



# PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

### A PIONEER DIAGNOSTIC CENTRE

**■** 0171-2532620, 8222896961 **■** pkrjainhealthcare@gmail.com

**NAME** : Mrs. SANDEEP KAUR

**AGE/ GENDER** : 23 YRS/FEMALE **PATIENT ID** :1700087

**COLLECTED BY** REG. NO./LAB NO. : 122412160012

REFERRED BY **REGISTRATION DATE** : 16/Dec/2024 11:28 AM BARCODE NO. **COLLECTION DATE** : 16/Dec/2024 11:44AM : 12506168 CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 18/Dec/2024 09:34AM

**CLIENT ADDRESS** : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

**Value** Unit **Test Name Biological Reference interval** 

## **ENDOCRINOLOGY QUADRUPLE MARKER MATERNAL SCREENING**

#### **QUADRUPLE MARKER**

### **PATEINT SPECIFICATIONS**

DATE OF BIRTH 23-12-2001

MATERNAL AGE 23.4 YEARS WEIGHT 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 27-11-2024

by ULTRASOUND SCAN

METHOD FOR GESTATION AGE ESTIMATION ULTRASOUND SCAN DETAILS

by ULTRASOUND SCAN

FOETUS (NOS) 1

by ULTRASOUND SCAN

GA ON THE DAY OF SAMPLE COLLECTION WEEKS 17.1 by ULTRASOUND SCAN

26 - 52**BIPARIETAL DIAMETER (BPD)** 26 mm

by ULTRASOUND SCAN

GESTATIONAL AGE BY BPD 14.4

by ULTRASOUND SCAN

#### **QUADRUPLE TEST - BIOCHEMICAL MARKERS**

ALPHA FETO PROTEIN (AFP) 46.7 ng/mL

PRENATAL SCREENING: SERUM

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

ESTRIOL (uE3) UNCONJUGATED 1.4 ng/mL

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

44348 mIU/mL by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)



440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600. REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)



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Test Name	Value	Unit	Biological Reference interval
INHIBIN A by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)  MULTIPLE OF MEDIAN (MOM) VALUES	179	pg/mL	
AFP MOM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	0.95		
ESTRIOL (uE3) MOM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	0.98		
BETA HCG MOM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	1.32		
INHIBIN A MOM by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)	1.04		
TRISOMY 21 SCREENING (DOWNS SYNDROM	E) RISK <mark>ASSESSMEN</mark>	T	

TRISOMY 21 SCREENING RISK RESULT NEGATIVE (-ve) NEGATIVE (-ve)

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 21 AGE RISK 1:1450 NEGATIVE (-ve)

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 21 BIOCHEMICAL RISK RISK CUT OFF 1:270 1:5656 NEGATIVE (-ve) by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 18 SCREENING RISK ASSESSMENT

TRISOMY 18 AGE RISK NEGATIVE (-ve)

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 18 SCREENING RISK < 1:10000 NEGATIVE (-ve) RISK CUT OFF 1:100

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

#### NEURAL TUBE DEFECTS SCREENING RISK ASSESSMENT

NEURAL TUBE DEFECT SCREENING RISK NEGATIVE (-ve) RISK CUT OFF 1:50

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

SPINA BIFIDA/ANENCEPHALY SCREENING RISK RISK CUT OFF 1:50 < 1:10000 NEGATIVE (-ve)

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

#### **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.

4. The estimated risk calculation and screen results are dependant on accurate information for gestation, maternal age, race, IDD, and



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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:

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- 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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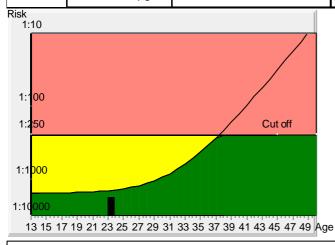
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### KOS DIAGNOSTIC LAB 6349/1, NICHOLSON ROAD, AMBALA CANTT

Result Down's syndrome screening							
Name		Sample ID	2412220365/AMB	diabetes	no		
	MRS. SANDEEP	D.O.B.	23/12/2001	Fetuses	1		
Patient ID		Age at delivery	23.4	Smoker	no		
Day of serum taking	17/12/2024	Weight [kg]	47 kg	IVF	no		
Date of report:	18/12/2024			Ethnic origin	Asian		
Previous trisomy 21 pregnancies	no						

# Corrected MoM's and calculated risks Corr. MoM Gestational age at sample date

AFP 0.95 46.7 ng/ml 17 + 1uE3 ng/ml 0.98 Corr. MoM determination method **BPD Hadlock** 1.4 **HCG** KOS DIAG LAB 44348 mIU/mI 1.32 Corr. MoM Physician Inh-A 179 pg/ml 1.04 Corr. MoM



Tr.21 risk at term

1:5956

Age risk at term

1:1450

#### **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 5956 women with the same data, there is one woman with a trisomy 21 pregnancy and 5955 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	Risk for trisomy 18
The corrected MoM AFP (0.95) 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.

