

### **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



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

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

NAME : Mrs. ANJALI

**AGE/ GENDER** : 35 YRS/FEMALE **PATIENT ID** : 1578008

COLLECTED BY : REG. NO./LAB NO. : 012408120032

 REFERRED BY
 :
 REGISTRATION DATE
 : 12/Aug/2024 11:44 AM

 BARCODE NO.
 : 01514938
 COLLECTION DATE
 : 12/Aug/2024 11:46AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 14/Aug/2024 04:18PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

# ENDOCRINOLOGY DUAL MARKER MATERNAL SCREENING

#### **DUAL MARKER TEST**

### **PATEINT SPECIFICATIONS**

DATE OF BIRTH 22-08-1989

MATERNAL AGE 35 YEARS

WEIGHT 56.3 Kg

ETHNIC ORIGIN ASIAN ASIAN

H/O IVFABSENTH/O SMOKINGABSENTH/O INSULIN DEPENDANT DIABETESABSENTH/O TRISOMY 21 SCREENINGABSENT

**ULTRA SOUND SCAN DETAILS** 

DATE OF ULTRASOUND 12-08-2024

by ULTRASOUND SCAN

METHOD FOR GESTATION AGE ESTIMATION ULTRASOUND SCAN DETAILS

by ULTRASOUND SCAN

FOETUS (NOS)

by ULTRASOUND SCAN

GA ON THE DAY OF SAMPLE COLLECTION 13.1 WEEKS

by ULTRASOUND SCAN

CROWN RUMP LENGTH (CRL) 72 mm 38 - 84
by ULTRASOUND SCAN

GESTATIONAL AGE BY CRL 13.1

by ULTRASOUND SCAN

#### **DUAL MARKER - BIOCHEMICAL MARKERS**

PREGNANCY ASSOCIATED PLASMA 10.1 mIU/L

PROTEIN A (PAPP-A)

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

BETA HCG - FREE: SERUM 56.1 ng/mL by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

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#### MULTIPLE OF MEDIAN (MOM) VALUES

1.31 PAPP-A MOM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY) BETA HCG - FREE MOM 1.82 by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

#### TRISOMY 21 SCREENING (DOWNS SYNDROME) RISK ASSESSMENT

TRISOMY 21 SCREENING RISK RESULT by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	POSITIVE (+ve)	NEGATIVE (-ve)
TRISOMY 21 AGE RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	1:280	
TRISOMY 21 BIOCHEMICAL RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	1:2900	RISK CUT OFF 1:200
TRISOMY 21 COMBINED RISK (BIOCHEMICAL + NT) by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	>1:50	RISK CUT OFF 1:200

#### TRISOMY 18 SCREENING RISK ASSESSMENT

TRISOMY 18 AGE RISK **NEGATIVE** (-ve)

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 13/18 SCREENING RISK 1:2625 NEGATIVE (-ve) RISK CUT OFF 1:300

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

#### **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 nuchat 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 assissted reproductive technologies (IVF).

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 assesment 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.

TRISOMY 21 (DOWN SYNDROME) RISK ASSESSMENT :SCREEN IS POSITIVE. THE CALCULATED RISK FOR



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TRISOMY 21(WITH NUCHAL TRANSLUCENCY) IS ABOVE THE CUT OFF, WHICH INDICATES A HIGH RISK.

NOTE: Please Correlate Clinically and Repeat Test after 16 Weeks as Triple or Quadruple Marker with Current USG copy.

SAMPLE WAS ALSO OUTSOURCED TO IMMUNODIAGNOSTIC PVT.LTD FOR RECHECK CONFIRMATION AND EVALUATION. ORIGINAL GRAPH ATTACHED

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



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#### Immunodiagnostics Pvt.Ltd.,

109, Pocket D&E, Local Shopping Complex,109, Pocket D&E, Local Shopping Complex,

#### Sarita Vihar

Prisca 5.2.0.13

Date of report: 14/08/2024

#### **KOS DIAG LAB**

below cut off

Patient data				
Name	MRS. ANJALI			
Birthday	22/08/1989	Sample ID		2408220459/AMB
Age at sample date	35.0	Sample Date	Э	12/08/2024
Gestational age	13 + 1			
Correction factors				
Fetuses 1	IVF	no	Previous trisomy 21	no
Weight 56.3	diabetes	no	pregnancies	
Smoker no	Origin	Asian		
Biochemical data		Ultrasound da	ata	
Parameter Value	Corr. MoM	Gestational	age	13 + 1
PAPP-A 10.1 mIU/m	1.82	Method		CRL Robinson
fb-hCG 56.1 ng/ml	1.31	Scan date		12/08/2024
Risks at sampling date		Crown rump length in mm		72
Age risk	1:280	Nuchal trans	slucency MoM	2.45
Biochemical T21 risk	1:2900	Nasal bone		absent
Combined trisomy 21 risk	>1:50	Sonographer		DR. RAJEEV GUPTA
Trisomy 13/18 + NT	1:2625	Qualification	ns in measuring NT	M.D
1:100  1:250  1:100000  1:1000000  1:100000  1:100000  1:100000  1:100000  1:100000  1:100000  1:100000  1:100000  1:100000  1:100000  1:100000  1:100000  1:1000000  1:1000000  1:1000000  1:10000000  1:100000000	Trisomy 21  The calculated risk for Trisomy 21 (with nuchal translucency) is above the cut off, which indicates an increased risk.  After the result of the Trisomy 21 Test (with nuchal translucency), 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!  The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)).  The laboratory can not be hold responsible for their impact on the risk assessment! Calculated risks have no diagnostic value!			

Below Cut Off, but above Age Risk

Sign of Physician

above cut off