

Prisca 5.1.0.17
Date of report: 14-05-2025

N A

Patient data			
Name	Mrs. YOGITA SHINDE		Patient ID
Birthday	14-09-1995	Sample ID	B2791644
Age at sample date	29.7	Sample Date	13-05-2025
Gestational age	12 + 5		
Correction factors			
Fetuses	1	IVF	no
Weight	41.3	diabetes	no
Smoker	no	Origin	Asian
		Previous trisomy 21 pregnancies	unknown
Biochemical data		Ultrasound data	
Parameter	Value	Corr. MoM	Gestational age
PAPP-A	7.47 mIU/mL	1.14	12 + 3
fb-hCG	38.41 ng/mL	0.84	Method
			CRL Robinson
			Scan date
			11-05-2025
Risks at sampling date			Crown rump length in mm
Age risk	1:677		62
Biochemical T21 risk	1:8213		Nuchal translucency MoM
Combined trisomy 21 risk	<1:10000		0.81
Trisomy 13/18 + NT	<1:10000		Nasal bone
			present
			Sonographer
			N A
			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

below cut off
 Below Cut Off, but above Age Risk
 above cut off