



POONA
Diagnostic Centre

Ms. PRADNYA MALAVE
Age: 25 Years(s) / Female



ISO 9001:2015 Certified

VID No. : 250176511045269
PID No. : P13625557628813
Referred by : SELF
Registered On : 14/11/2025 7:03 PM
Collected On : 14/11/2025 7:02PM
Reported On : 17/11/2025 5:57 PM

| Down syndrome screening (Triple marker) | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------------|--|----------------------------------|-------------|----------|------|----------------|--------------------|--------|-----------------|------------|----------|-----------------|----------|--------|-----------------|----------|--------|---|
| Name | PRADNYA MALAVE | Weight | 65 kg | Sampling Date | 14/11/25 | | | | | | | | | | | | | | | |
| VID | 250176511045269 | Smoking | unknown | Previous H/o of Tri 21 pregnancy | unknown | | | | | | | | | | | | | | | |
| SID | 250176511045269 | Insulin dependent Diabetes | unknown | IVF | unknown | | | | | | | | | | | | | | | |
| DOB | 05/06/01 | Race | Asian | No of Fetuses | 1 | | | | | | | | | | | | | | | |
| Age at Delivery | 24.8 Years | | | | | | | | | | | | | | | | | | | |
| Measured Serum Values, Corrected MoM's and Risk Evaluation | | | | | | | | | | | | | | | | | | | | |
| Analyte | Value | Units | Corr. MoM's | Determination method | BPD Hadlock | | | | | | | | | | | | | | | |
| AFP | 57.46 | ng/ml | 0.67 | Ultrasound Date | 04/11/25 | | | | | | | | | | | | | | | |
| uE3 | 1.79 | ng/ml | 0.94 | Gestational Age by USG | 20 + 3 | | | | | | | | | | | | | | | |
| HCG | 10840 | mIU/ml | 0.81 | Gestational Age at sampling date | 21 + 6 | | | | | | | | | | | | | | | |
| Risk | <table border="1"> <thead> <tr> <th>Disorder</th> <th>Risk</th> <th>Interpretation</th> </tr> </thead> <tbody> <tr> <td>Trisomy-21 at term</td> <td>1:3537</td> <td>SCREEN NEGATIVE</td> </tr> <tr> <td>Trisomy-18</td> <td><1:10000</td> <td>SCREEN NEGATIVE</td> </tr> <tr> <td>Open NTD</td> <td>1:6485</td> <td>SCREEN NEGATIVE</td> </tr> <tr> <td>Age Risk</td> <td>1:1390</td> <td>+</td> </tr> </tbody> </table> <p>Genetic counselling available at our centre</p> | | | | | Disorder | Risk | Interpretation | Trisomy-21 at term | 1:3537 | SCREEN NEGATIVE | Trisomy-18 | <1:10000 | SCREEN NEGATIVE | Open NTD | 1:6485 | SCREEN NEGATIVE | Age Risk | 1:1390 | + |
| Disorder | Risk | Interpretation | | | | | | | | | | | | | | | | | | |
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| Open NTD | 1:6485 | SCREEN NEGATIVE | | | | | | | | | | | | | | | | | | |
| Age Risk | 1:1390 | + | | | | | | | | | | | | | | | | | | |
| NEURAL TUBE DEFECTS SCREENING SCREEN NEGATIVE The corrected MoM AFP (0.67) is located in the low risk area for neural tube defects. | | | TRISOMY 21 SCREENING SCREEN NEGATIVE 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 3537 women with the same data, there is one woman with a trisomy 21 pregnancy and 3536 women with no 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 SCREENING SCREEN NEGATIVE The calculated risk for trisomy 18 is < 1:10000, which indicates a low risk. | | | | | | | | | | | | | | | | | | | | |
| COMMENTS PRISCA is calculated based on USG report dated 04.11.2025, which mentions BPD as 47.7 mm. PRISCA is calculated based on USG report dated on 04.11.2025 mentions hypoplastic nasal bone, further testing by NIPT(N0023_NIPS)/Karyotyping- FISH(K0026) suggested, if clinically indicated. Risk for Trisomy 18, Neural Tube Defect and Trisomy 21 is low. For all interpretation of maternal markers, age is considered according to date of birth mentioned on the graph. | | | | | | | | | | | | | | | | | | | | |

Report Printing Date: 17. Nov 2025 GOLWARKAR METROPOLIS HEALTH SERVICES (INDIA) PVT. LTD

below cut off

Below Cut Off, but above Age Risk

above cut off

-- End of Report --



Test Marked with NABL symbol are in the scope of accreditation

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