

Prisca 5.1.0.17
Date of report: 04-10-2025

N A

Patient data			
Name	Mrs. LILAVATI YELE	Patient ID	0662509290147
Birthday	11-11-1993	Sample ID	B3844400
Age at sample date	31.9	Sample Date	29-09-2025
Gestational age	13 + 1		
Correction factors			
Fetuses	1	IVF	no
Weight	43	diabetes	no
Smoker	no	Origin	Asian
		Previous trisomy 21 pregnancies	unknown
Biochemical data		Ultrasound data	
Parameter	Value	Corr. MoM	
PAPP-A	6.76 mIU/mL	0.92	
fb-hCG	36.42 ng/mL	0.90	
Risks at sampling date			
Age risk	1:505	Crown rump length in mm	66.9
Biochemical T21 risk	1:3283	Nuchal translucency MoM	0.65
Combined trisomy 21 risk	<1:10000	Nasal bone	present
Trisomy 13/18 + NT	<1:10000	Sonographer	N A
		Qualifications in measuring NT	MD
Risk		Trisomy 21	
The graph illustrates the risk of Trisomy 21 across different gestational ages. The risk is highest at younger ages and decreases as age increases. The patient's risk at 31 weeks is shown as a black bar within the green region, indicating a low risk.		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