

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

A PIONEER DIAGNOSTIC CENTRE

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

NAME : Mrs. NEHA RANI

AGE/ GENDER : 30 YRS/FEMALE **PATIENT ID** : 1815333

COLLECTED BY : 122504020021 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 02/Apr/2025 02:22 PM BARCODE NO. : 12507866 **COLLECTION DATE** : 02/Apr/2025 09:02PM CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 03/Apr/2025 02:18AM

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 1991-03-12

MATERNAL AGE **YEARS** 34.61

WEIGHT 67

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 2025-04-02

by ULTRASOUND SCAN

METHOD FOR GESTATION AGE ESTIMATION ULTRASOUND SCAN DETAILS

by ULTRASOUND SCAN

FOETUS (NOS)

by ULTRASOUND SCAN

GA ON THE DAY OF SAMPLE COLLECTION 11.2 **WEEKS**

by ULTRASOUND SCAN CROWN RUMP LENGTH (CRL) 45.4 38 - 84 mm

by ULTRASOUND SCAN

GESTATIONAL AGE BY CRL 11.2

by ULTRASOUND SCAN NUCHAL TRANSLUCENCY (NT) 1.6 0.1 - 6.0mm

by ULTRASOUND SCAN

NUCHAL TRANSLUCENCY (NT) MOM 1.28

by ULTRASOUND SCAN

DUAL MARKER - BIOCHEMICAL MARKERS

PREGNANCY ASSOCIATED PLASMA 2588 mIU/L



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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Value Unit Test Name **Biological Reference interval**

REPORTING DATE

PROTEIN A (PAPP-A)

CLIENT CODE.

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

BETA HCG - FREE: SERUM 98.8 ng/mL

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

MULTIPLE OF MEDIAN (MOM) VALUES

PAPP-A MOM 1.04

by CALCULATED BY PRENATAL SCREENING SOFTWARE

BETA HCG - FREE MOM 1.6

by CALCULATED BY PRENATAL SCREENING SOFTWARE

TRISOMY 21 SCREENING (DOWNS SYNDROME) RISK ASSESSMENT

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

by CALCULATED BY PRENATAL SCREENING SOFTWARE

TRISOMY 21 AGE RISK 1:463 NEGATIVE (-ve) by CALCULATED BY PRENATAL SCREENING SOFTWARE

TRISOMY 21 BIOCHEMICAL RISK 1:1523 NEGATIVE (-ve) RISK CUT OFF 1:150

by CALCULATED BY PRENATAL SCREENING SOFTWARE

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

by CALCULATED BY PRENATAL SCREENING SOFTWARE

TRISOMY 18 SCREENING RISK ASSESSMENT

TRISOMY 18 AGE RISK NEGATIVE (-ve)

by CALCULATED BY PRENATAL SCREENING SOFTWARE

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

by CALCULATED BY PRENATAL SCREENING SOFTWARE

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 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 test its labely applicable to the state of the s

statistically calculated by this test.

End Of Report



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NT		_					
Name:	NEHA RANI					Gender: Female	
_	Race: Asian Twins: No			3-12	Age of EDC: 34.61 Year GA calc method: CRL Robinson		
Race: LMP Day:							
Sample in	formation		macr.				
Send time:	2025-04-03	Sample NO.: 12507866			Scan Date: 2025-04-02		
Lab:		Sample Date: 2025-04-02			GA: 11+2		
BPD: mm		CRL length: 45.40 mm				NT length: 1.60 mm	
Assay]						
NO.	Item abbr	Result	Unit	Ν	ИОМ	Reference range	
1	free-ß-HCG	98.80	ng/ml	1	.60		
2	PAPP-A	2588.00	mIU/L	1	.04		
3	NT	1.60	mm	1	.28		
sk calculate							
Age	risk: 1:463					21-3 syndrome risk	
D	Triggery 21				50		
Paran	neter: Trisomy21			*	100	Risk above cut off	
F	Risk: 1:1523			Risk	100	You risk 1:1523	
Cut	Off: (< 1:150)				>5000		
Screaning F	Result: Negative				7 3000	Age	
						18-3 syndrome risk	
Parameter: Trisomy18/13				100			
Risk: 1:2014070			~		Risk above cut off		
Cut	Off: (< 1:300)			· 호 200 -		You risk 1: >10000	
Screening Result: Negative					>5000		
						50	

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

Age

Screening Result:

Cut Off:

Doctor: Checked by:

Print date: 2025-04-03 02:16:03

^{*}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 **