



REPORT

Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai
Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.
ICMR Reg. No. SAPALAPVHT (Covid-19)

Name : Mrs. SNEHAL DESHMUKH (UMARE)
Sample ID : A1721333
Age/Gender : 38 Years/Female
Referred by : Dr. PRITI PRASAD
Referring Customer : RAHUL PATH LAB
Primary Sample : Whole Blood
Sample Tested In : Serum
Client Address :

Reg. No : 0372507020072
SPP Code : SPL-NP-142
Collected On : 02-Jul-2025 04:00 PM
Received On : 03-Jul-2025 11:55 AM
Reported On : 03-Jul-2025 05:46 PM
Report Status : Final Report



CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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PDF Attached

Double Marker

Free -Beta -HCG (Method: CLIA)	36.74	ng/mL	< 2 : Non-Pregnant 5.4 - 393.4 : Pregnant
PAPP-A (Method: CLIA)	1.56	mIU/mL	< 0.1 : Non-Pregnant 0.1-19.5 : Pregnant

Risk analysis for Trisomy 21 is 1:197 is positive. Adv: NIPT, FISH and karyotyping The PAPP-A level is low

Interpretation:

DISORDER	SCREEN POSITIVE/HIGH RISK CUT OFF
Trisomy 21 (Down)	< 1:250
Trisomy 18/13	< 1:100
DISORDER	SCREEN NEGATIVE/LOW RISK CUT OFF
Trisomy 21 (Down)	> 1:250
Trisomy 18/13	> 1:100

Note: Statistical evaluation has been done using CE marked PRISCA 5 software. · Screening tests are based on statistical analysis of patient demographic and biochemical data. They simply indicate a high or low risk category. Confirmation of screen positives is recommended by Chorionic Villus Sampling (CVS). · The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound), maternal weight, race, insulin dependent Diabetes, multiple gestation, IVF (Date of Birth of Donor, if applicable), smoking & previous history of Down syndrome. Accurate availability of this data for Risk Calculation is critical. · Ideally all pregnant women should be screened for Prenatal disorders irrespective of maternal age. The test is valid between 9-13.6 weeks of gestation, but ideal sampling time is between 10-13 weeks gestation. · First trimester detection rate of Down syndrome is 60% with a false positive rate of 5%. A combination of Nuchal translucency, Nasal bone visualization and biochemical tests (Combined test) increases the detection rate of Down syndrome to 85% at the same false positive rate.

Comments: First trimester screening for Prenatal disorders (Trisomy 21, 18 & 13) is essential to identify those women at sufficient risk for a congenital anomaly in the fetus to warrant further evaluation and followup. For Open neural tube defects, second trimester screening before 20 weeks is recommended. These are screening procedures which cannot discriminate all affected pregnancies from all unaffected pregnancies. Screening cutoffs are established by using MoM values that maximize the detection rate and minimize false positives.

*** End Of Report ***



DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY



REPORT

Prisca

5.1.0.17

Date of report:

03/07/25

PRITI PRASAD

Patient data			
Name	Mrs. SNEHAL UMARE		Patient ID
Birth day	07/11/87	Sample ID	A1721333
Age at sample date	37.7	Sample Date	02/07/25
Gestational age	13 + 1		
Correction factors			
Fetuses	1	IVF	no
Weight	54	diabetes	no
Smoker	no	Origin	Asian
		Previous trisomy 21 pregnancies	unknown
Biochemical data		Ultrasound data	
Parameter	Value	Corr. MoM	Gestational age
PAPP-A	1.56 mIU/mL	0.27	13 + 1
fb-hCG	36.74 ng/mL	0.99	Method
			CRL Robinson
			Scan date
			02/07/25
			Crown rump length in mm
			72
			Nuchal translucency MoM
			0.89
			Nasal bone
			present
			Sonographer
			N A
			Qualifications in measuring NT
			MD
Risks at sampling date		Trisomy 21	
Age risk	1:149	The calculated risk for Trisomy 21 (with nuchal translucency) is above the cut off, which indicates an increased risk.	
Biochemical T21 risk	>1:50	After the result of the Trisomy 21 test (with NT) it is expected that among 197 women with the same data, there is one woman with a trisomy 21 pregnancy and 196 women with not affected pregnancies.	
Combined trisomy 21 risk	1:197	The PAPP-A level is low.	
Trisomy 13/18 + NT	1:1436	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 1:1436, which represents a low risk.

Sign of Physician

below cut off

Below Cut Off, but above Age Risk

above cut off



HINGNA SONOGRAPHY CENTRE

(Reg. No. 166/2022)

Dr. Rajeshwar Gudadhe
M.B.B.S., D.M.R.E.
Worked at : CHIKITSA
Diagnostic Centre, Mumbai
IGGMC, Nagpur
OCHRI, Nagpur



Dr. Rina Gudadhe
M.B.B.S., D.M.R.E.
Worked at : IGGMC, Nagpur
Getwell Hospital, Nagpur
Lata Mangeshkar Hospital, Nagpur
Mure Memorial Hospital, Nagpur

NAME OF PT : MRS. SNEHAL DESHMUKH *VMARE*

REF BY : DR. S. PRASAD

DATED : July 5, 2025

SONOGRAPHY OF GRAVID UTERUS

LMP-31/03/2025

GA BY LMP- 13 WKS 5 DAY

Single viable intrauterine foetus is seen with **changing** presentation at the time of examination

Foetal movements and cardiac pulsations are well appreciated.

Placenta is noted **fundo posteriorly** over body shows Gr I maturity.

Liquor is adequate for ges age.

Fetal heart rate – 156 bpm.

FOETAL BIOMETRY:-

BPD - 24 mm - 14 wks , 1 days

AUA -13 wks . 5 days

HC - 91 mm - 14 wks , 1 days

USG EDD – 05.01.2026

AC - 68 mm – 13 wks , 3 days

EWf - 76 gms

FL - 10 mm - 13 wks , 1 days

No sonically detectable anomalies seen in foetal head, abdomen and spine in present position of the foetus and in present scan. Further follow up and evaluation is essential. **Inter orbital distance is 18 mm and intra orbital distance is 8.8 mm (slightly increase for gestational age)**

Cervical length - 5.6 cm

OPINION : Single live intrauterine foetus seen with sonic maturity of 13 wks 5 day. with slightly increase intra orbital distance .

No other soft marker noted in present scan

Suggested further evaluation by NIPT or amniocentesis .

All measurements including estimated foetal weight, are subject to statistical variations.

All efforts are made to image structural details of foetus. The survey is limited by foetal position, movements and quantity of amniotic fluid and thickness of anterior abdominal wall. Hence all anomalies can not be detected on sonography. This examination does not include foetal 2-D echo.

I, Dr. Rina gudadhe, declare that while conducting Ultrasonography, I have neither detected nor disclosed the sex of her foetus to any body in any manner.

Rina
Dr. Rina R. Gudadhe
M.B.B.S., D.M.R.E.
No. 2008/01010

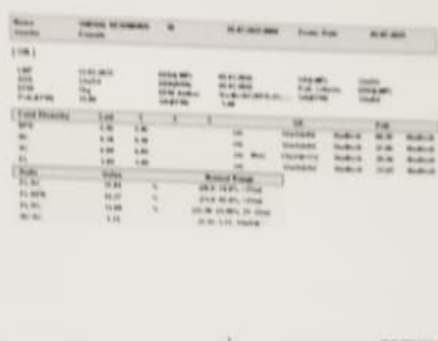
• 3D/4D Ultrasonography • Doppler Studies • Digital X-Ray & Procedures

1st Floor, Above Reliance Smart, Jalaram-Mangalam Complex,
Pillar No. 50, Opp. Mahindra & Mahindra Company, Hingna, Nagpur.

Time : Monday to Saturday - 10.00 am to 5.00 pm
Mob. : 8805208080, 78752835

05072025

Sonographer



PRITI MULTISPECIALITY HOSPITAL & SONOGRAPHY CENTRE

ADD. : ELECTRONIC ZONE, NEAR MHADA COLONY, HINGNA ROAD, MIDC, NAGPUR

T. PRITI PRASAD

BS, MD (Gold Medalist)

No. 59058

Consulting Gynaecologist & Sonologist

Timing : 10 a.m. to 3 p.m.

Mobile : 9326954149

24 Hrs. Emergency For Delivery Patient

Name : Snehal Unare Date : 21/7/25
 Age : 38 yrs Gest. Age : 13 wks
 Date : 20/13/25 EDD. : 5/01/25

ULTRASOUND FINDINGS

Pregnancy : ☒ Single / ☐ Twin Live / ☒ Soft

Lie-VX / ☒ Breech / ☐ Transverse

Fetal Heart Rate : +ve.

Fetal Movements : +ve

Gestational Age : B.P.D. 13w4d 22 mm

Gest. Sec : _____ mm

F.L. 13w 10.4 mm

C.R.L. 13w4d 72 mm

A.C. 13w 63 mm

Stomach : _____ mm

H.C. 13w3d 81 mm

Brain : _____ mm

Wt. 112 mm

Heart : _____ mm

NT - 1.6 mm
 Nasal Bone seen

Bladder : _____ mm

Amnion : ☒ Less / ☒ Normal / ☒ Excess

Spine : _____ mm

Placenta : ☒ Upper Segment / ☐ Lower Pole

Int. Os : NAN mm

Observation : seen by 13w4d
wrong dates 5/1/26.

Grade : _____ mm

DECLARATION OF DOCTOR

Priti Prasad declare that while conduction Ultrasosnography I have neither detected or disclosed the sex of he foetus in any manner.

As all anomalies are not seen on 2D usg for further evaluation 3D and foetal echocardiography advised

FORM - F

FORM FOR MAINTENANCE OF RECORD IN RESPECT OF
PREGNANT WOMAN BY GENETIC CLINIC / ULTRASOUND / IMAGING CENTRE

पण : Hingna 3317 दिनांक : 05/02/2023

गर्भवती स्त्रीचे संमती पत्र आणि जाहीरनामा / उद्घोषणा

सौ.) Mr. Clefan Deshmukh

38/01 वर्षे पत्ता : F-10 - 302 याची पत्नी/मुलगी
Con Max for Relisp.

अपूर्वक नमुद करते की, मी स्व-इच्छेने स्वतःची सोनोग्राफी करुण घेत आहे. तसेच
वरती करण्यात येणारी सोनोग्राफी ही गर्भलिंग निदानासाठी नाही व सदर
णीद्वारे मला गर्भलिंग निदान सांगितले जाणार नाही. याची मला जाणीव आहे. आणि
माहित करुण घेण्याची माझी इच्छा नाही. यासाठी मी स्व-इच्छेने संमती देत आहे.

असणाऱ्या मुलांची संख्या 01

/मुले	<u>01</u>	स्त्री/मुली	<u>01</u>
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Sindel

गर्भवती स्त्रीची सही/अंगठा

**DECLARATION OF DOCTOR / PERSON CONDUCTING
ULTRASONOGRAPHY / IMAGE SCANNING**

for R. R. Gudekar

I, the person conducting ultrasonography / image scanning) declare that

conducting ultrasonography / image on Mrs. Sindel

Deshmukh (name of the pregnant woman) I have

not detected nor disclosed the sex of her foetus to any body in any manner.

R. R. Gudekar

SS :
ULTRASOUND / IMAGING CENTRE
2nd Floor, Above Reliance Smart, Jalaram-Mangalam Complex,
Mahindra & Mahindra Company, Hingna, Nagpur.

Signature with Stamp
Radiologist / Gynaecologist
Director or Owner

PLEASE FILE THE FORM IN ORIGINAL OF WHICH ONE COPY TO BE HAND OVER TO PATIENT

Name: Snehal Chetan Umare Date 2/7/25
Age 38yr
Add Jalarammagalam Hingna Road Nagpur
M/H-LMP 29/3/25 TT 1st
EDD - 9/5/26 2nd
PMC - Roz

O/H- G₂ P₁ A₀

Mother 1st LSCS @ 24yrs Maltonal Regret.
F/H-DM Sugar
HT father
Allergy Int

Lactogen intolerance

P/h Tobacco nil
Pan nil

Working - Govt. servant Professor.

H-AB+ve
INC-Bld Gp B+ve

HBS Ag
Sicking E
HIV L

USG - 1st

Hb
Sr-Plats

Urine

Sr-TSH

RBS

UPT +ve

G/E- Pallor +

CVS

RS NAD

Thyroid

Breast NAD

Varicosities

Wt.

-2nd

-3nd

DELIVERY NOTES ND / LSCS

TN _____ ON _____ AT _____

MLE	SUTURED	PPH	TEAR
PGAR	/1 /10	PL/MEMD	EXPELLES OUT
OBV	C/A	COMPLY	

PRITI MULTISPECIALITY HOSPITAL

SONOGRAPHY CENTRE

ELECTRONIC ZONE, NEAR MHADA COLONY, HINGNA ROAD, MIDC, NAGPUR-440016

Dr. PRITI PRASAD

MBBS, MD (Gold Medalist)
Consulting Gynaecologist & Sonologist
Reg. No. 59058

24 Hrs. Emergency
For Delivery Patient
Hosp. Reg. No. 078

Dr. SHREYA PRASAD

MBBS, DGO
Consulting Gynaecologist
(Cooper Hospital, Mumbai)
Reg. No. 59058

2/7/25

MOBILE : 9673756241

TIMING : 10 AM TO 4 PM

Consultation

UPT +ve

Snehal Deshmukh

Cu-T

wt - 54kg

Age - 38yr

Family Planning
Operation

BP - 100/70

MC - 3yr

Pregnancy
Check-up

Pulse - 96

4m started

G - 2yr LSCS

Normal Delivery

grf.

LMP - 9/13/25

Caeser Operation

1/A - soft
wt 14 lbs
EOT.

EDD - ?

Hystrectomy

Laproscopy

Abortions
(MTP)

L. medical 30
- Tab. wellcal 30
- cap x 1/2 30

Vaccinations

adv.
Dual marker.

Infertility
Treatment

- cap. x 1/2 30
- cap. x 1/2 30
- Inprajay Pander

en. Surgery
and Medicines

Adv.
NIPT

Laprosopic
en. Surgery

Herina

Hydrocoel

Kidney Op.

Appendix