P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

0171-2532620, 8222896961 pkrjainhealthcare@gmail.com

NAME	**: Mrs. SHEETAL**		
AGE/ GENDER	: 30 YRS/FEMALE	**PATIENT ID**	: 1611704
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 122409180020**
REFERRED BY	:	**REGISTRATION DATE**	: 18/Sep/2024 02:34 PM
BARCODE NO.	: 12504782	**COLLECTION DATE**	: 18/Sep/2024 03:00PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	**REPORTING DATE**	: 19/Sep/2024 01:54PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

ENDOCRINOLOGY

DUAL MARKER MATERNAL SCREENING

Test Name	Value	Unit	Biological Reference interval
DUAL MARKER TEST			
PATEINT SPECIFICATIONS			
DATE OF BIRTH	1994-01-09		
MATERNAL AGE	31.22	YEARS	
WEIGHT	50	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*	2024-09-18		
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*	12.2	WEEKS	
CROWN RUMP LENGTH (CRL) *by ULTRASOUND SCAN*	58.5	mm	38 - 84
GESTATIONAL AGE BY CRL *by ULTRASOUND SCAN*	12.2		
NUCHAL TRANSLUCENCY (NT) *by ULTRASOUND SCAN*	2.3	mm	0.1 - 6.0
NUCHAL TRANSLUCENCY (NT) MOM *by ULTRASOUND SCAN*	1.5		
DUAL MARKER - BIOCHEMICAL MARKERS			
PREGNANCY ASSOCIATED PLASMA	6590.79	mIU/L	

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Test Name	Value	Unit	Biological Reference interval
PROTEIN A (PAPP-A) *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*			
BETA HCG - FREE: SERUM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	45.1	ng/mL	
MULTIPLE OF MEDIAN (MOM) VALUES			
PAPP-A MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1.26		
BETA HCG - FREE MOM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	0.76		
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)*	1:827 NEGATIVE (-ve)		
TRISOMY 21 BIOCHEMICAL RISK *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	1:5720 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).

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Test Name	Value	Unit	Biological Reference interval

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.

*** End Of Report ***

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Basic Information

Name:	SHEETAL	Contact:		Gender:	Female
Weight:	50.00 Kg	Birthdate:	1994-01-09	Age of EDC:	31.22 Year
Race:	Asian	Twins:	No	GA calc method:	CRL Robinson
LMP Day:		Sender:			

Sample information

Send time:	2024-09-19	Sample NO.:	12504782	Scan Date:	2024-09-18
Lab:		Sample Date:	2024-09-18	GA:	12+2
BPD:	-- mm	CRL length:	58.50 mm	NT length:	2.30 mm

Assay

NO.	Item abbr	Result	Unit	MOM	Reference range
1	free-ß-HCG	**45.10**	ng/ml	0.76	
2	PAPP-A	**6590.79**	mIU/L	1.26	
3	NT	**2.30**	mm	1.50	

Risk calculate

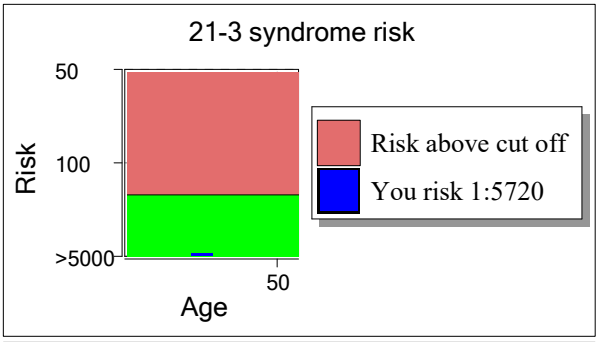
Age risk: 1:827

Parameter: Trisomy21

Risk: 1:5720

Cut Off: (< 1:150)

Screaning Result: Negative

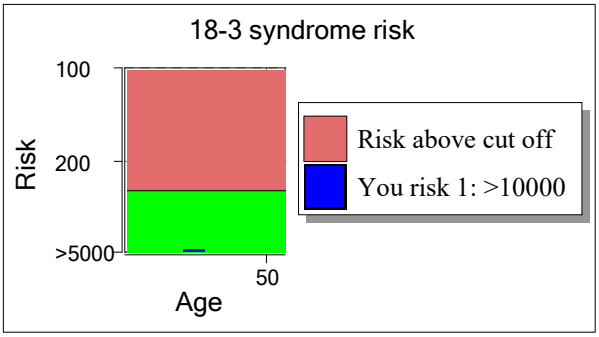


Parameter: Trisomy18/13

Risk: 1:494242

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: 2024-09-19 13:52:42