

LABORATORY REPORT

PATIENT INFORMATION

Mrs. PRIYANKA .

AGE : 37Y
GENDER : Female
PRIORITY : Routine
OP / IP / DG # :

REFERRED BY

Dr.Priya Mishra

ADVANCE DIAGNOSTIC CENTER

Lab MR #: 5769834



SPECIMEN INFORMATION

SAMPLE TYPE : Serum.

ORDER REQ. NO: OREQ-LAB-22-3048127

LAB ORDER. NO: 2215253755

COLLECTED ON: 06-Jun-2022 00:00

RECEIVED ON: 08-Jun-2022 15:35

REPORT : Completed

STATUS



BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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Maternal Screening (Second Trimester) - Quadruple Markers

Type of Pregnancy : Single

Patient Specifications

Weight : 69.0 Kg

H/o Insulin Dependent Diabetes : No

Ethnic Origin : INDIAN

Maternal Age at Term : 37 Years

USG Findings

Date of Ultrasound : 15-05-2022

Gestational Age in Weeks on Ultrasound : 13W 3D

Biochemical Results

Alpha Feto Protein - AFP (Maternal Screening) (CLIA) : 25.80 ng/mL

MOM for AFP : 0.68

hCG - Maternal Screening (CLIA) : 33300.00 mIU/mL

MOM for B-HCG : 1.30

Estriol Unconjugated - uE3 - Maternal Screening (CLIA) : 0.42 ng/mL

MOM for uE3 : 0.56

Inhibin A - Maternal Screen (CLIA) : 341.4 pg/mL

MOM for Inhibin-A : 2.39

Risk Ratio Calculations

Down's Syndrome (T21) Risk Per Maternal Age : 1:229

Down Syndrome (T21) Risk Ratio as per combined assessment of maternal age, biochemical results & usg findings : **>1:50** H

T18 Risk as per combined assessment of maternal age, biochemical results & usg findings : 1:6271

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 (0.68), 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 (>1:50) found in the high risk category** and trisomy 18 (1:6271) 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.

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ADVANCE DIAGNOSTIC CENTER
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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)	<3-5%
Trisomy 21 (Down Syndrome)	1:250	or	
Trisomy 18 (Edward & Patau's syndrome)	1:100	Up to 90% (with Quadruple markers & ultrasonography)	

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

SOFTWARE GENERATED GRAPHICAL REPORT ATTACHED OVERLEAF.

Checked by Mr. Prabhakar Burigari
Senior Lab Technician

Dr. Mohammad Ibrahim Shaik
Consultant
10-Jun-2022 18:38

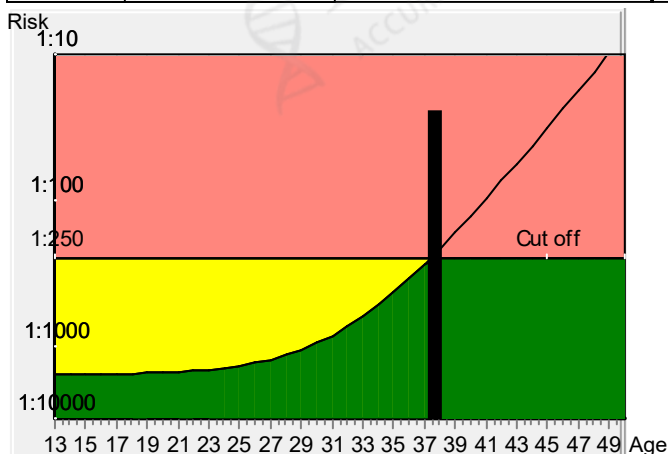
-----Analytical Report Attached-----

Result Down's syndrome screening

Name	PRIYANKA	Sample ID	2206103873	diabetes	no
	MRS	D.O.B.	01/03/85	Fetuses	1
Patient ID	5769834	Age at delivery	37.7	Smoker	unknown
Day of serum taking	06/06/22	Weight [kg]	69 kg	IVF	unknown
Date of report:	10/06/22			Ethnic origin	Asian
Previous trisomy 21 pregnancies	unknown				

Corrected MoM's and calculated risks

AFP	25.8	ng/ml	0.68	Corr. MoM	Gestational age at sample date	16 + 4
uE3	0.42	ng/ml	0.56	Corr. MoM	determination method	BPD (<>Hadlock)
HCG	33300	mIU/ml	1.30	Corr. MoM	Physician	DR Dr.Priya Mishra
Inh-A	341.4	Pg/ml	2.39	Corr. MoM		



Tr.21 risk
at term

>1:50

Age risk
at term

1:229

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 less than 50 pregnancies with the same data, there is one 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!

Neural tube defects risk

The corrected MoM AFP (0.68) is located in the low risk area for neural tube defects.

Risk for trisomy 18

The calculated risk for Trisomy 18 is 1:6271, which indicates a low risk.

below cut off

Below Cut Off, but above Age Risk

above cut off

Prisca 5.0.2.37