

Prisca 5.1.0.17
Date of report: 18-03-2025

N A

Patient data			
Name	Mrs. SHITAL KAVRE TWIN B		Patient ID
Birthday	18-04-1988	Sample ID	
Age at sample date	36.9	Sample Date	
Gestational age	12 + 2		
Correction factors			
Fetuses	2	IVF	no
Weight	60	diabetes	no
Smoker	no	Origin	Asian
		Previous trisomy 21 pregnancies	unknown
Biochemical data		Ultrasound data	
Parameter	Value	Corr. MoM	
PAPP-A	3.69 mIU/mL	0.55	
fb-hCG	45.14 ng/mL	0.47	
Risks at sampling date			
Age risk	1:174		
Biochemical T21 risk	1:1254		
Combined trisomy 21 risk	1:6499		
Trisomy 13/18 + NT	1:9705		
		Gestational age	12 + 0
		Method	CRL Robinson
		Scan date	08-03-2025
		Crown rump length in mm	56
		Nuchal translucency MoM	0.85
		Nasal bone	present
		Sonographer	N A
		Qualifications in measuring NT	MD
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 6499 women with the same data, there is one woman with a trisomy 21 pregnancy and 6498 women with not affected pregnancies. 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 1:9705, which represents a low risk.			

Sign of Physician