Hight — 165 cm
wt - 66.8 kg.
mob— 9165589520
DOB - 25 ~~[illegible]~~ - Feb 2005

(G1 Primi)

Triple test - Low Risk. Marginal placenta previa

Name: Vandana yadav

Checkup Schedule (Morning) - Tues, Thu, Sat -9:00 AM to 11:30 AM

जाँच (सुबह) - मंगल, गुरु, शनि - 9:00 से 11:30

GRAVIDA G1	LMP 01/3/25	EDD 8/12/25	DRUG ALLERGY — NO

SGOT - 18.0
SGPT - 13.1

INVESTIGATION DETAILS

- HB — 11.7gm, 11.3gm
- BLOOD SUGAR — 76mg/dl, 81mg/dl
- BLOOD GROUP — B+ve
- TSH 1.06 uIU/ml

- VDRL (W), VDRL (H) — Negative
- HIV, HbSAg, HCV — Negative
- SICKLING — Negative

- URINE < R - Albumin, M - Sugar
- SGPT — 16.5, SGOT - 17.4
- S.CREAT 0.56 mg/dl, 0.59mg/l
- FT4
- OTHERS
- BT — 3min 30sec
- CT 4min 15sec
- PT

SGOT - 34.0
SGPT - 29.7

PAST HISTORY	FAMILY HISTORY	INJ. T.T -	PARA-	USG :	(I)	(II)
Operation, Jaundice, Blood Transfusion — NO	HTN, DM, Cong. ab, Blood Disorder — NO	1. 3/06/2025 2. 3/7/25	1 2 3	GA LIQ ANOMALY PLACENTA	Quadruple test.	Low Risk

Date	WT (Kg)	B.P	Pulse	Edema	Gestational Period (Months)	Fundal (Ht) Weeks	Presentation	FHS	Remarks
2/5/25	64kg	100/70		HB-11.7gm	2M				
2/6/25	63kg	100/70			3M	USG on 3/6/25 SLIUF [illegible] weeks			EDD 6/12/25
2/7/25	65kg	100/60			4M	Ut just palpable			
19/7/25	65kg	100/70		HB-11.3gm	4½M	16 weeks			
4/8/25	66kg	110/70 mmHg			5M	USG on 4/8/25 SLIUF 21-22 weeks		Marginal placenta previa	EDD 6/12/25
1/9/25	67kg	120/78 mmHg			6M	22-24cm		FHS +	
18/9/25	68kg	110/70		HB-10.6gm	6½M	25-26cm		FHS +	
3/10/25	68kg	130/80 mmHg			7M	USG on 3/10/25 SLIUF 29-30 weeks two loops of cord around neck [illegible]			EDD 6/12/25

GB DIAGNOSTICS

✦ SPIRAL CT SCAN ✦ DIGITAL X-RAY ✦ OPG ✦ 4D COLOR DOPPLER SONOGRAPHY ✦ EEG

C1-C2/19, Opposite Nagar Nigam Zone Office (Pani Tanki), Near Niharika Cinema, KORBA (C.G.)

Dr. Harpal Singh
M.B.B.S., D.M.R.D (Mumbai)
Reg. No. : C.G.M.C. 1195/07
Sunday Closed

Consultant Radiologist, Sonologist
Ex. Registrar : Nair & Nanawati Hospital, Mumbai
Ph. : 07759-227700, M : 9893254400
--Reporting Time : 10 AM to 6 PM--

(B)FETO-PLACENTAL AXIS:

UMB ART. 1	Shows normal spectral pattern with NORMAL DIASTOLIC FLOW .	PI = 0.87
UMB. ART. 2	Shows normal spectral pattern with NORMAL DIASTOLIC FLOW	PI = 0.92
Fetal .MCA	Normal spectrum	PI = 1.51

(C) FETAL VENOUS DOPPLER :-

DUCTUS VENOSUS > SHOWS NORMAL SPECTRAL PATTERN WITH NO REVERSAL OF 'A' WAVE

◆ **IMPRESSION >**

- SINGLE, LIVE, NORMAL, INTRAUTERINE GESTATION OF ***(SONAR AGE) 29 - 30 WKS.(+1 WEEK)***
- *THE SONAR AGE CORRESPONDS TO THE G. AGE (BY L.M.P.).*
- THE **ASSIGNED EDD** IS 06/12/2025 (±1 WEEK)
- ***TWO LOOPS OF CORD PRESENT (ONE COMPLETE & ONE INCOMPLETE) AROUND THE NECK.***
- NO GROSS FOETAL ANOMALIES ARE SEEN.

- THE SPECTRAL AND COLOUR DOPPLER STUDY OF THE PLACENTA AND FETUS SHOWS NORMAL SPECTRAL PATTERN AND VELOCITIES IN BOTH THE ***UTERINE ARTERIES***
- THE ***UMBILICAL ARTERY*** SHOWS NORMAL DIASTOLIC FLOW FOR THE GESTATIONAL AGE
- THE ***FETAL MCA*** FLOW IS NORMAL INDICATING NO FETAL COMPROMISE AT THE STAGE .
- ***C.P.R. (CEREBROPLACENTAL RATIO)*** IS GREATER THAN ONE AT THIS STAGE
- ***DUCTUS VENOSUS*** FLOW IS NORMAL WITH NO REVERSAL OF 'A' WAVE.

NOTE:-

- THE SCIENCE OF RADIOLOGICAL DIAGNOSIS IS BASED ON THE INTERPRETATION OF VARIOUS SHADOWS PRODUCED BY BOTH THE NORMAL AND ABNORMAL TISSUES AND ARE NOT ALWAYS CONCLUSIVE .
- RADIOLOGICAL DIAGNOSIS IS NOT A TISSUE DIAGNOSIS AND IS RATHER A PROFESSIONAL INTERPRETATION OF THE IMAGES OF THE TISSUES PRODUCED BY SOPHISTI CATED INSTRUMENTS (*SUBJECT TO TECHNICHAL PITTFALLS AND LIMITATIONS*) TO HELP DOCTORS / CLINICIANS FOR BETTER PATIENT MANGEMENT.
- CLINICAL CORRELATION IS MANDATORY FOR REACHING THE FINAL IMPRESSION. NOT FOR MEDICOLEGAL PURPOSE.

DECLARATION :- I, DR HARPAL SINGH DECLARE THAT WHILE CONDUCTING ULTRASOUND ON THE ABOVE PATIENT , I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FETUS , TO HER OR ANYBODY ELSE , IN ANY MANNER, AS PER 'PNDT ACT, 94' (RULE 10/A) & HON'BLE SUPREME COURT GUIDELINES.

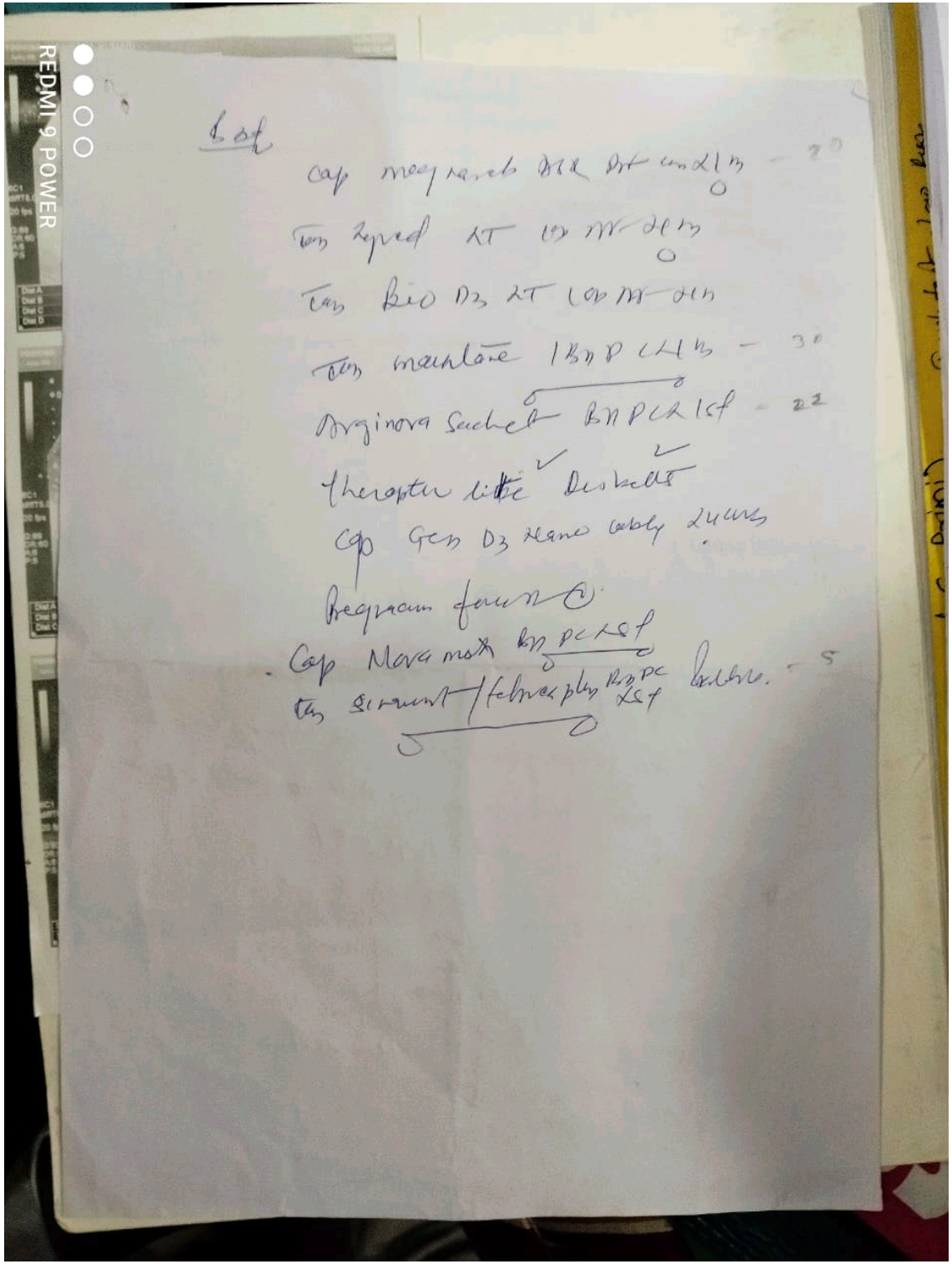
Thanks for the referral

PLEASE CORRELATE WITH CLINICAL & OTHER LAB. FINDINGS.

DR. HARPAL SINGH
MBBS.DMRD (MUMBAI)
CONSULTANT RADIOLOGIST & SONOLOGIST

N.B. ALL THE FOETAL ANOMALIES CAN NOT BE DETECTED BY SONOGRAPHY AND DETECTION OF FOETAL ANOMALIES DEPENDS ON GESTATIONAL AGE, FOETAL POSITION AND AMOUNT OF LIQUOR.ALL THE MEASUREMENTS ARE SUBJECT TO STANDARD STASTICAL VARIATION.

DR. HARPAL SINGH Regd. No.-C.G.M.C. 1195/07 PNDT Regd. No. M.B.B.S. D.M.R.D (MUMBAI)



Korba Super Thermal Power Proj

atient Name:	VANDANA KUMARI	Age/Gender:	20 Year /F	Prescription Date:	03-10-2025 05:53:37
escribed By octor:	Dr. Pratibha Archana Das	Doctor's Designtion:	Obstetrics and Gynaecology		
PDNo:	N2517011877	Unique ID:	517013510		
ddress :	BALGI				

SR NO	DESCRIPTION	CHARGES
1	OTHERS-First Consultation	100

Total Amount : ₹ 100/- (Rupees. One Hundred Only)

Valid for single consultation only.

Signature

BP - 130/80 mmHg
Wt - 68 kg

Primi EDD: 6/12/25

USG on 3/10/25 - SLIUF 29-30 wks (+1wk).
Two loops of cord felt on the nape of the neck.
Pla. mid segment - Ant. towards left.
fetal 1396 ± 57.
AFI 12.8
Doppler study UA: | Normal
UA:
FmA:
C.P.R. > 1 all three are above
DV: flow is normal.

S/Awl 30 wks
Int(?)

O/o cold fever

ITV

GB DIAGNOSTICS

✦ SPIRAL CT SCAN ✦ DIGITAL X-RAY ✦ OPG ✦ 4D COLOR DOPPLER SONOGRAPHY ✦ EEG

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Consultant Radiologist, Sonologist
Ex. Registrar : Nair & Nanawati Hospital, Mumbai
Ph. : 07759-227700, M : 9893254400
--Reporting Time : 10 AM to 6 PM--

Name	**: VANDANA KUMARI**	**Date**	**: 03-10-2025**
Ref. By Dr.	**: PRATIBHA A. DAS , MS [NTPC]**	**Age/Sex**	**: 20 / F**

OBSTETRICS SONOGRAPHY

(WITH COLOR DOPPLER)

- *L.M.P: 01/03/2025 GA: 30 WKS 06 DYS EDD: 06/12/2025*

OBSERVATIONS:

- There is a single, live, normal intrauterine gestation.
- Foetal Movements : (++) Visualised normal
- Foetal Cardiac Pulsation's : (++) Visualised normal. HR: 177 B/min.
- Presentation :Vertex
- Lie :Longitudinal.
- Attitude :Flexion
- Foetal Spine :Anterior & Right of Maternal spine .

FOETAL PARAMETERS: :

- B.P.D. : 75.4 mm. compatible with 30 wks. 2 dys.
- Femur Length : 58.3 mm. compatible with 30 wks. 3 dys.
- Head Circumference : 277 mm. compatible with 30 wks. 3 dys.
- Abdominal Circumference : 241 mm. compatible with 28 wks. 3 dys.
- **ESTIMATED FOETAL WEIGHT** : >> **1396 ± 5% << gms. (By two formulas).**

PLACENTA : >> It is in *mid* segment located Anteriorly, *TOWARDS LT* & shows grade II Maturity .

- **AMNIOTIC FLUID** : Adequate for Gestational age (AFI 12.8 PRESENTLY)
- **CERVIX** : Normal (3.0 CM PRESENTLY).

GROSS FOETAL ANOMALIES :

GROSSLY APPEARS NORMAL .
ALL FETAL ANOMALIES CAN NOT BE RULED OUT CONFIDENTLY PRESENTLY AT THIS GESTATION AGE DUE TO OVER CROWDING OF FETAL PARTS.

... PLEASE CORRELATE WITH ANAMOLY SCAN IF DONE (18 - 22 WKS)

OBSTETRIC DOPPLER STUDY

(A) UTERO-PLACENTAL AXIS:

UTERINE ARTERY DOPPLER : THE MEAN UTERINE ARTERY PI >> WNL

(RT UT ARTERY PI IS > WNL , NOTCH > ABSENT & LT UT ARTERY PI IS > WNL , NOTCH > ABSENT)

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B - Block, Aparna Towers, Kothaguda Post, Kothaguda, Hyderabad - 500084

Date of report: **26/06/2025**
Prisca 5.0.2.37

DR.
PRATHIBHA A DAS

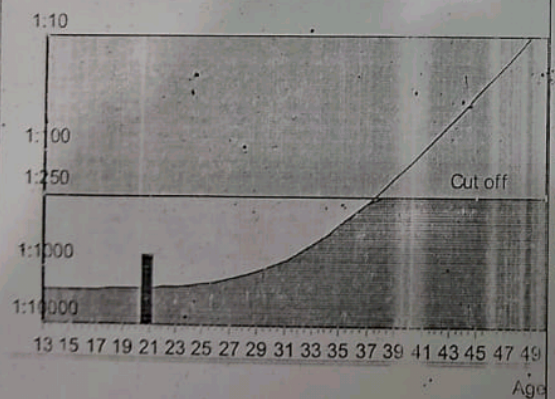
Patient data		Ultrasound data	
Name	MRS VANDANA KUMARI.	Gestational age	11 + 5
D.O.B.	25/02/2005	Scan date	03/06/2025
Age at delivery	20.8	Method	CRL Robinson

Correction factors					
Fetuses	1	IVF	no	Previous trisomy 21 pregancies	no
Weight in kg	64	diabetes	no		
Smoker	no	Origin	Asian		

Risks at term			
Age risk at term	1:1522	Trisomy 21	1:769
Overall population risk	1:600	Trisomy 18	<1:10000
Neural tube defects risk	1:9390		

Pregnancy data		Parameter	Value	Corr. MoM
Sample Date	23/06/2025	AFP	18.5 ng/ml	0.64
Gestational age at sample date	14 + 4	HCG	53346 mIU/ml	1.39
		uE3	0.2 ng/ml	0.68
determination method	CRL Robinson			

Risk



Trisomy 21

The calculated risk for Trisomy 21 is below the cut off which represents a low risk.
After the result of the Trisomy 21 test it is expected that among 769 women with the same data, there is one woman with a trisomy 21 pregnancy and 768 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!

Trisomy 18

The calculated risk for trisomy 18 is < 1:10000, which indicates a low risk.

Neural tube defects risk

The corrected MoM AFP (0.64) is located in the low risk area for neural tube defects.

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

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Central Reference Laboratory,
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Hyderabad

MC-2751

LABORATORY REPORT

NAME	: MRS VANDANA KUMARI	REFERRED BY	: DR.PRATIBHA ARCHANA DAS	VISIT NO	: VAMP25225877
AGE	: 20Y 3M 30D	ADVANCE DIAGNOSTIC CENTER		COLLECTED ON	: 25-06-2025 12:00
GENDER	: Female	LAB MR#	: AAMP01145806	RECEIVED ON	: 26-06-2025 14:38
UP IP / DG #	:			APPROVED ON	: 26-06-2025 17:26
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit

- In case, if the provided DOB/LMP date/gestational age or other risk factors etc. needs any correction, the risk analysis will be recalculated according to the corrected parameters to avoid technical errors, if any.

SOFTWARE GENERATED GRAPHICAL REPORT ATTACHED OVERLEAF.

Sanjeeta

Dr.Sanjeeta
Consultant- Biochemist

Disclaimer:
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2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

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OP / IP / DG #	:			APPROVED ON	: 26-06-2025 17:26
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
BIOCHEMISTRY			
Maternal Screening (Second Trimester) - Triple Markers *(Serum.)*			
Alpha Feto Protein - AFP (Maternal Screening) CLIA	18.50		ng/mL
hCG - Maternal Screening CLIA	53,346.00		mIU/mL
Estriol Unconjugated - uE3 - Maternal Screening CLIA	0.20		ng/mL

Interpretation

The trisomy risk was calculated based on ultrasound gestational age, Triple marker results, patient demographics and other risk factors like history of IDD etc.

- **Neural Tube Defects (NTD):** The calculated MoM of AFP (0.64) found below the established normal cutoff of 2.5 MoM, indicates low risk for fetal ONTDs at delivery date.
- **Trisomy 21(Down syndrome) & Trisomy 18(Edwards' and Patau's syndrome) risk:** The calculated risks for trisomy 21 (1:769) and trisomy 18 (1:10000) were found in the low risk category, according to the established normal cutoff (Refer Down's syndrome screening report). Please correlate clinically.

Triple Marker screening performance (for information)

Fetal abnormalities	Risk cut-off	Detection Rate (%)	FPR (%)
Neural tube defects (NTDs)	AFP MoMs ≤2.5	Upto 70-75%	2-4%
Trisomy 21 (Down Syndrome)	1:250	Upto 69%	<5%
Trisomy 18 (Edward & Patau's syndrome)	1:100	Upto 69%	<5%

FPR: false positive Rate; MoMs: Multiples of Medians

Remarks

The Triple marker is an effective & noninvasive blood test, performed in 2nd trimester to identify the risk of pregnant women for Down syndrome Trisomy 21), Edward syndrome and Patau's syndrome (trisomy 18) & oral Neural Tube Defects (ONTDs). This screening test measures the levels of three substances, AFP, Beta hCG and uE3 in the maternal blood. Ideally all pregnant women should be screened for prenatal disorders irrespective of maternal age

- Triple marker risk calculation is generated by using : Prisca 5.0.2.37 software based on triple marker results, demographics like gestational age or LMP date/ultrasound report, race and other risk factors like Insulin dependent diabetes (IDD), smoking habits (if any) etc. Patient specific risks are generated in the form of analytical MoM (Multiples of Median) values and risk cutoff percentages and it represent the likelihood ratios for each parameter falling into an affected or unaffected risk for trisomy 21 & 18
- Prenatal screen is not a diagnostic test but rather a tool for risk assessment. A negative test does not necessarily rule out the absence of fetal defects and a positive test is not diagnostic but suggests need for further diagnosis. As the screening test does not confirm trisomy, a high risk report should be followed by Amniocentesis for confirmation

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LABORATORY REPORT

NAME	: MRS VANDANA KUMARI	REFERRED BY	: DR.PRATHIBHA ARCHANA DAS	VISIT NO	: VAMP25289472
AGE	: 20Y 5M 12D	ADVANCE DIAGNOSTIC CENTER		COLLECTED ON	: 04-08-2025 12:00
GENDER	: Female	LAB MR#	: AAMP01198360	RECEIVED ON	: 08-08-2025 14:03
OP / IP / DG #	:			APPROVED ON	: 09-08-2025 16:48
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
BIOCHEMISTRY			
Maternal Screening (Second Trimester) - Quadruple Markers *(Serum.)*			
Alpha Feto Protein - AFP (Maternal Screening) *CLIA*	50.20		ng/mL
hCG - Maternal Screening *CLIA*	27,396.00		mIU/mL
Estriol Unconjugated - uE3 - Maternal Screening *CLIA*	1.00		ng/mL
Inhibin A - Maternal Screen(CLIA)	371.50		pg/mL

Interpretation

The trisomy risk was calculated based on ultrasound gestational age, Quadruple marker results, patient demographics and other risk factors etc.
Neural Tube Defects (NTD): The calculated MoM of AFP (0.60), found below the established normal cutoff of 2.5MoM, indicates low risk for fetal ONTDs at delivery date.
Trisomy 21(Down syndrome) & Trisomy 18 (Edwards' and Patau's syndrome) risk: The calculated risks for trisomy 21 (1:83) found to be in high risk category and trisomy 18 (<1:10000) found in the low risk category, according to the established normal cutoff ratio of 1:250 (Refer Down's syndrome screening report). Please correlate clinically.

Quadruple Marker screening performance (for information)

Fetal abnormalities	Risk cut-off	Detection Rate (%)	FPR (%)
Neural tube defects *(NTDs)*	AFP MoMs ≤2.5	Up to 81% (with quadruple markers) or Up to 90% (with Quadruple markers & ultrasonography	<3-5%
Trisomy 21 *(Down Syndrome)*	1:250		
Trisomy 18 *(Edward &* Patau's syndrome)	1:100		

Note: FPR: false positive Rate; MoMs: Multiples of Medians

Remarks

- The Quadruple marker is an effective & noninvasive maternal blood test, performed in 2nd trimester to identify the risk of pregnant women for Down syndrome (Trisomy 21), Edward & Patau's syndrome (trisomy 18) & Neural Tube Defects (ONTDs). This screening test measures the levels of four substances, AFP, Beta hCG, uE3 & Inhibin-A in the maternal blood. Ideally all pregnant women should be screened for prenatal disorders irrespective of maternal age
- Quadruple marker risk calculation is generated by using : Prisca 5.0.2.37 software based on Quadruple marker results, demographics like maternal age, weight, gestational age/LMP date, race and other risk factors like insulin dependent diabetes (IDD), smoking habits (if any) etc. Hence estimated risk calculations are dependent on accurate information provided by the patient. Inaccurate information can lead to false-positive or false-negative results
- Patient specific risks are generated in the form of analytical MoM (Multiples of Median) values and risk cutoff percentages and it represent the likelihood ratios for each parameter falling into an affected or unaffected risk for trisomy 21 & 18 based on the maternal age
- As the risk calculations are statistical approaches and have no diagnostic value a negative test does not necessarily rule out the absence of fetal defects and a positive test is not diagnostic but suggests need for further diagnosis. Hence a high risk report should be followed by tests like Amniocentesis for confirmation
- In case, if the provided LMP date/gestational age or other risk factors etc. needs any correction, the risk analysis will be recalculated according to the corrected parameters to avoid technical errors, if any

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Test Name	Result	Biological Ref. Interval	Unit

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Sanjeeta

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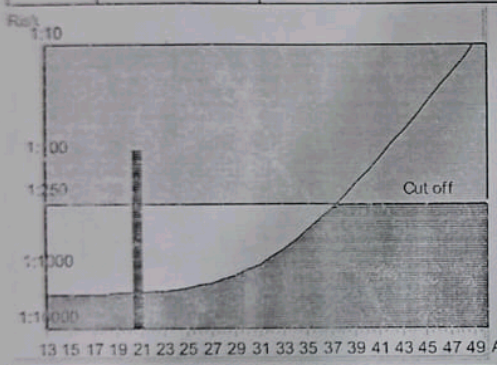
Result Down's syndrome screening

Name	VANDANA KUMARI	Sample ID	15215480	diabetes	no
	MRS	D.O.B.	25-02-2005	Fetuses	1
Patient ID	15215480	Age at delivery	20.8	Smoker	no
Day of serum taking	04-08-2025	Weight [kg]	66 kg	IVF	no
Date of report:	09-08-2025			Ethnic origin	Asian
Previous trisomy 21 pregancies	no				

Corrected MoM's and calculated risks

AFP	50.2	ng/ml	0.60	Corr. MoM	Gestational age at sample date	21 + 2
uE3	1	ng/ml	0.54	Corr. MoM	determination method	BPD Hadlock
HCG	27396	mIU/ml	1.79	Corr. MoM	Physician	DR PRATHIBHA ARCHANA DAS
Inh-A	371.5	Pg/ml	2.07	Corr. MoM		



Tr.21 risk
at term
1:83

Age risk
at term
1:1522

Down's Syndrome Risk

The calculated risk for Trisomy 21 is above the cut off which represents an increased risk.
After the result of the Trisomy 21 test it is expected that among 83 women with the same data, there is one woman with a trisomy 21 pregnancy and 82 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!

Neural tube defects risk	Risk for trisomy 18
The corrected MoM AFP (0.60) is located in the low risk area for neural tube defects.	**The calculated risk for trisomy 18 is < 1:10000, which indicates a low risk.**

below cut off | Below Cut Off, but above Age Risk | above cut off | Prisca 5.0.2.37