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

Name	: Mrs. LAXMI PATIL		
Sample ID	: B3411011		
Age/Gender	: 32 Years/Female	Reg. No	: 0832507290031
Referred by	: Dr. SOWMYA KULKARNI	SPP Code	: SPL-PU-064
Referring Customer	: DIGNO CARE PATHOLOGY LAB	Collected On	: 29-Jul-2025 12:26 PM
Primary Sample	: Whole Blood	Received On	: 30-Jul-2025 12:15 PM
Sample Tested In	: Serum	Reported On	: 30-Jul-2025 04:50 PM
Client Address	:	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval

PDF Attached

Double Marker

Free -Beta -HCG *(Method: CLIA)*	45.72	ng/mL	< 2 :Non-Pregnant 5.4 - 393.4 : Pregnant
PAPP-A *(Method: CLIA)*	2.01	mIU/mL	< 0.1 : Non-Pregnant 0.1-19.5 : Pregnant

Risk analysis for Trisomy 21 is 1:102 is positive. Adv: NIPT, FISH and karyotyping

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

Sage Path Labs Pvt Ltd
Plot No. 564, First Floor, Buddanagar, Peerzadiguda, Boduppal, Hyderabad
Telangana - 500092

Prisca 5.1.0.17

Date of report: 30-07-2025

NA

Patient data			
Name	Mrs. LAXMI PATIL	Patient ID	0832507290031
Birthday	02-07-1992	Sample ID	B3411011
Age at sample date	33.1	Sample Date	29-07-2025
Gestational age	11 + 6		

Correction factors					
Fetuses	1	IVF	no	Previous trisomy 21 pregnancies	unknown
Weight	51.6	diabetes	no		
Smoker	no	Origin	Asian		

Biochemical data

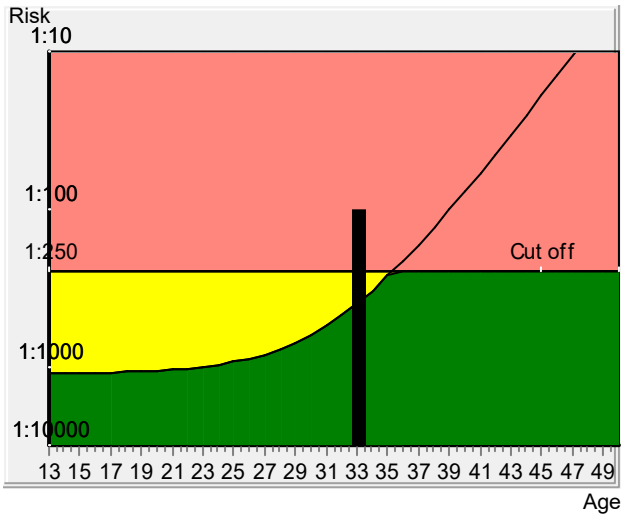
Parameter	Value	Corr. MoM
PAPP-A	2.01 mIU/mL	0.57
fb-hCG	45.72 ng/mL	0.89

Risks at sampling date

Age risk	1:391
Biochemical T21 risk	1:813
Combined trisomy 21 risk	1:102
Trisomy 13/18 + NT	1:770

Ultrasound data

Gestational age	11 + 5
Method	CRL Robinson
Scan date	28-07-2025
Crown rump length in mm	53
Nuchal translucency MoM	1.91
Nasal bone	present
Sonographer	NA
Qualifications in measuring NT	NA



Trisomy 21

The calculated risk for Trisomy 21 (with nuchal translucency) is above the cut off, which indicates an increased risk.
After the result of the Trisomy 21 test (with NT) it is expected that among 102 women with the same data, there is one woman with a trisomy 21 pregnancy and 101 women with not affected pregnancies.
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 1:770, which represents a low risk.

Sign of Physician

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