Santevita HOSPITAL
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DEPARTMENT OF PATHOLOGY & MICROBIOLOGY
(OPEN 24 X 7)

NABH H-2016-0386 NURSING EXCELLENCE NABH N-2019-0106

Double Marker Test

SNEHA SHOKER (147599)
Date of birth: 19 September 1991
Examination date: 19 September 2025

Address: Ranchi Hospital no.: 2500212850

Referring doctor: Dr Snigdha Chatterjee Santevita Hospital
Address: Ranchi

Maternal characteristics and history

Ethnic origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0.
Maternal weight: 62.7 kg.
Smoking in this pregnancy: no; Diabetes Mellitus: no.
Conception: spontaneous;
last period: 25 June 2025

EDD by dates: 01 April 2026

First Trimester Ultrasound

Gestational age: **12 weeks + 6 days** from CRL

EDD by scan: 28 March 2026

Fetal heart activity	visualised	
FHR	160 bpm	
Crown-rump length (CRL)	66.0 mm	
Nuchal translucency (NT)	1.60 mm	

Chromosomal markers:
Nasal bone: present.

Maternal Serum Biochemistry

Sample **2500212850**, taken on: 19 September 2025, analysed on: 22 September 2025.

Free ß-hCG	20.79 IU/l	Roche	equivalent to	0.634 MoM
PAPP-A	5.196 IU/l	Roche	equivalent to	1.173 MoM

FMF Operator: SHIKHA ANAND, FMF Id: 281678

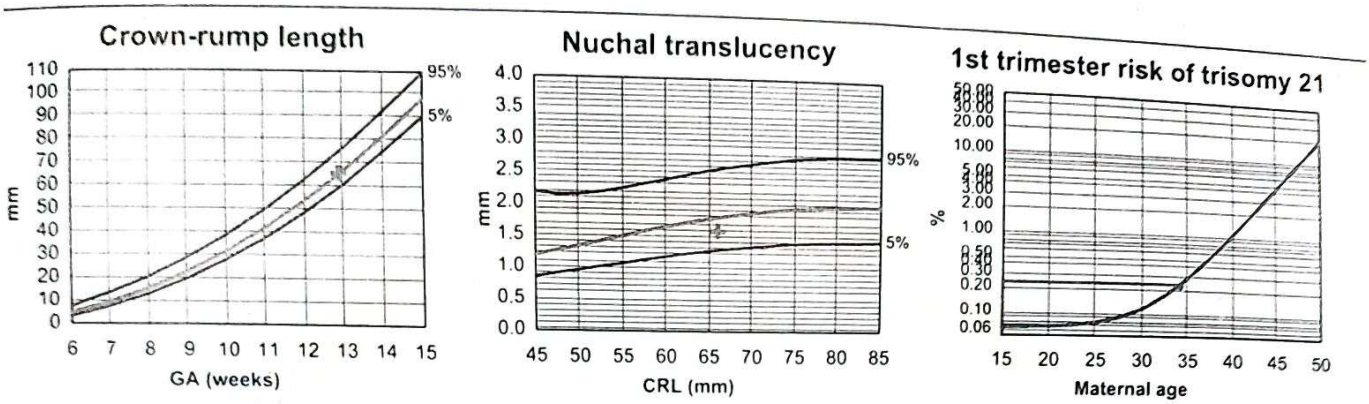
Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1 in 473	1 in 9451
Trisomy 18	1 in 5577	<1 in 20000
Trisomy 13	1 in 13130	<1 in 20000

The background risk for aneuploidies is based on maternal age (34 years). The adjusted risk is the risk at term, calculated on the basis of the background risk, ultrasound factors (fetal nuchal translucency thickness, nasal bone, fetal heart rate) and maternal serum biochemistry (PAPP-A, free beta-hCG).
Biochemical marker medians used to calculate MoMs are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.
The estimated risk is calculated by the FMF-2018 software (version 4.6) and is based on findings from extensive research coordinated by the Fetal Medicine Foundation (UK Registered charity 1037116). The risk is only valid if the ultrasound scan was performed by a sonographer who has been accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see www.fetalmedicine.org).

1 H.B. Road (Near Firayalal Chowk),
Ranchi - 834001
e-mail : info@santevitahospital.com,
Website : www.santevitahospital.com
(0651) 7111 125, 7111 555
91 7360033390

Reporting on astraia software

Test conducted at
Lilac Insights Pvt. Ltd.



Comments

INTERPRETATION : The first trimester screening for the given sample is found **SCREEN NEGATIVE .**
Please Note: The above interpretation is based on a cut off of 1:250 for T21 , 1:100 for T13 & T18

Reviewed By

Dr. Suresh Bhanushali MD (Path)
Consultant Pathologist

Notes

1.Quality of the Down's syndrome screening program (Biochemical values, MoMs and Risk assessments) monitored by UKNEQAS on an ongoing basis.
2.This interpretation assumes that patient and specimen details are accurate and correct.
3.Lilac Insights does not bear responsibility for the NT & CRL measurements.
4.This is a risk estimation test and not a diagnostic test. An increased risk result does not mean that the fetus is affected and a low risk result does not mean that the fetus is unaffected.

1 H.B. Road (Near Firayalal Chowk),
Ranchi - 834001

Test conducted at

Patient name	Mrs. SNEHA SHOKER	**Age/Sex**	33 Years / Female
Patient Id	2025-1135 / 147599	**Visit no**	1
Referred by	Dr. Snigdha Chatterjee	**Visit date**	17/11/2025
LMP date	25/06/2025, LMP EDD: 01/04/2026[20W 5D]		

USG Anomaly Scan Report

Indication(s)
Primigravida
Level I scan- Normal
Double marker done- Low risk T21 1:9451
Real time B-mode ultrasonography of gravid uterus done.
Route: Transabdominal
Single intrauterine gestation

Maternal
Cervix measured 3.4 cm in length.
Internal os closed

Maternal Doppler:
The right uterine artery shows a normal flow pattern.
The left uterine artery shows a normal flow pattern.
The mean pulsatility index of uterine arteries is within normal range.

Right Uterine	1.23	(65%)
Left Uterine	1.32	(73%)
Mean PI	1.275	(69%)

Fetus

Survey
Presentation - Variable
Placenta - Posterior
Lower limit of placenta 2.8cm away from os
Liquor - Adequate
Umbilical cord - Two arteries and one vein
Fetal activity present
Cardiac activity present
Fetal heart rate - 142 bpm

Biometry (mm)

BPD	50.9, 21W 2D	(68%)
HC	190.4, 21W 2D	(63%)
AC	170.1, 22W	(76%)
FL-Rt	36.1, 21W 3D	(59%)

Long bones	Right (mm)	
Tibia	31.4, 21W 5D	(74%)
Fibula	29.6, 20W 4D	(47%)
Humerus	34.4, 21W 5D	(75%)
Radius	29.5, 21W 3D	(57%)
Ulna	32.8, 21W 6D	(78%)

Mrs. SNEHA SHOKER / 2025-1135 / 17/11/2025 / Visit No 1

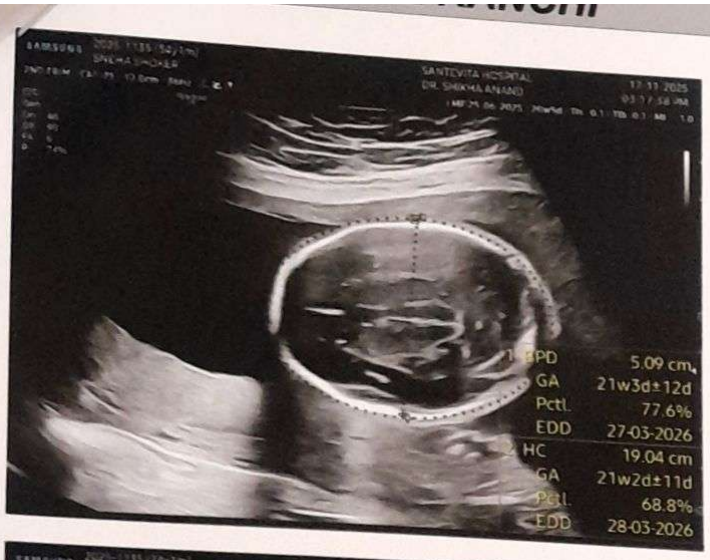
Abdomen
Abdominal situs appeared normal.
Stomach and bowel appeared normal.
Normal bowel pattern appropriate for the gestation seen.
No evidence of ascites.
Abdominal wall intact.

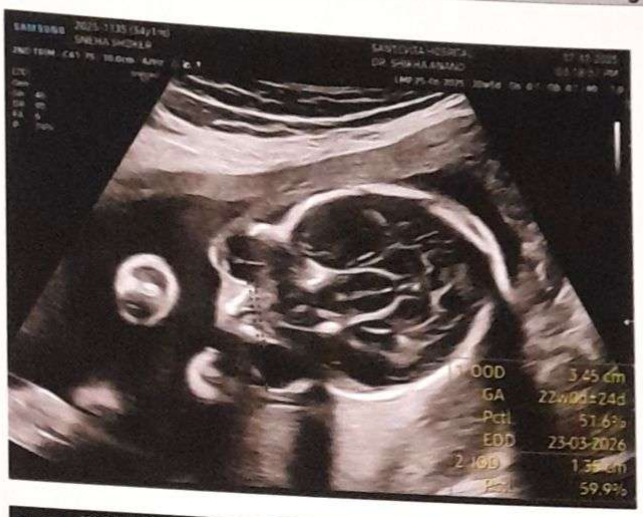
KUB
Right renal pelvis measured 3.5 mm
Left renal pelvis measured 3.1 mm
Right and Left kidneys appeared normal.
Bladder appeared normal

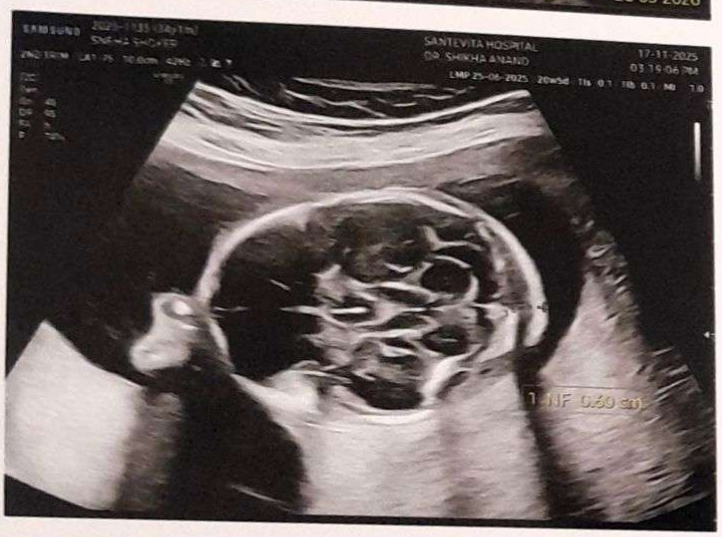
Extremities
All fetal long bones visualized and appear normal for the period of gestation.
Both feet appeared normal

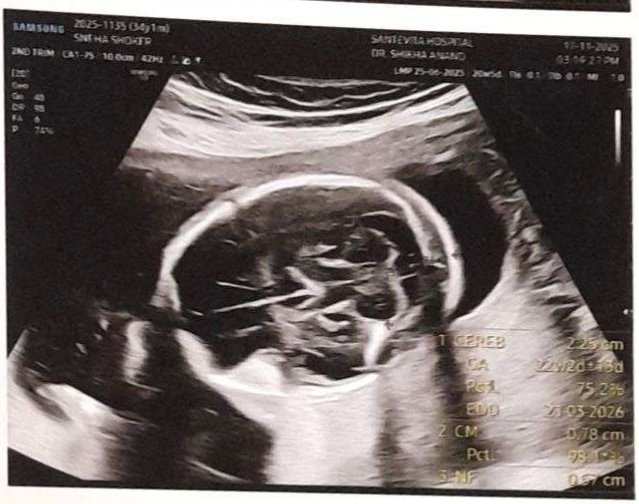
Impression
Single gestation corresponding to a gestational age of 21 weeks 4 days.
Detailed study of fetus does not reveal any obvious anomaly detectable by ultrasound during this period of gestation
Note is made of mild increased NF measuring 6 mm.
Counselling: It is a soft marker for trisomy 21 with a likelihood ratio of 3.7. Patient has undergone double marker test which is low risk with a sensitivity of 85%, . Couple understand that 100% chromosomal normalcy can be obtained by amniocentesis which is an invasive test with 1 in 1000 risk of pregnancy loss in this pregnancy. NIPT can be offered as it has better sensitivity for common aneuploidies.

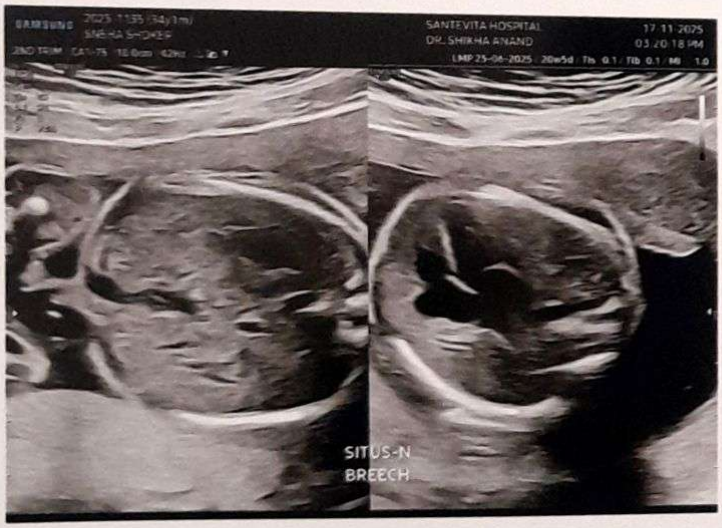
Disclaimer:
Patient has been explained about limitations of scan due suboptimal visualization because of maternal habitus. Not all congenital anomalies (especially of the limbs, palate, heart and skin) can be detected by ultrasound. Overall detection rate of major congenital abnormalities in about 70%.Minor abnormality like polydactyly, soft palate abnormality are not looked up at routine level2 scan.
Couple understand that ultrasound cannot rule out functional, chromosomal and genetic abnormalities. Normal means structurally normal for the gestation within reasonable expectations for available technology and patient body habitus. Certain diseases may evolve during pregnancy and may not be seen at the time of level II/ anomaly scan. The reported prevalence of fetal anomalies diagnosed in third trimester is 3.7 per 1000 women, these are typically genitourinary tract, brain and heart.
Conditions like Trisomy 21 may have normal ultrasound. 100% confirmation is obtained by amniocentesis which has a risk of abortion 1:1000. Serum screening like nips also has 98% sensitivity for trisomy 21. Please do not hesitate to contact us if you have any further questions.

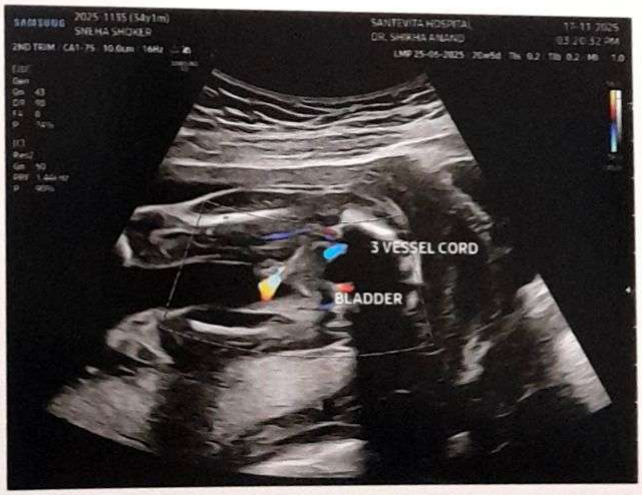

SAMSUNG
SANTEVITA HOSPITAL
DR. SHIKHA ANAND
17-11-2025
BPD 5.09 cm
GA 21w3d±12d
Pctl. 77.6%
EDD 27-03-2026
HC 19.04 cm
GA 21w2d±11d
Pctl. 68.8%
EDD 28-03-2026

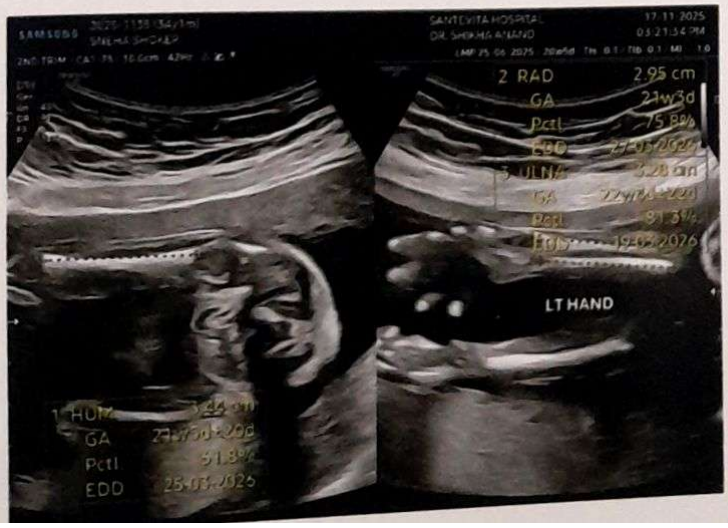

SAMSUNG
SANTEVITA HOSPITAL
DR. SHIKHA ANAND
OOD 3.45 cm
GA 22w0d±24d
Pctl. 51.6%
EDD 23-03-2026
59.9%

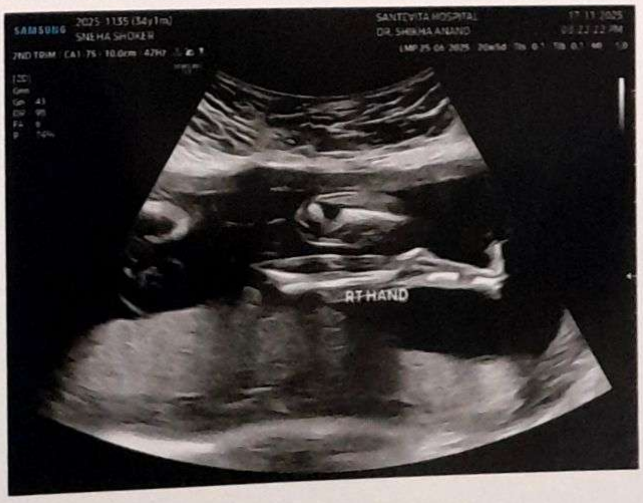

SAMSUNG
SANTEVITA HOSPITAL
DR. SHIKHA ANAND
17-11-2025
NF 0.60 cm


SAMSUNG
SANTEVITA HOSPITAL
DR. SHIKHA ANAND
CEREB 2.25 cm
GA 22w2d±13d
Pctl. 75.2%
EDD 27-03-2026
CM 0.78 cm
Pctl. 98.1%
NF 0.57 cm


SAMSUNG
SANTEVITA HOSPITAL
DR. SHIKHA ANAND
17-11-2025
SITUS-N
BREECH


SAMSUNG
SANTEVITA HOSPITAL
DR. SHIKHA ANAND
3 VESSEL CORD
BLADDER


SAMSUNG
SANTEVITA HOSPITAL
DR. SHIKHA ANAND
17-11-2025
RAD 2.95 cm
GA 21w3d
Pctl. 75.8%
ULNA 3.28 cm
LT HAND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SANTEVITA HOSPITAL
DR. SHIKHA ANAND
RT HAND

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Patient Name	: **Mrs. Sneha Shoker**	Sex / Age	: Female/33 Yrs	**UHID No**	: **147599**
Date / Time	: 18/11/2025 12:57PM	No	: 1	Contact No.	:
Sponsor	: SANTEVITA TARIFF	Address	: MAIN RD RANCHI	Visit Type	: First Visit

Consultant Name

Dr.SnigdhaChatterjee

Gynaecology & Obstetric

Med. Reg.No.: JMC-756/2006

Vital Signs

BP	: 111/64 mmHg	Pulse	: 90 bpm	RR	: 18 bpm
Temp	: 98 F	Weight	: 55.6 kg	Height	: 154 cm
BMI	: 23	SpO2	: 100 %		

Presenting Complaints :

G1 21wks.

LMP - 25/6/25

EDD - 1/4/26.

Known Drug Allergy :

Not known

Relevant Past Medical / Family history :

Anomaly Scan →

SLF : 21wks 1d.

Pl - 2.8 cm post pl.

UC - adeq.

CP +.

Cx - 3.4 cm

↑ cd NF - 6mm.

Local / Systemic Examination :

Diet : As Advice

Wt 20wks

Investigations :

NIPT

TT, ✓

Next Follow- up :

This is an important doucument, Please keep it safe and carry it in your next visit.

Contact No : +91 7360033390
(0651) 7111 555
+91 7360033390
1 H.B. Road (Near Firayalal Chowk), Ranchi - 834001
e-mail : info@santevitahospital.com, Website : www.santevitahospital.com

Provisional Diagnosis :

G, 21 weeks.

Medication :

℞

(1) Livogen Z — 1 daily 9AM
↳ 30+30+

(2) Calcimax fdc — 1 daily. 9PM.
(30)

(3) Protinex drink — 2 tbsp
with. 4PM.

Follow - up advice :

A/V — 25 wks (11/12 — 20/12)

, F. ECHO
, CBC
, LFT
, KFT.
, AFP quad
, OGTT (75)
F/1hr/2h

Advice for Admission : Yes / No

If yes, to Wards / Day Care / ICU / NICU

Consultant

"This OPD Card will be valid for 02 visits within 10 days from the issue date of the Card."

भारत सरकार

GOVERNMENT OF INDIA

स्नेहा शोकर

Sneha Shoker

जन्म तिथि/DOB: 19/09/1991

महिला/ FEMALE

Mobile No: 7488753196

2946 5108 6945

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आधार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Download Date: 06/06/2019

पता:
३९१, दुर्गा स्टोर ईमली टोला, सरताज होटल के सामने,
मेन रोड, राँची, राँची,
झारखण्ड - 834001

Address :
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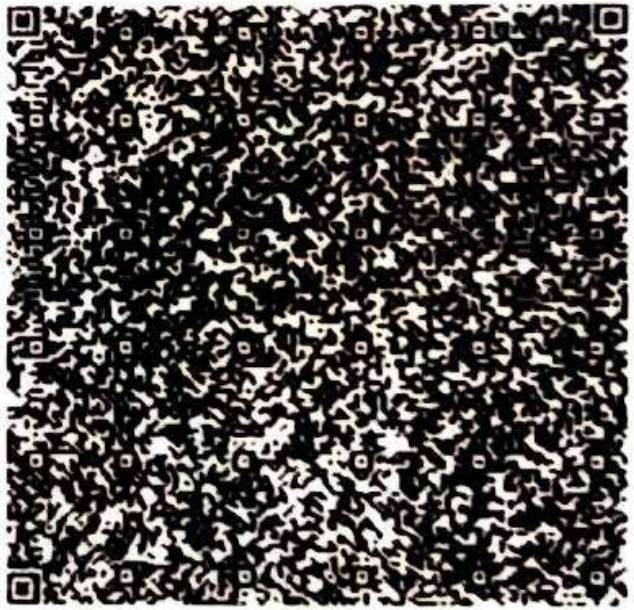
Ranchi,
Jharkhand - 834001



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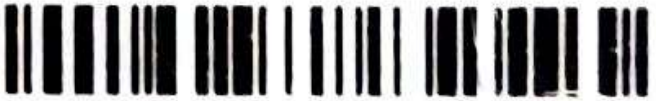

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