P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

NAME	**: Mrs. SASHA**		
AGE/ GENDER	: 28 YRS/FEMALE	**PATIENT ID**	: 1553995
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 122407190013**
REFERRED BY	:	**REGISTRATION DATE**	: 19/Jul/2024 12:08 PM
BARCODE NO.	: 12503682	**COLLECTION DATE**	: 19/Jul/2024 12:10PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	**REPORTING DATE**	: 20/Jul/2024 08:17AM
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HAEMATOLOGY

HAEMOGLOBIN - HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HB-HPLC)

Test Name	Value	Unit	Biological Reference interval
HAEMOGLOBIN VARIANTS			
HAEMOGLOBIN A0 (ADULT) *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	85.8	%	83.00 - 90.00
HAEMOGLOBIN F (FOETAL) *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	< 0.8	%	0.00 - 2.0
HAEMOGLOBIN A2 *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	2.8	%	1.50 - 3.70
PEAK 3 *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	4.8	%	< 10.0
OTHERS-NON SPECIFIC *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	ABSENT	%	ABSENT
HAEMOGLOBIN S *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	NOT DETECTED	%	< 0.02
HAEMOGLOBIN D (PUNJAB) *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	NOT DETECTED	%	< 0.02
HAEMOGLOBIN E *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	NOT DETECTED	%	< 0.02
HAEMOGLOBIN C *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	NOT DETECTED	%	< 0.02
UNKNOWN UNIDENTIFIED VARIANTS *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	NOT DETECTED	%	< 0.02
GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	4.3	%	4.0 - 6.4
RED BLOOD CELLS (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HB) *by AUTOMATED HEMATOLOGY ANALYZER*	12.4	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC) COUNT *by AUTOMATED HEMATOLOGY ANALYZER*	4.46	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) *by AUTOMATED HEMATOLOGY ANALYZER*	37.6	%	37.0 - 50.0

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Test Name	Value	Unit	Biological Reference interval
MEAN CORPUSCULAR VOLUME (MCV) *by AUTOMATED HEMATOLOGY ANALYZER*	84.2	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by AUTOMATED HEMATOLOGY ANALYZER*	27.7	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) *by AUTOMATED HEMATOLOGY ANALYZER*	32.9	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) *by AUTOMATED HEMATOLOGY ANALYZER*	14.1	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) *by AUTOMATED HEMATOLOGY ANALYZER*	44.6	fL	35.0 - 56.0
OTHERS			
NAKED EYE SINGLE TUBE RED CELL OSMOTIC FRAGILITY TEST *by SINGLE RED CELL OSMOTIC FRAGILITY*	NEGATIVE (-ve)		NEGATIVE (-ve)
MENTZERS INDEX *by CALCULATED*	18.88	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
INTERPRETATION	THE ABOVE FINDINGS ARE SUGGESTIVE OF NORMAL HAEMOGLOBIN CHROMATOGRAPHIC PATTERN		

INTERPRETATION:

The Thalassemia syndromes, considered the most common genetic disorder worldwide, are a heterogenous group of mandelian disorders, all characterized by a lack of/or decreased synthesis of either the alpha-globin chains (alpha thalassemia) or the beta-globin chains (beta thalassemia) of haemoglobin.

HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC):

1.HAEMOGLOBIN VARIANT ANALYSIS, BLOOD- High Performance liquid chromatography (HPLC) is a fast & accurate method for determining the presence and for quatitation of various types of normal haemoglobin and common abnormal hb variants, including but not limited to Hb S, C, E, D and Beta –thalassemia.
2.The diagnosis of these abnormal haemoglobin should be confirmed by DNA analysis.
3.The method use has a limited role in the diagnosis of alpha thalassemia.
4.Slight elevation in haemoglobin A2 may also occur in hyperthyroidism or when there is deficiency of vitamin b12 or folate and this should be istinguished from inherited elevation of HbA2 in Beta- thalassemia trait.

NAKED EYE SINGLE TUBE RED CELL OSMOTIC FRAGILITY TEST (NESTROFT):

1.It is a screening test to distinguish beta thalassemia trait. Also called as Naked Eye Single Tube Red Cell Osmotic Fragility Test.
2.The test showed a sensitivity of 100%, specificity of 85.47%, a positive predictive value of 66% and a negative predictive value of 100%.
3.A high negative predictive value can reasonably rule out beta thalassemia trait cases. So, it should be adopted as a screening test for beta thalassemia trait, as it is not practical or feasible to employ HbA2 in every case of anemia in childhood.

MENTZERS INDEX:

1.The Mentzer index, helpful in differentiating iron deficiency anemia from beta thalassemia. If a CBC indicates microcytic anemia, the Mentzer index is said to be a method of distinguishing between them.

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Test Name	Value	Unit	Biological Reference interval

2.If the index is less than 13, thalassemia is said to be more likely. If the result is greater than 13, then iron-deficiency anemia is said to be more likely.
3.The principle involved is as follows: In iron deficiency, the marrow cannot produce as many RBCs and they are small (microcytic), so the RBC count and the MCV will both be low, and as a result, the index will be greater than 13. Conversely, in thalassemia, which is a disorder of globin synthesis, the number of RBC's produced is normal, but the cells are smaller and more fragile. Therefore, the RBC count is normal, but the MCV is low, so the index will be less than 13.
NOTE: In practice, the Mentzer index is not a reliable indicator and should not, by itself, be used to differentiate. In addition, it would be possible for a patient with a microcytic anemia to have both iron deficiency and thalassemia, in which case the index would only suggest iron deficiency.

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CLINICAL CHEMISTRY/BIOCHEMISTRY

LIVER FUNCTION TEST (COMPLETE)

Test Name	Value	Unit	Biological Reference interval
BILIRUBIN TOTAL: SERUM *by DIAZOTIZATION, SPECTROPHOTOMETRY*	0.44	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM *by DIAZO MODIFIED, SPECTROPHOTOMETRY*	0.14	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM *by CALCULATED, SPECTROPHOTOMETRY*	0.3	mg/dL	0.10 - 1.00
SGOT/AST: SERUM *by IFCC, WITHOUT PYRIDOXAL PHOSPHATE*	15.82	U/L	7.00 - 45.00
SGPT/ALT: SERUM *by IFCC, WITHOUT PYRIDOXAL PHOSPHATE*	26.83	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM *by CALCULATED, SPECTROPHOTOMETRY*	0.59	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM *by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL*	62.14	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM *by SZASZ, SPECTROPHTOMETRY*	22.89	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM *by BIURET, SPECTROPHOTOMETRY*	6.87	gm/dL	6.20 - 8.00
ALBUMIN: SERUM *by BROMOCRESOL GREEN*	4.2	gm/dL	3.50 - 5.50
GLOBULIN: SERUM *by CALCULATED, SPECTROPHOTOMETRY*	2.67	gm/dL	2.30 - 3.50
A : G RATIO: SERUM *by CALCULATED, SPECTROPHOTOMETRY*	1.57	RATIO	1.00 - 2.00

INTERPRETATION

NOTE:- **To be correlated in individuals having SGOT and SGPT values higher than Normal Referance Range.**

USE:- Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0

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Test Name	Value	Unit	Biological Reference interval
INTRAHEPATIC CHOLESTATIS	> 1.5		
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)		

DECREASED:

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
2. Extra Hepatic cholestatis: 0.8 (normal or slightly decreased).

PROGNOSTIC SIGNIFICANCE:

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6

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KIDNEY FUNCTION TEST (BASIC)

Test Name	Value	Unit	Biological Reference interval
UREA: SERUM *by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)*	19.39	mg/dL	10.00 - 50.00
CREATININE: SERUM *by ENZYMATIC, SPECTROPHOTOMETERY*	0.63	mg/dL	0.40 - 1.20
BLOOD UREA NITROGEN (BUN): SERUM *by CALCULATED, SPECTROPHOTOMETERY*	9.06	mg/dL	7.0 - 25.0
BLOOD UREA NITROGEN (BUN)/CREATININE RATIO: SERUM *by CALCULATED, SPECTROPHOTOMETERY*	14.38	RATIO	10.0 - 20.0
UREA/CREATININE RATIO: SERUM *by CALCULATED, SPECTROPHOTOMETERY*	30.78	RATIO	
URIC ACID: SERUM *by URICASE - OXIDASE PEROXIDASE*	3.25	mg/dL	2.50 - 6.80

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Test Name	Value	Unit	Biological Reference interval

INTERPRETATION:

Normal range for a healthy person on normal diet: 12 - 20

To Differentiate between pre- and postrenal azotemia.

INCREASED RATIO (>20:1) WITH NORMAL CREATININE:

1.Prerenal azotemia (BUN rises without increase in creatinine) e.g. heart failure, salt depletion,dehydration, blood loss) due to decreased glomerular filtration rate.
2.Catabolic states with increased tissue breakdown.
3.GI hemorrhage.
4.High protein intake.
5.Impaired renal function plus .
6.Excess protein intake or production or tissue breakdown (e.g. infection, GI bleeding, thyrotoxicosis, Cushings syndrome, high protein diet, burns,surgery, cachexia, high fever).
7.Urine reabsorption (e.g. ureterocolostomy)
8.Reduced muscle mass (subnormal creatinine production)
9.Certain drugs (e.g. tetracycline, glucocorticoids)

INCREASED RATIO (>20:1) WITH ELEVATED CREATININE LEVELS:

1.Postrenal azotemia (BUN rises disproportionately more than creatinine) (e.g. obstructive uropathy).
2.Prerenal azotemia superimposed on renal disease.

DECREASED RATIO (<10:1) WITH DECREASED BUN :

1.Acute tubular necrosis.
2.Low protein diet and starvation.
3.Severe liver disease.
4.Other causes of decreased urea synthesis.
5.Repeated dialysis (urea rather than creatinine diffuses out of extracellular fluid).
6.Inherited hyperammonemias (urea is virtually absent in blood).
7.SIADH (syndrome of inappropiate antidiuretic harmone) due to tubular secretion of urea.
8.Pregnancy.

DECREASED RATIO (<10:1) WITH INCREASED CREATININE:

1.Phenacimide therapy (accelerates conversion of creatine to creatinine).
2.Rhabdomyolysis (releases muscle creatinine).
3.Muscular patients who develop renal failure.

INAPPROPIATE RATIO:

1.Diabetic ketoacidosis (acetoacetate causes false increase in creatinine with certain methodologies,resulting in normal ratio when dehydration should produce an increased BUN/creatinine ratio).
2.Cephalosporin therapy (interferes with creatinine measurement).

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Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH): SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)* 3rd GENERATION, ULTRASENSITIVE	**0.209[L]**	**µIU/mL**	**0.35 - 5.50**

INTERPRETATION:

AGE	REFFERENCE RANGE (µIU/mL)
0 – 5 DAYS	0.70 – 15.20
6 Days – 2 Months	0.70 – 11.00
3 – 11 Months	0.70 – 8.40
1 – 5 Years	0.70 – 7.00
6 – 10 Years	0.60 – 5.50
11 - 15	0.50 – 5.50
> 20 Years (Adults)	0.27 – 5.50
PREGNANCY	
1st Trimester	0.10 - 3.00
2nd Trimester	0.20 - 3.00
3rd Trimester	0.30 - 4.10

NOTE:-*TSH levels are subjected to circardian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has influence on the measured serum TSH concentration.*

USE:- TSH controls biosynthesis and release of thyroid harmones T4 & T3. It is a sensitive measure of thyroid function, especially useful in early or subclinical hypothyroidism, before the patient develops any clinical findings or goitre or any other thyroid function abnormality.

INCREASED LEVELS:

1.Primary or untreated hypothyroidism, may vary from 3 times to more than 100 times normal depending on degree of hypofunction.
2.Hypothyroid patients receiving insufficient thyroid replacement therapy.
3.Hashimotos thyroiditis.
4.DRUGS: Amphetamines, Iodine containing agents and dopamine antagonist.
5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge.

DECREASED LEVELS:

1.Toxic multi-nodular goitre & Thyroiditis.
2.Over replacement of thyroid harmone in treatment of hypothyroidism.
3.Autonomously functioning Thyroid adenoma
4.Secondary pituatary or hypothalmic hypothyroidism
5.Acute psychiatric illness
6.Severe dehydration.

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Test Name	Value	Unit	Biological Reference interval

7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.
8.Pregnancy: 1st and 2nd Trimester

LIMITATIONS:

1.TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy.
2.Autoimmune disorders may produce spurious results.

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DUAL MARKER MATERNAL SCREENING

Test Name	Value	Unit	Biological Reference interval
DUAL MARKER TEST			
PATEINT SPECIFICATIONS			
DATE OF BIRTH	11-12-1996		
MATERNAL AGE	28.14	YEARS	
WEIGHT	70	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*	19-07-2024		
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*	12	WEEKS	
CROWN RUMP LENGTH (CRL) *by ULTRASOUND SCAN*	54.41	mm	38 - 84
GESTATIONAL AGE BY CRL *by ULTRASOUND SCAN*	12		
NUCHAL TRANSLUCENCY (NT) *by ULTRASOUND SCAN*	1.3	mm	0.1 - 6.0
NUCHAL TRANSLUCENCY (NT) MOM *by ULTRASOUND SCAN*	0.9		
DUAL MARKER - BIOCHEMICAL MARKERS			
PREGNANCY ASSOCIATED PLASMA PROTEIN A (PAPP-A) *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	2612	mIU/L	

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Test Name	Value	Unit	Biological Reference interval
BETA HCG - FREE: SERUM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	98.4	ng/mL	
MULTIPLE OF MEDIAN (MOM) VALUES			
PAPP-A MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	0.83		
BETA HCG - FREE MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	2		
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)*	1:1152 NEGATIVE (-ve)		
TRISOMY 21 BIOCHEMICAL RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1:4193 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
TRISOMY 18 SCREENING RISK ASSESSMENT			
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

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).

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 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.

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P K R JAIN HEALTHCARE INSTITUTE

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A PIONEER DIAGNOSTIC CENTRE

0171-2532620, 8222896961 pkrjainhealthcare@gmail.com

NAME	**: Mrs. SASHA**		
AGE/ GENDER	: 28 YRS/FEMALE	**PATIENT ID**	: 1553995
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 122407190013**
REFERRED BY	:	**REGISTRATION DATE**	: 19/Jul/2024 12:08 PM
BARCODE NO.	: 12503682	**COLLECTION DATE**	: 19/Jul/2024 12:10PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	**REPORTING DATE**	: 20/Jul/2024 04:04PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval

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CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	**REPORTING DATE**	: 19/Jul/2024 04:36PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

ANTI THYROID PEROXIDASE (TPO/AMA) ANTIBODIES

ANTI TPO/AMA ANTIBODIES: SERUM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	< 1.00	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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Basic Information

Name:	SASHA	Contact:		Gender:	Female
Weight:	70.00 Kg	Birthdate:	1996-12-11	Age of EDC:	28.14 Year
Race:	Asian	Twins:	No	GA calc method:	CRL Robinson
LMP Day:		Sender:			

Sample information

Send time:	2024-07-20	Sample NO.:	12503682	Scan Date:	2024-07-19
Lab:		Sample Date:	2024-07-19	GA:	12+0
BPD:	-- mm	CRL length:	54.41 mm	NT length:	1.30 mm

Assay

NO.	Item abbr	Result	Unit	MOM	Reference range
1	free-ß-HCG	**98.40**	ng/ml	2.00	
2	PAPP-A	**2612.00**	mIU/L	0.83	
3	NT	**1.30**	mm	0.90	

Risk calculate

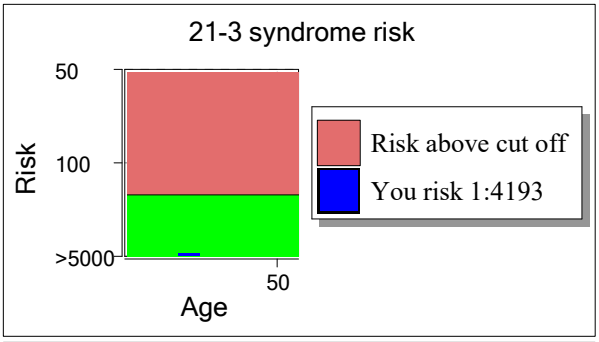
Age risk: 1:1152

Parameter: Trisomy21

Risk: 1:4193

Cut Off: (< 1:150)

Screaning Result: Negative

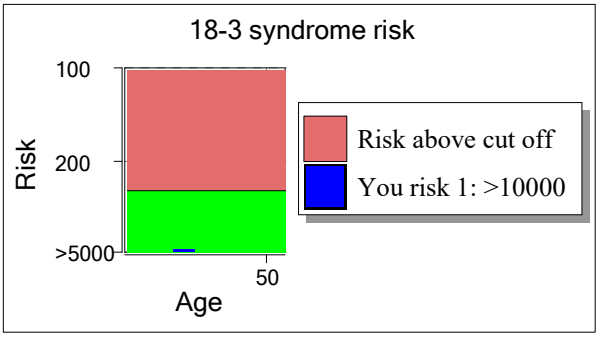


Parameter: Trisomy18/13

Risk: 1:8668418

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: 2024-07-20 15:58:49

Basic Information

Name:	SASHA	Contact:		Gender:	Female
Weight:	70.00 Kg	Birthdate:	1996-12-11	Age of EDC:	28.14 Year
Race:	Asian	Twins:	No	GA calc method:	CRL Robinson
LMP Day:		Sender:			

Sample information

Send time:	2024-07-20	Sample NO.:	12503682	Scan Date:	2024-07-19
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3	NT	**1.30**	mm	0.90	

Risk calculate

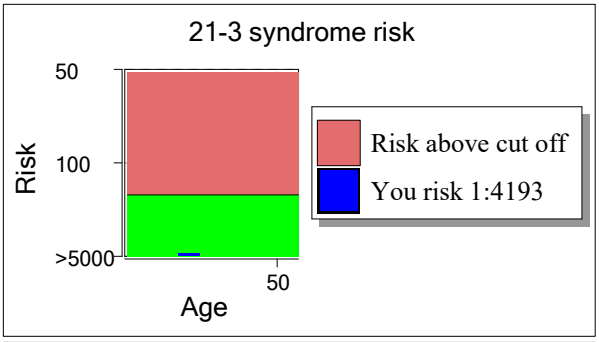
Age risk: 1:1152

Parameter: Trisomy21

Risk: 1:4193

Cut Off: (< 1:150)

Screaning Result: Negative

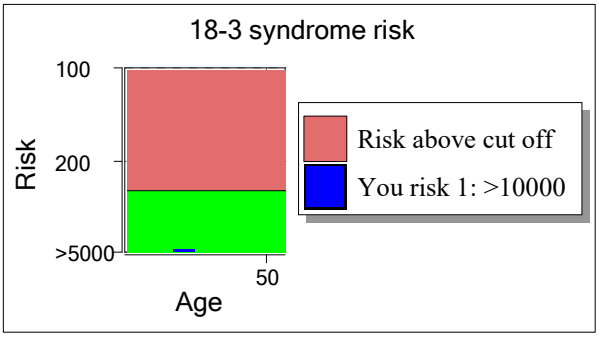


Parameter: Trisomy18/13

Risk: 1:8668418

Cut Off: (< 1:300)

Screening Result: Negative



Parameter:	Cut Off:	Screening Result:

Advice: Diagnostic results with less risk

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