

TEST REPORT

CLIENT ID : LIFECARE BHILAI



880136

PT. NAME : MRS. MONIKA SAO GUPTA

UHID NUM : 2018457

PT. AGE/SEX : 30 Y / Female

BILL NUM : B190325/75

MOBILE NO. : 7000150841

COLLECTION DATE : 19/03/2025 02:28 PM

REF. BY. : DR. MANISHA SAO

REPORTED DATE : 19/03/2025 06:19 PM

SAMPLE TYPE : SERUM

DOUBLE MARKER

DESCRIPTION	RESULT	UNITS	BIOLOGICAL REF. RANGE
Free Beta HCG (CLIA)	20.4	ng/ml	1.0 - 200
MOM for Free Beta HCG (Calculated)	0.52		---
PAPP-A (CLIA)	5,368	mIU/L	25 - 24000
MOM for PAPP-A (Calculated)	2.28		---
FIRST TRIMESTER RISK ESTIMATE :-			
(Calculated-PREACCU 1.19.11.0)			
Down syndrome Maternal Age Risk	1:885		---
Down syndrome (Trisomy 21)	1:53834	Risk cutoff	-- >1:150
NOTE: Risk for Trisomy 21 is below the cut off which represent a low risk.			
Down syndrome (Trisomy 18/13)	1:1647500	Risk cutoff	-- < 1:300
NOTE: Risk for Trisomy 18/13 is below the cut off which represent a low risk.			

* INTERPRETATION :-

Ø 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.

Ø 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 sonographic marker shown to be effective in screening fetuses for Down syndrome. A mathematical model is used to calculate a risk estimate by combining the analyte values, NT measurement, and maternal demographic information.

Ø 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 information for gestation, maternal age, and weight. Inaccurate information can lead to significant alterations in the estimated risk.

Ø PAPP-A : is highly expressed in first-trimester trophoblasts, participating in regulation of fetal growth. Levels in maternal serum increase throughout pregnancy. Low PAPP-A levels before the 14th week of gestation are associated with an increased risk for Down syndrome and Trisomy 18.

Ø Nuchal translucency (NT):- Ø 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 ultrasonography 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 increased risk for Down syndrome.

Ø Note:- Risk calculated by PREACCU 1.19.11.0 software.

Dr. Manish

Consultant Pathologist

DR. MANISH CHANDRA MISHRA
MD. (PATHO)

Consultant Pathologist

DR ABHISHEK KUMAR
DCP(PATHO)

Lab Tech

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PET CT, 3T MRI, 128 Cardiac CT Scan, 4D USG, DR X-ray, BMD, CBCT, Endoscopy, X-ray Mammography

24X7 SERVICES

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SAMPLE TYPE : SERUM

* PATIENT DEMOGRAPHICS:-

Weight 66 kg
date of birth 16.01.1995
H/O Diabetes not provided
H/O IVF not provided
Origin Asian
date of scan 19.03.2025
No of fetus single
MoM for NT 1.22 mm

* INTERPRETATION :-

- Ø The estimated risk calculations and screen results are dependent on accurate information for gestation, maternal age, and weight. Inaccurate information can lead to significant alterations in the estimated risk.
- Ø In twin pregnancies, the risk for Down syndrome is approximated, using twin-adjusted medians. A specific risk for trisomy 18 cannot be calculated; therefore, results for Trisomy 18 are reported as either screen-negative or screen-positive. Risks for triplets and higher multiples cannot be calculated.
- Ø Upon receiving maternal serum screening results, all information used in the risk calculation should be reviewed for accuracy (eg, maternal date of birth, demographics, sonographic information). If any information is incorrect, the laboratory should be contacted for a recalculation of the estimated risks.

End of Report



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**LIFE CARE DIAGNOSTIC
CENTRE**

Preaccu 1.19.11.0

Print date: 19-03-2025

Examiner:

Verifier:

Basic Information

Name: **Mrs. MONIKA SAO GUPTA**

Birthdate: 16-01-1995

Age at EDD: 30.72 Year

Telephone: 7000150841

Sample NO.: 202503190001

Patient ID: 880136

Sample Date: 19-03-2025

Sample GA: 11+4

Correction Info

Twins: No

Weight: 66.00 Kg

Smoke: No

Diabetes: No

IVF: No

Race: Asian

Previous T21: No

Nasal bone: Exist

Risk Calculation

Item abbr	Result	MOM
free-β-HCG	20.40 ng/ml	0.52
PAPP-A	5368.00 mIU/l	2.28
NT	1.60 mm	1.22

Ultrasound data

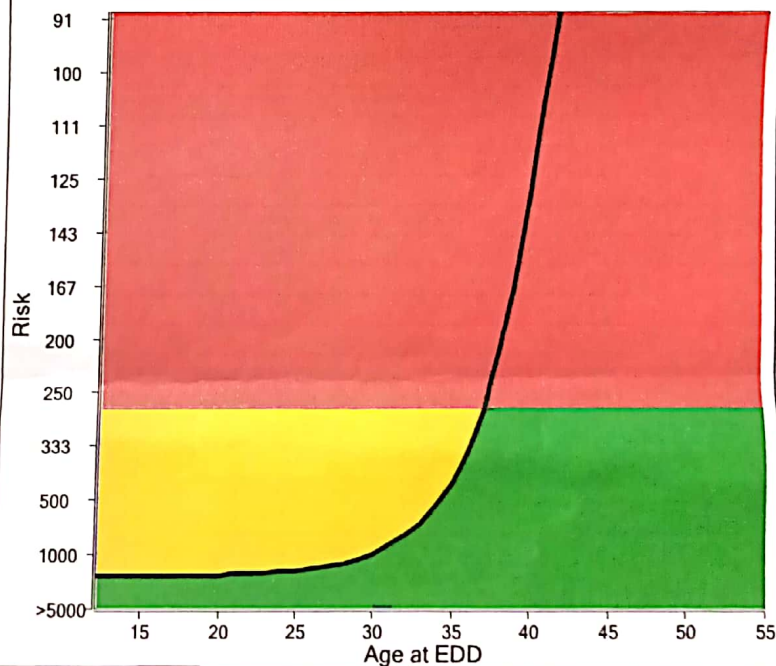
Scan GA:	11+4
GA calc method:	CRL Robinson
Scan Date:	19-03-2025
CRL length:	48.20 mm
NT length:	1.60 mm
BPD :	— mm

Test items

Age Risk	1:885
Trisomy 21	1:53834
Trisomy 18/13	1:1647500

Trisomy 21 Risk

- Risk above cut off: 1:270
- Risk above Age risk
- Your risk: 1:53834



Diagnostic results with less risk

Clinical advice

*The basic information on which the risk assessment of Down's syndrome is based in this report is provided when you visit the doctor. When you get this report, please first check whether your relevant information is correct. If there is any discrepancy, please contact your doctor in time, so as to feed back the correct information to us, correct the information, and obtain the correct report.

*Trisomy 21 or Trisomy 18/13 high risk and borderline risk require direct interventional prenatal diagnosis (through chorionic villi, amniotic fluid, umbilical cord blood and other fetal samples); for high risk of neural tube defect (NTD), please go to prenatal ultrasound diagnosis. Qualified hospitals were excluded with ultrasound.

****This report is only responsible for the tested samples, for reference by doctors, not as a diagnosis certificate**Sign**