

Prisca 5.1.0.17
Date of report: 06-02-2025

NA

Patient data			
Name	Mrs. MANSI SHINDE		Patient ID
Birthday	15-06-2004	Sample ID	
Age at sample date	20.6	Sample Date	
Gestational age	12 + 3		
Correction factors			
Fetuses	1	IVF	no
Weight	71	diabetes	no
Smoker	no	Origin	Asian
		Previous trisomy 21 pregnancies	unknown
Biochemical data		Ultrasound data	
Parameter	Value	Corr. MoM	
PAPP-A	4.09 mIU/mL	1.31	
fb-hCG	32.93 ng/mL	0.81	
Risks at sampling date			
Age risk	1:1076	Gestational age	12 + 2
Biochemical T21 risk	<1:10000	Method	CRL Robinson
Combined trisomy 21 risk	<1:10000	Scan date	03-02-2025
Trisomy 13/18 + NT	<1:10000	Crown rump length in mm	60
		Nuchal translucency MoM	0.83
		Nasal bone	present
		Sonographer	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 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