

Dr. Vinay Chopra  
MD (Pathology & Microbiology)  
Chairman & Consultant Pathologist

Dr. Yugam Chopra  
MD (Pathology)  
CEO & Consultant Pathologist

NAME : Mrs. MANJEET KAUR  
AGE/ GENDER : 37 YRS/FEMALE  
COLLECTED BY :  
REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT)  
BARCODE NO. : 01513868  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1561575  
REG. NO./LAB NO. : 012407260056  
REGISTRATION DATE : 26/Jul/2024 03:26 PM  
COLLECTION DATE : 26/Jul/2024 03:29 PM  
REPORTING DATE : 26/Jul/2024 04:41 PM

Test Name	Value	Unit	Biological Reference interval
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	86.33	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0
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#### INTERPRETATION

##### IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A random plasma glucose level below 140 mg/dl is considered normal.
2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A random glucose level of above 200 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.



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Test Name	Value	Unit	Biological Reference interval
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## ENDOCRINOLOGY

### DUAL MARKER MATERNAL SCREENING - TWIN PREGNANCY

#### DUAL MARKER TEST

##### PATEINT SPECIFICATIONS

DATE OF BIRTH	1984-07-07		
MATERNAL AGE	40.56	YEARS	
WEIGHT	61	Kg	
ETHNIC ORIGIN	ASIAN		ASIAN
H/O IVF	ABSENT		
H/O SMOKING	ABSENT		
H/O INSULIN DEPENDANT DIABETES	ABSENT		
H/O TRISOMY 21 SCREENING	ABSENT		

##### ULTRA SOUND SCAN DETAILS

DATE OF ULTRASOUND by ULTRASOUND SCAN	2024-07-26		
METHOD FOR GESTATION AGE ESTIMATION by ULTRASOUND SCAN	ULTRASOUND SCAN DETAILS		
FOETUS (NOS) by ULTRASOUND SCAN	2		

##### FOETUS 1

CROWN RUMP LENGTH (CRL) by ULTRASOUND SCAN	74.8	mm	38 - 84
GESTATIONAL AGE BY CRL by ULTRASOUND SCAN	13.4		
NUCHAL TRANSLUCENCY (NT) by ULTRASOUND SCAN	1.68	mm	0.1 - 6.0
NUCHAL TRANSLUCENCY (NT) MOM by ULTRASOUND SCAN	0.91		

##### FOETUS 2

CROWN RUMP LENGTH (CRL) - F2 by ULTRASOUND SCAN	66.3	mm	38 - 84
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Test Name	Value	Unit	Biological Reference interval
GESTATIONAL AGE BY CRL - F2 by ULTRASOUND SCAN	12.6		
NUCHAL TRANSLUCENCY (NT) - F2 by ULTRASOUND SCAN	1.67	mm	0.1 - 6.0
NUCHAL TRANSLUCENCY (NT) MOM - F2 by ULTRASOUND SCAN	0.99		
<b><u>DUAL MARKER - BIOCHEMICAL MARKERS</u></b>			
PREGNANCY ASSOCIATED PLASMA PROTEIN A (PAPP-A) by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	9809	mIU/L	
BETA HCG - FREE: SERUM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	129.1	ng/mL	
<b><u>MULTIPLE OF MEDIAN (MOM) VALUES</u></b>			
PAPP-A MOM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	1.53		
BETA HCG - FREE MOM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	3.33		
<b><u>TRISOMY 21 SCREENING (DOWNS SYNDROME) RISK ASSESSMENT</u></b>			
TRISOMY 21 SCREENING RISK RESULT by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	NEGATIVE (-ve)		NEGATIVE (-ve)
TRISOMY 21 AGE RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	1:110 NEGATIVE (-ve)		
TRISOMY 21 BIOCHEMICAL RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	1:224 NEGATIVE (-ve)		RISK CUT OFF 1:150
TRISOMY 21 COMBINED RISK (BIOCHEMICAL + NT) by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:150
<b><u>TRISOMY 18 SCREENING RISK ASSESSMENT</u></b>			
TRISOMY 18 AGE RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	NEGATIVE (-ve)		
TRISOMY 13/18 SCREENING RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:300
<b><u>MULTIPLE OF MEDIANS (MOM) - F2</u></b>			
PAPP-A MOM - F2 by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	1.92		



  
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Test Name	Value	Unit	Biological Reference interval
BETA HCG - FREE MOM - F2 <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	2.85		
<b>TRISOMY 21 SCREENING (DOWNS SYNDROME) RISK ASSESSMENT - F2</b>			
TRISOMY 21 SCREENING RISK RESULT - F2 <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
TRISOMY 21 AGE RISK - F2 <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	1:110 NEGATIVE (-ve)		
TRISOMY 21 BIOCHEMICAL RISK - F2 <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	1:402 NEGATIVE (-ve)		RISK CUT OFF 1:150
TRISOMY 21 COMBINED RISK (BIOCHEMICAL + NT) - F2 <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:150
<b>TRISOMY 18 SCREENING RISK ASSESSMENT - F2</b>			
TRISOMY 18 AGE RISK - F2 <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	NEGATIVE (-ve)		
TRISOMY 13/18 SCREENING - F2 <i>by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)</i>	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:300

**INTERPRETATION:**

1. Double marker test (maternal serum screen – first trimester) is a prenatal test to screen for Trisomy 21 (down's syndrome) and Trisomy 13/18 during gestational period 8 – 13 weeks.  
 2. Besides the biochemical markers tested – maternal pregnancy associated plasma protein a (papp-a) & maternal free beta hcg, the risk is calculated combining usg measurement of nuchal translucency (nt), gestational age at the time of sample with other maternal factors as age, weight, h/o diabetes, smoking, race, twin pregnancies, use of assisted reproductive technologies (IVF).

**NOTE:**

1. This is only screening test based purely on statistical analysis which is further based on the data submitted; hence the correctness of data is vital for risk analysis.  
 2. A negative screen indicates a lower probability of having a baby with trisomy 21, trisomy 18 and neural tube defects, but does not completely exclude the possibility.  
 3. A positive screen on the contrary only indicates a higher probability of having a baby with trisomy 21, trisomy 18 and neural tube defects, and needs confirmation by cytogenetic studies and/or level ii scan.  
 4. The detection rate by this test is about 60%, with 5% false positive rate when assessment is done for only biochemical parameters and increase to 85 % with 5% false positive rate when both biochemical parameters and nt are combined for analysis.  
 5. Correlation with patient history, family history and detailed USG scan is required to decide further course of action in cases who have high risk statistically calculated by this test.



  
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Test Name	Value	Unit	Biological Reference interval
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## CLINICAL PATHOLOGY

### URINE ROUTINE & MICROSCOPIC EXAMINATION

#### PHYSICAL EXAMINATION

QUANTITY RECIEVED	10	ml	
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
COLOUR	AMBER YELLOW		PALE YELLOW
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
TRANSPARANCY	CLEAR		CLEAR
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SPECIFIC GRAVITY	1.01		1.002 - 1.030
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

#### CHEMICAL EXAMINATION

REACTION	ACIDIC		
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
PROTEIN	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SUGAR	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
pH	5.5		5.0 - 7.5
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BILIRUBIN	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
NITRITE	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.			
UROBILINOGEN	Normal	EU/dL	0.2 - 1.0
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
KETONE BODIES	TRACE		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BLOOD	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
ASCORBIC ACID	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

#### MICROSCOPIC EXAMINATION



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Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCs) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	0-3	/HPF	0 - 5
EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	6-8	/HPF	ABSENT
CRYSTALS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	ABSENT		ABSENT

\*\*\* End Of Report \*\*\*



  
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### Basic Information

Name: MANJEET KAUR Contact: Gender: Female  
 Weight: 61.00 Kg Birthdate: 1984-07-07 Age of EDC: 40.56 Year  
 Race: Asian Twins: No GA calc method: CRL Robinson  
 LMP Day: Sender:

### Sample information

Send time: 2024-07-27 Sample NO.: 01513868(1) Scan Date: 2024-07-26  
 Lab: Sample Date: 2024-07-26 GA: 13+4  
 BPD: -- mm CRL length: 74.80 mm NT length: 1.68 mm

### Assay

NO.	Item abbr	Result	Unit	MOM	Reference range
1	free-β-HCG	129.10	ng/ml	3.33	
2	PAPP-A	9809.00	mIU/L	1.53	
3	NT	1.68	mm	0.91	

### Risk calculate

Age risk: 1:110

Parameter: Trisomy21

Risk: 1:224

Cut Off: ( < 1:150 )

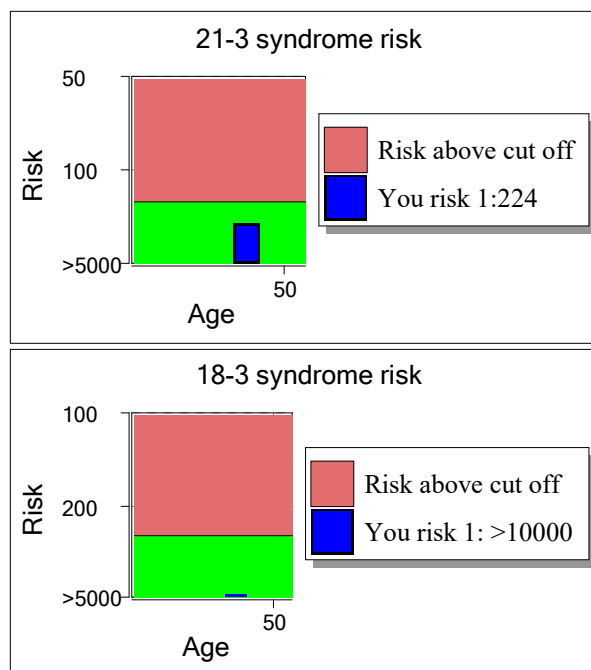
Screening Result: Negative

Parameter: Trisomy18/13

Risk: 1:8194024

Cut Off: ( < 1:300 )

Screening Result: Negative



Parameter:

Cut Off:

Screening Result:

**Advice:**Diagnostic results with less risk

Note: \*The basic information on the basis of Down's risk assessment in this report is provided at the time of your onsite. When you get this report, please first check whether your relevant information is correct. If there is any discrepancy, please contact your doctor in time, so as to feedback us the correct information and documents, then obtain the correct report.

\*The high risk and borderline risk of trisomy 21 or trisomy 18 requires further interventional prenatal diagnosis (from fetuses such as villus, amniotic fluid, cord blood, etc.); high risk of neural tube defect (NTD), please go to ultrasound prenatal diagnosis qualified hospitals use ultrasound to exclude.

\*The risk of NTD is only calculated at 14-22 weeks.

\*The screening result with low risk only shows that the chance of this kind of congenital abnormality in your fetus is less, and the possibility of this kind of abnormality or other abnormalities cannot be completely ruled out. Please consult a doctor in time after you get the report, and the doctor will follow your Risks and other conditions (whether you are older than 35 years old, whether you have had more than one child with other deformities, or have other diseases such as tumors) are comprehensively considered to suggest whether you need to take further examination to confirm the diagnosis.

**\*\*This report only can be reference and assistant for doctor, cannot directly give conclusion by this \*\***

Doctor:

Checked by :

Print date: 2024-07-27 10:43:15

**Basic Information**

Name: MANJEET KAUR      Contact:      Gender: Female  
Weight: 61.00 Kg      Birthdate: 1984-07-07      Age of EDC: 40.57 Year  
Race: Asian      Twins: No      GA calc method: CRL Robinson  
LMP Day:      Sender:

**Sample information**

Send time: 2024-07-27      Sample NO.: 01513868(2)      Scan Date: 2024-07-26  
Lab:      Sample Date: 2024-07-26      GA: 12+6  
BPD: -- mm      CRL length: 66.30 mm      NT length: 1.67 mm

**Assay**

NO.	Item abbr	Result	Unit	MOM	Reference range
1	free-β-HCG	129.10	ng/ml	2.85	
2	PAPP-A	9809.00	mIU/L	1.92	
3	NT	1.67	mm	0.99	

**Risk calculate**

Age risk: 1:110

Parameter: Trisomy21

Risk: 1:402

Cut Off: ( &lt; 1:150 )

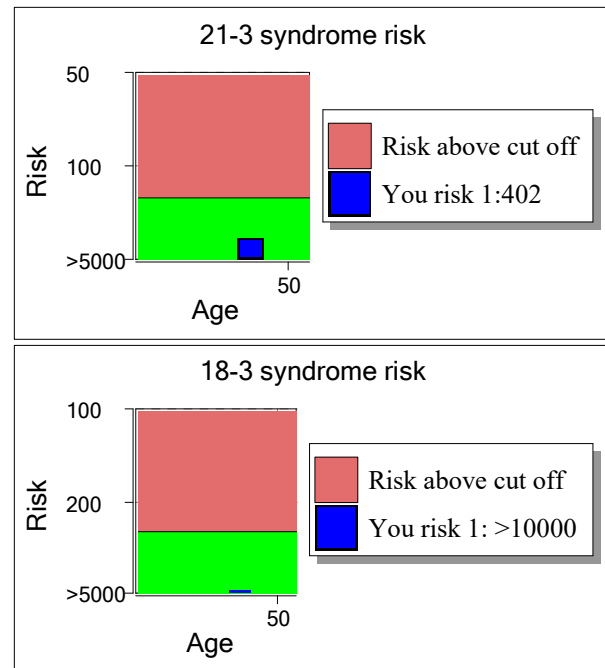
Screening Result: Negative

Parameter: Trisomy18/13

Risk: 1:10718071

Cut Off: ( &lt; 1:300 )

Screening Result: Negative



Parameter:

Cut Off:

Screening Result:

**Advice:**Diagnostic results with less risk

Note: \*The basic information on the basis of Down's risk assessment in this report is provided at the time of your onsite. When you get this report, please first check whether your relevant information is correct. If there is any discrepancy, please contact your doctor in time, so as to feedback us the correct information and documents, then obtain the correct report.

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**\*\*This report only can be reference and assistant for doctor, cannot directly give conclusion by this \*\***

Doctor:

Checked by :

Print date: 2024-07-27 10:46:00