

Prisca 5.1.0.17
Date of report: 20-02-2025

NA

Patient data				
Name	Mrs. ASHWINI RAVINDRA INGALE		Patient ID	0662502190234
Birthday	24-04-1998		Sample ID	B2566005
Age at sample date	26.8		Sample Date	19-02-2025
Gestational age	12 + 2			
Correction factors				
Fetuses	1	IVF	no	Previous trisomy 21 pregnancies
Weight	42	diabetes	no	
Smoker	no	Origin	Asian	
Biochemical data			Ultrasound data	
Parameter	Value	Corr. MoM	Gestational age	11 + 5
PAPP-A	3.01 mIU/mL	0.56	Method	CRL Robinson
fb-hCG	108.84 ng/mL	2.16	Scan date	15-02-2025
Risks at sampling date			Crown rump length in mm	
Age risk	1:862		52.1	
Biochemical T21 risk	1:216		Nuchal translucency MoM	
Combined trisomy 21 risk	1:1392		0.72	
Trisomy 13/18 + NT	<1:10000		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 1392 women with the same data, there is one woman with a trisomy 21 pregnancy and 1391 women with not affected pregnancies. 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