



MC-2438

Patient Name	: Mrs.NEETU SAH	Collected	: 23/Apr/2025 02:39PM
Age/Gender	: 31 Y 0 M 0 D /F	Received	: 24/Apr/2025 08:33AM
UHID/MR No	: DPAT.0000041230	Reported	: 26/Apr/2025 04:08PM
Visit ID	: DPATOPV68270	Status	: Final Report
Ref Doctor	: kalapana diagnostics	Client Name	: PUP KALPANA DIGNOSTICS
IP/OP NO	:	Center location	: Saguna More,Patna

DEPARTMENT OF IMMUNOFLUOROMETRY

MATERNAL SCREENING FIRST TRIMESTER- DUAL/DOMBLE MARKER, FMF APPROVED.

*Method - Time resolved Immunofluorometry on Auto Delfia *Risk ratio calculated using LifeCycle 7.0

MATERNAL DETAILS	RESULT	UNITS
NUMBER OF FETUSES	1	
WEIGHT	50	Kg
H/O SMOKING	NO	
ETHNIC ORIGIN	ASIAN	
AGE AT TERM	31/06	YEARS/MONTHS
INSULIN DEPENDENT DIABETES	NO	

USG DETAILS	RESULT	UNITS	
DATE OF ULTRASOUND	23/04/2025		
GESTATIONAL AGE ON USG	12/3		WEEKS/DAYS
NUCHAL TRANSLUCENCY (NT)	9		mm

BIOCHEMICAL RESULTS	RESULT	UNITS	CORR. MOM	METHOD
PAPP-A	3002.08	mlU/L	0.75	Immunofluorometry
FREE BETA HCG	60.86	ng/mL	1.32	Immunofluorometry

DISORDER	RISK RATIO	RISK CATEGORY	SCREEN RESULT
DOWN'S SYNDROME (BIOCHEMICAL + NT)	1:42	INCREASED	SCREEN POSITIVE
EDWARD'S SYNDROME	1:2034	LOW	SCREEN NEGATIVE
PATAU'S SYNDROME	1:1053	LOW	SCREEN NEGATIVE

Comment: Increased risk for T21 has been noted. Advice: Genetic counselling and NIPT or invasive test for further management.

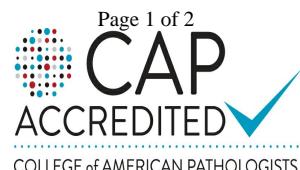
Interpretation:-

1. The risks are calculated based on ultrasound gestational age, biochemical results, NT measurement, patient demographics and other risk factors such as IDD.
2. Patient specific risks are generated as analytical MoM (Multiples of Median) values, using Fetal Medicine Foundation (FMF) approved assays and software LIFECYCLE version 7.0 from Perkin Elmer.

Dr.Matta Sujana Reddy
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

SIN No:IF00649263

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad





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- 3. A screen positive result occurs when the risk for Down's syndrome- exceeds 1:250 and MOM pattern shows free HCG- above 1.8, PAPP A- below 0.4
- 4. A screen positive result occurs when risk for Trisomy 13/18- exceeds 1:100 and MOM pattern shows free HCG- below 0.5, PAPP A- below 0.4

Limitations: -

1. The results of this test represent only risks and not diagnostic outcomes. Increased risk does not mean that the baby is affected, and further tests must be performed before a firm diagnosis can be made. A low risk does not exclude possibility of Down's syndrome or other abnormalities, as risk assessment does not detect all affected pregnancies.
2. If the history provided is not correct, it is advisable to ask for repeat risk calculations.
3. Isolated alterations in hormonal values can contribute to statistical risk calculation. Following Maternal factors (adversely affecting risk calculation are gestational hypertension, liver diseases, renal diseases, ovarian tumor, uterine fibroids) and/or Fetal & placental factors (adversely affecting risk calculation are congenital adrenal hyperplasia, IUGR, abdominal wall defects, smith levli opitz syndrome, fetal demise, placental anomalies, retroplacental hemorrhage). These should be considered during case specific interpretation accordingly.

Associated Tests: -

1. NIPT- Non-invasive Prenatal Screening test - from maternal blood for aneuploidy screening.

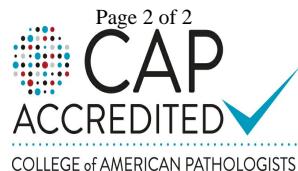
Recommended : Follow up in view of high NT (Nuchal translucency) value.

*** End Of Report ***

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Consultant Biochemist

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PATIENT REPORT - Mrs.NEETU SAH

25/04/2025

Requestor: -, kalapana diagnostics

REQUESTOR TYPE: Hospital	REQUESTOR: -	DOCTOR: kalapana diagnostics	FACILITY: -
REQUESTOR CODE: kalapana diagno	REQUESTOR PHONE 1: -		

Patient DPAT.0000041230: -, Mrs.NEETU SAH

PATIENT ID: DPAT.0000041230	LAST NAME: -	FIRST NAME: Mrs.NEETU SAH	BIRTH DATE: 23/04/1994
ETHNICITY: Asian	ADDRESS 1: -	CITY: -	POSTAL CODE: -

Pregnancy, Calculated EDD: 02/11/2025 (MAEDD: 31.53)

MAEDD: 31.53	CALCULATED EDD: 02/11/2025	GEST. DATE: 26/01/2025	SELECTED GEST. METHOD: CRL
LMP DATE: 29/01/2024	SMOKING STATUS: Non smoker	INSULIN DEP. DIABETIC: No	NO. OF FETUSES: 1
MONOZOOGOUS: No	CHORIONICITY: -	CORRECTED BY CHORIONICITY: -	FERTILIZATION DATE: -
ASSISTANCE METHOD: -	TRANSFER DATE: -	EGG EXTRACTION DATE: -	EGG DONOR DOB: -
AGE AT EXTRACTION: -	PAST T21 - DOWN'S SYNDROME: -	PAST T18 - EDWARDS' SYNDROME: -	PAST T13 - PATAU'S SYNDROME: -
PAST CDLS - CORNELIA DE LANGE SYNDROME: -	PAST SLOS - SMITH-LEMLI-OPITZ SYNDROME: -	PAST TR - TRIPLOIDY: -	PAST TS - TURNER'S SYNDROME: -
RISK ASSESSED: At term	SCREENING PROTOCOL: Screening_4.0		

Biochemistry

SAMPLE ID: IF00649263	SPECIMEN COLLECTED: 23/04/2025	WEIGHT [KG]: 50	GEST. AT SAMPLE DATE (W + D): 12 w 3 d
SAMPLE TYPE: -			

Ultrasound

SCAN DATE: 23/04/2025	CRL: 61.1	BPD: -	HC: -
GEST. AT SAMPLE DATE (W + D): 12 w 3 d	CRL (#2): -	BPD (#2): -	HC (#2): -
GEST. AT MANUAL ENTRY (W + D): 0 w 0 d	SAMPLE TYPE: -	WEIGHT [KG]: -	

Tests

TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
hCGb (Signed)	IF00649263	23/04/2025	12 w 3 d	60.86	ng/mL	1.32	50
PAPP-A (Signed)	IF00649263	23/04/2025	12 w 3 d	3002.08	mU/L	0.76	50
NB (Signed)	-	23/04/2025	12 w 3 d	Present	-	-	-
NT (Signed)	-	23/04/2025	12 w 3 d	9	mm	6.54	-

RISKS SIGNED BY:

REPORT CREATED BY:

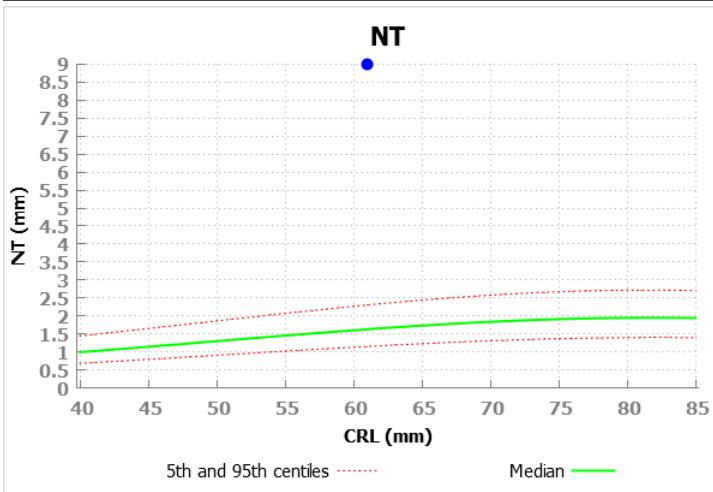
REPORT CREATED AT:

Shiva

25/04/2025 1:18 PM

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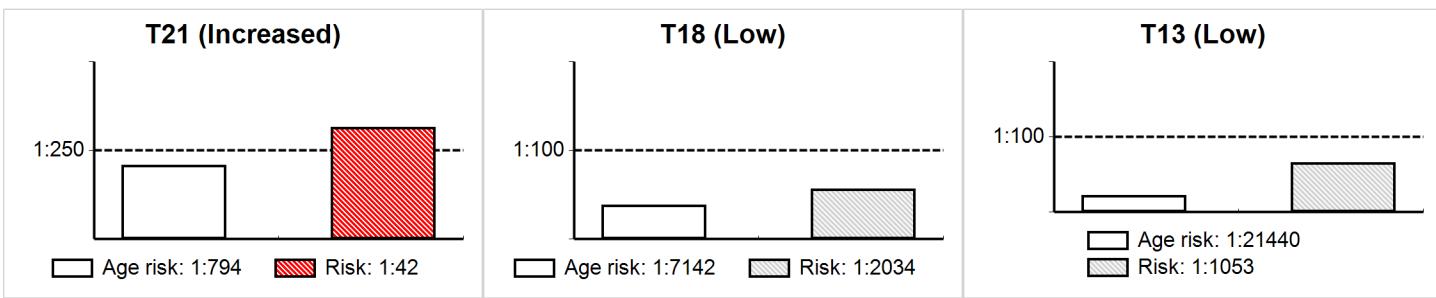
25/04/2025



Distribution median, 5th and 95th centiles obtained from publication: Wright D, Kagan KO, Molina FS, Gazzoni A, Nicolaides KH. A mixture model of nuchal translucency thickness in screening for chromosomal defects. Ultrasound Obstet Gynecol 2008;31:376-83

Risks, Risk assessed: At term

RISK NAME: T21 (Calculated)	RISK RESULT: Increased	RISK: 1:42	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: 1:794	CUT-OFF: 1:250
RECOMMENDATION:	To be correlated clinically.					
RISK NAME: T18 (Calculated)	RISK RESULT: Low	RISK: 1:2034	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: 1:7142	CUT-OFF: 1:100
RISK NAME: T13 (Calculated)	RISK RESULT: Low	RISK: 1:1053	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: 1:21440	CUT-OFF: 1:100



PLEASE NOTE:

RISKS SIGNED BY:

REPORT CREATED BY:

Shiva

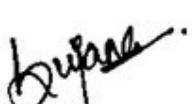
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1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever
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6. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen
7. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
8. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies
9. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
10. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only



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