

Prisca 5.1.0.17
Date of report: 23-09-2025

N A

Patient data			
Name Mrs. RUPALI THOKE TWIN B		Patient ID 0832509220098	
Birthday 14-04-1998		Sample ID b3832726	
Age at sample date 27.4		Sample Date 22-09-2025	
Gestational age 13 + 2			
Correction factors			
Fetuses 2	IVF no	Previous trisomy 21 pregnancies unknown	
Weight 61	diabetes no		
Smoker no	Origin Asian		
Biochemical data		Ultrasound data	
Parameter	Value	Corr. MoM	Gestational age 13 + 1
PAPP-A	9.32 mIU/mL	0.97	Method CRL Robinson
fb-hCG	45.19 ng/mL	0.61	Scan date 21-09-2025
Risks at sampling date			Crown rump length in mm 72
Age risk 1:854			Nuchal translucency MoM 0.78
Biochemical T21 risk <1:10000			Nasal bone present
Combined trisomy 21 risk <1:10000			Sonographer N A
Trisomy 13/18 + NT <1:10000			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 risk for this twin pregnancy has been calculated for a singleton pregnancy with corrected MoMs. 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