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

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

NAME	**: Mrs. KANCHAN KUSHWHA**		
AGE/ GENDER	: 24 YRS/FEMALE	**PATIENT ID**	: 1586401
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408210021**
REFERRED BY	:	**REGISTRATION DATE**	: 21/Aug/2024 11:07 AM
BARCODE NO.	: 01515408	**COLLECTION DATE**	: 21/Aug/2024 11:17AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 22/Aug/2024 01:44PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

QUADRUPLE MARKER MATERNAL SCREENING

QUADRUPLE MARKER

PATEINT SPECIFICATIONS

DATE OF BIRTH	01/01/99		
MATERNAL AGE	26.1	YEARS	
WEIGHT	60	Kg	
ETHNIC ORIGIN	ASIAN		ASIAN
H/O IVF	ABSENT		
H/O INSULIN DEPENDANT DIABETES	ABSENT		
H/O SMOKING	ABSENT		
H/O TRISOMY 21 SCREENING	ABSENT		

ULTRA SOUND SCAN DETAILS

DATE OF ULTRASOUND *by ULTRASOUND SCAN*	19/08/2024		
METHOD FOR GESTATION AGE ESTIMATION *by ULTRASOUND SCAN*	ULTRASOUND SCAN DETAILS		
FOETUS (NOS) *by ULTRASOUND SCAN*	1		
GA ON THE DAY OF SAMPLE COLLECTION *by ULTRASOUND SCAN*	17.1	WEEKS	
BIPARIETAL DIAMETER (BPD) *by ULTRASOUND SCAN*	35.4	mm	26 - 52

QUADRUPLE TEST - BIOCHEMICAL MARKERS

ALPHA FETO PROTEIN (AFP) PRENATAL SCREENING: SERUM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	42.1	ng/mL	
ESTRIOL (uE3) UNCONJUGATED *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.37	ng/mL	
BETA HCG *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	32152	mIU/mL	

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Test Name	Value	Unit	Biological Reference interval
INHIBIN A *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	158	pg/mL	
MULTIPLE OF MEDIAN (MOM) VALUES			
AFP MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.03		
ESTRIOL (uE3) MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.03		
BETA HCG MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.12		
INHIBIN A MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.04		
TRISOMY 21 SCREENING (DOWNS SYNDROME) RISK ASSESSMENT			
TRISOMY 21 SCREENING RISK RESULT *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	NEGATIVE (-ve)		NEGATIVE (-ve)
TRISOMY 21 AGE RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1:1315 NEGATIVE (-ve)		
TRISOMY 21 BIOCHEMICAL RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1:7848 NEGATIVE (-ve)		RISK CUT OFF 1:270
TRISOMY 18 SCREENING RISK ASSESSMENT			
TRISOMY 18 AGE RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	NEGATIVE (-ve)		
TRISOMY 18 SCREENING RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:100
NEURAL TUBE DEFECTS SCREENING RISK ASSESSMENT			
NEURAL TUBE DEFECT SCREENING RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	NEGATIVE (-ve)		RISK CUT OFF 1:50
SPINA BIFIDA/ANENCEPHALY SCREENING RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:50

INTERPRETATION:

1.Multiple marker serum has become standard tool used in obstetrica care to identify pregnancies that may have increased risk for certain birth defects such as NEURALTUBE DEFECTS (NTD'S), DOWN'S SYNDROME (TRISOMY 21) AND TRISOMY 18. The screen is performed by measuring analytes in maternal serum that are produced by the fetus and the placenta. The analytes values along with maternal demographic information such as age, weight , gestational age, diabetic status, and race are used together in mathematical model to derive risk estimate.
2.The laboratory establishes a specific cut off for each condition, which classifies each screen as either screen-positive or screen-negative.
3.A screen-positive result indicates that the value obtained exceeds the established cut off.

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Test Name	Value	Unit	Biological Reference interval

4.The estimated risk calculation and screen results are dependant on accurate information for gestation, maternal age, race, IDD, and weight.Inaccurate information can lead to significant alterations in the estimated risk. In particular, erroneous assessment of gestational age can result in false-positive or false-negative screen results. Because of its increased accuracy, we therefore recommend determination of gestational age by ultrasound, rather than by last menstural period (LMP), When possible.

4.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.
5.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.

NOTE:

1.Triplet and higher multiple pregnancies cannot be interpreted

2.The reportable range for Trisomy 21, Trisomy 18 and NTD : >1:50 to < 1:10000

3.TRISOMY 21: HIGH RISK: >1:50 - 1:250

4.TRISOMY 18: HIGH RISK: >1:50 - 1:100

5.NEURAL TUBE DEFECT (NTD'S): HIGH RISK: >1:50

6.Biological markers evaluated in this test have marked as H(HIGH) or L(LOW) since there is wide variation in Alpha Fetoprotein, HCG and Unconjugated Estriol ranges depending upon gestational age. "In Range" and "Out of Range" columns are not applicable for the parameters appearing in Multiple of Median (MoM) and Risk calcultion.

7.Individually, Alpha Fetoprotein or HCG or unconjugated Estriol levels do not correlate with risk assessment of Trisomy 18, Trisomy 21 or Neural Tube Defects

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CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 21/Aug/2024 12:49PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

ANTI THYROID PEROXIDASE (TPO/AMA) ANTIBODIES

ANTI TPO/AMA ANTIBODIES: SERUM ***by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)***	**112.04^{H}**	**IU/mL**	**0.00 - 10.0** **DIABETES (II): < 25.0**

INTERPRETATION:

1. Thyroperoxidase (TPO) is an enzyme involved inthyroid hormone synthesis, catalyzing the oxidation of iodide on tyrosine residues in thyroglobulin for the synthesis of triiodothyronine and thyroxine (tetraiodothyronine).
2. TPO is a membrane-associated hemo glycoprotein expressed only in thyrocytes and is one of the most important thyroid gland antigens.
3. Anti-TPO is technically superior and a more specific method for measuring thyroid auto-antibodies , It is especially useful in patients presenting with subclinical hypothyroidism where TSH is elevated but Free T4 levels are normal.

INCREASED LEVELS (Autoimmune thyroid disease):

1. Hashimoto thyroiditis.
2. Idiopathic myxedema.
3. Graves disease
4. Post-partum thyroiditis.
5. Primary hypothyroidism due to Hashimoto thyroiditis.

NOTE:

1. The highest TPO antibody levels are observed in patients suffering from Hashimoto thyroiditis. In this disease, the prevalence of TPO antibodies is about 90% of cases, confirming the autoimmune origin of the disease.
2. These auto-antibodies also frequently occur (60%-80%) in the course of Graves disease.
3. In patients with subclinical hypothyroidism, the presence of TPO antibodies is associated with an increased risk of developing overt hypothyroidism.

*** End Of Report ***

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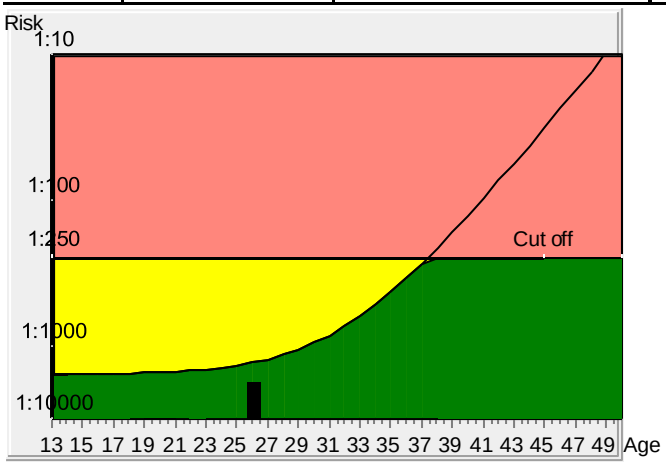
Result Down's syndrome screening

Name		Sample ID	2408220807/AMB	diabetes	no
MRS. KANCHAN KUSHWHA		D.O.B.	01/01/99	Fetuses	1
Patient ID		Age at delivery	26.1	Smoker	no
Day of serum taking	21/08/24	Weight [kg]	60 kg	IVF	no
Date of report:	22/08/24			Ethnic origin	Asian
Previous trisomy 21 pregnancies	no				

Corrected MoM's and calculated risks

AFP	42.1	ng/ml	1.03	Corr. MoM	Gestational age at sample date	17 + 1
uE3	1.37	ng/ml	1.03	Corr. MoM	determination method	BPD Hadlock
HCG	32152	mIU/ml	1.12	Corr. MoM	Physician	
Inh-A	158	pg/ml	1.04	Corr. MoM		



Tr.21 risk
at term
1:7848

Age risk
at term
1:1315

Down's Syndrome Risk

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 7848 women with the same data, there is one woman with a trisomy 21 pregnancy and 7847 women with not 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!

Neural tube defects risk

The corrected MoM AFP (1.03) is located in the low risk area for neural tube defects.

Risk for trisomy 18

The calculated risk for trisomy 18 is < 1:10000, which indicates a low risk.

below cut off | Below Cut Off, but above Age Risk | above cut off