P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

0171-2532620, 8222896961 pkrjainhealthcare@gmail.com

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

NAME	**: Mrs. RUPINDER KAUR**		
AGE/ GENDER	: 29 YRS/FEMALE	**PATIENT ID**	: 1558228
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 122407230021**
REFERRED BY	:	**REGISTRATION DATE**	: 23/Jul/2024 02:32 PM
BARCODE NO.	: 12503762	**COLLECTION DATE**	: 23/Jul/2024 04:44PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	**REPORTING DATE**	: 23/Jul/2024 04:48PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY

HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) *by CALORIMETRIC*	**9.5^{L}**	**gm/dL**	**12.0 - 16.0**

INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

ANEMIA (DECRESED HAEMOGLOBIN):

1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
2) Nutritional deficiency (iron, vitamin B12, folate)
3) Bone marrow problems (replacement of bone marrow by cancer)
4) Suppression by red blood cell synthesis by chemotherapy drugs
5) Kidney failure
6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

1) People in higher altitudes (Physiological)
2) Smoking (Secondary Polycythemia)
3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
4) Advanced lung disease (for example, emphysema)
5) Certain tumors
6) A disorder of the bone marrow known as polycythemia rubra vera,
7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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ENDOCRINOLOGY

QUADRUPLE MARKER MATERNAL SCREENING

Test Name	Value	Unit	Biological Reference interval
QUADRUPLE MARKER			
PATEINT SPECIFICATIONS			
DATE OF BIRTH	11/05/1994		
MATERNAL AGE	30.6	YEARS	
WEIGHT	65	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*	23/07/2024		
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*	20.6	WEEKS	
BIPARIETAL DIAMETER (BPD) *by ULTRASOUND SCAN*	48.9	mm	26 - 52
QUADRUPLE TEST - BIOCHEMICAL MARKERS			
ALPHA FETO PROTEIN (AFP) PRENATAL SCREENING: SERUM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	54.1	ng/mL	
ESTRIOL (uE3) UNCONJUGATED *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	3.74	ng/mL	
BETA HCG *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	30123	mIU/mL	

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Test Name	Value	Unit	Biological Reference interval
INHIBIN A *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	440	pg/mL	
MULTIPLE OF MEDIAN (MOM) VALUES			
AFP MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	0.87		
ESTRIOL (uE3) MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.66		
BETA HCG MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.96		
INHIBIN A MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	2.55		
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)*	1:902 NEGATIVE (-ve)		
TRISOMY 21 BIOCHEMICAL RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1:304 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

*** End Of Report ***

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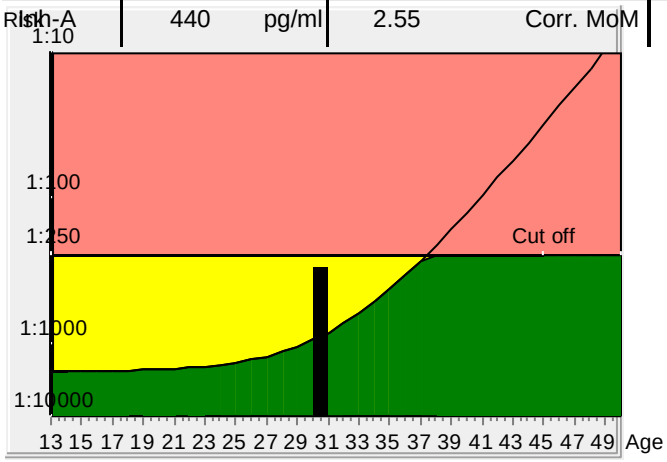
KOS DIAGNOSTIC LAB 6349/1, NICHOLSON ROAD, AMBALA

Result Down's syndrome screening

Name		Sample ID	2407221050/AMB	diabetes	no
	MRS. RUPINDER KAUR	D.O.B.	11/05/1994	Fetuses	1
Patient ID		Age at delivery	30.6	Smoker	no
Day of serum taking	23/07/2024	Weight [kg]	65 kg	IVF	no
Date of report:	24/07/2024			Ethnic origin	Asian
Previous trisomy 21 pregnancies	no				

Corrected MoM's and calculated risks

AFP	54.1	ng/ml	0.87	Corr. MoM	Gestational age at sample date	20 + 6
uE3	3.74	ng/ml	1.66	Corr. MoM	determination method	BPD Hadlock
HCG	30123	mIU/ml	1.96	Corr. MoM	Physician	
Inh-A	440	pg/ml	2.55	Corr. MoM		



Tr.21 risk
at term
1:304

Age risk
at term
1:902

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 304 women with the same data, there is one woman with a trisomy 21 pregnancy and 303 women with not affected pregnancies.
Inhibin-A is high.
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	Risk for trisomy 18
The corrected MoM AFP (0.87) is located in the low risk area for neural tube defects.	**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 | Prisca 5.2.0.13