



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

## A PIONEER DIAGNOSTIC CENTRE

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

**ASIAN** 

**NAME** : Mrs. SHIWANI

**AGE/ GENDER** : 28 YRS/FEMALE **PATIENT ID** :1771263

**COLLECTED BY** REG. NO./LAB NO. : 122502260026

REFERRED BY **REGISTRATION DATE** : 26/Feb/2025 02:19 PM BARCODE NO. **COLLECTION DATE** : 26/Feb/2025 02:22PM : 12507254 CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 27/Feb/2025 12:22PM

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

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

# **ENDOCRINOLOGY DUAL MARKER MATERNAL SCREENING**

#### **DUAL MARKER TEST**

## **PATEINT SPECIFICATIONS**

DATE OF BIRTH 10-10-1996

MATERNAL AGE 28.9 YEARS WEIGHT Kg 66

ETHNIC ORIGIN 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 26-02-2025

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** 13.1 by ULTRASOUND SCAN

CROWN RUMP LENGTH (CRL) 68.9 mm 38 - 84

by ULTRASOUND SCAN NUCHAL TRANSLUCENCY (NT) 0.1 - 6.02.2 mm

by ULTRASOUND SCAN

NUCHAL TRANSLUCENCY (NT) MOM 1.27

by ULTRASOUND SCAN

#### **DUAL MARKER - BIOCHEMICAL MARKERS**

PREGNANCY ASSOCIATED PLASMA 5698 mIU/L

PROTEIN A (PAPP-A)

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

BETA HCG - FREE: SERUM 29.4 ng/mL by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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







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RISK CUT OFF 1:150

: Mrs. SHIWANI **NAME** 

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**MULTIPLE OF MEDIAN (MOM) VALUES** 

PAPP-A MOM 1.12

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

BETA HCG - FREE MOM 0.73

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 21 SCREENING (DOWNS SYNDROME) RISK ASSESSMENT

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

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 21 AGE RISK 1:1080 NEGATIVE (-ve) by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 21 BIOCHEMICAL RISK < 1:10000 NEGATIVE (-ve)

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 21 COMBINED RISK (BIOCHEMICAL + NT) RISK CUT OFF 1:150 < 1:10000 NEGATIVE (-ve) by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

TRISOMY 18 SCREENING RISK ASSESSMENT

TRISOMY 18 AGE RISK NEGATIVE (-ve)

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

< 1:10000 NEGATIVE (-ve) RISK CUT OFF 1:300 TRISOMY 13/18 SCREENING RISK by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

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).

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 assessment 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 \*\*\*

DR.VINAY CHOPRA 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.)

Name:	SHIWANI	C	ontact:		Gender: Female	
Weight:			rthdate: 1996-	10-10	Age of EDC: 28.90 Year	
Race:	Asian	,	Twins: No		GA calc method: CRL Robinson	
LMP Day:		S	ender:		0112 1100112011	
	formation					
Send time: 2025-02-27		Sar	mple NO.: 12507	254	Scan Date: 2025-02-26	
Lab:		Sam	ple Date: 2025-0	2-26	GA: 13+1	
BPD:	mm	CF	RL length: 68.90	mm	NT length: 2.20 mm	
Assay						
NO.	Item abbr	Result	Unit	MOM	Reference range	
1	free-ß-HCG	29.40	ng/ml	0.73		
2	PAPP-A	5698.00	mIU/L	1.12		
3	NT	2.20	mm	1.27		
sk calculate						
Age risk: 1:1080  Parameter: Trisomy21  Risk: 1:16006					21-3 syndrome risk	
				50		
				~	Risk above cut off You risk 1: >10000	
				<u>s</u> 100		
Cut Off: ( < 1:150 )						
Screaning Result: Negative				>5000	50	
Screaming 1	xesuit. Negative				Age	
					18-3 syndrome risk	
Parameter: Trisomy18/13  Risk: 1:1179612  Cut Off: ( < 1:300 )				100		
				~	Risk above cut off You risk 1: >10000	
				※ 200		
Screening F				>5000		
DOLOCHINE I	Cobuit. INCEAUNC			>5000	, <del></del>	

Advice: Diagnostic results with less risk

Parameter:

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)

Screening Result:

Doctor: Checked by :

Cut Off:

Print date: 2025-02-27 12:20:05

<sup>\*</sup>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.

<sup>\*</sup>The risk of NTD is only calculated at 14-22 weeks.

<sup>\*</sup>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.

<sup>\*\*</sup>This report only can be reference and assistant for doctor, cannot directly give conclusion by this \*\*