maternal weight (to account for dilution effects in heavier mothers). The estimated risk calculations and screen results are dependent on accurate infomution for gestation, maternal age: and weight. Inaccurate information can lead to signficant alterations in the estimated risk.
- **PAPP-A:** is highly expressed in first-trimester trophoblats, participating in regulation of fetal govith. Levels in maternal serum increase throughout pregnancy. Low PAPP-A levels before the 14th week of gestation are associated with an increased risk for Dob, syndrome and Trisomy 1S.
- **Nuchal translucency (NT):** The NT measurement, an ultrasound marker, is obtained by measuring the fluid-filled space within the Nuchal region (back of the neck) of the fetus. While fetal NT measurements obtained by ulnasonogaphy increase in normal pregnancies with advancing gestational age. Down syndrome fetuses have larger NT measurements than gestational age-matched normal fetuses.

Increased fetal NT measurements can therefore serve as an indicator of an increa se d risk for Down syndrome.

Page 3 PDF Graph attached

***** End Of Report *****

Reviewed By:
Mr. SK. Rasheed
(Biochemist)

Dr. P. H. Latha MD
Consultant Pathologist

Patient data

Name	VINODHA	Patient ID	NCD3104
Birthday	10/06/00	Sample ID	10003756
Age at sample date	24.6	Sample Date	30/12/24
Gestational age	12 + 2		

Correction factors

Fetuses	1	IVF	unknown	Previous trisomy 21 pregancies	unknown
Weight	60	diabetes	unknown		
Smoker	unknown	Origin	Asian		

Biochemical data

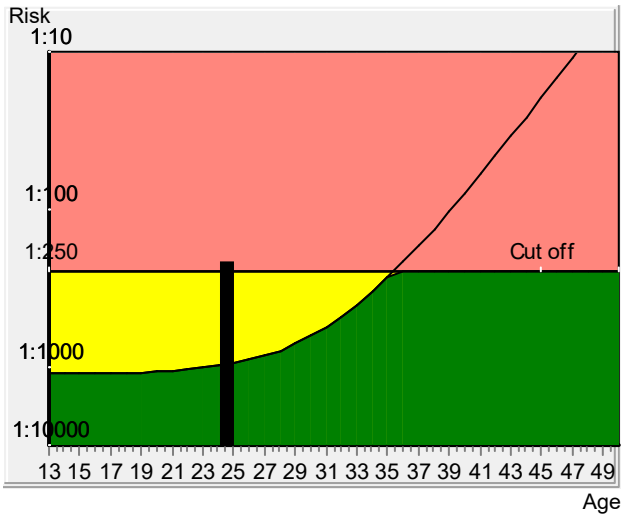
Parameter	Value	Corr. MoM
PAPP-A	4.27 mIU/ml	1.36
fb-hCG	159 ng/ml	4.32

Risks at sampling date

Age risk	1:971
Biochemical T21 risk	1:330
Combined trisomy 21 risk	1:216
Trisomy 13/18 + NT	<1:10000

Ultrasound data

Gestational age	12 + 2
Method	CRL Robinson
Scan date	30/12/24
Crown rump length in mm	59.8
Nuchal translucency MoM	1.48
Nasal bone	present
Sonographer	DR.MD DR.MD
Qualifications in measuring NT	MD



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 NT) it is expected that among 216 women with the same data, there is one woman with a trisomy 21 pregnancy and 215 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