P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

0171-2532620, 8222896961 pkrjainhealthcare@gmail.com

NAME	**: Mrs. MANPREET KAUR**		
AGE/ GENDER	: 32 YRS/FEMALE	**PATIENT ID**	: 1816231
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 122504030011**
REFERRED BY	:	**REGISTRATION DATE**	: 03/Apr/2025 09:52 AM
BARCODE NO.	: 12507877	**COLLECTION DATE**	: 03/Apr/2025 09:54AM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	**REPORTING DATE**	: 04/Apr/2025 03:04AM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval

ENDOCRINOLOGY

QUADRUPLE MARKER MATERNAL SCREENING

QUADRUPLE MARKER

PATEINT SPECIFICATIONS

DATE OF BIRTH	01/04/1992		
MATERNAL AGE	33.4	YEARS	
WEIGHT	62	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*	26/03/2025		
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*	21.2	WEEKS	
BIPARIETAL DIAMETER (BPD) *by ULTRASOUND SCAN*	46.7	mm	26 - 52

QUADRUPLE TEST - BIOCHEMICAL MARKERS

ALPHA FETO PROTEIN (AFP) PRENATAL SCREENING: SERUM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	67.71	ng/mL	
ESTRIOL (uE3) UNCONJUGATED *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	3.49	ng/mL	
BETA HCG *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	11507	mIU/mL	

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CONSULTANT PATHOLOGIST
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Test Name	Value	Unit	Biological Reference interval
INHIBIN A *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	160.2	pg/mL	
MULTIPLE OF MEDIAN (MOM) VALUES			
AFP MOM *by CALCULATED BY PRENATAL SCREENING SOFTWARE*	0.94		
ESTRIOL (uE3) MOM *by CALCULATED BY PRENATAL SCREENING SOFTWARE*	1.39		
BETA HCG MOM *by CALCULATED BY PRENATAL SCREENING SOFTWARE*	0.47		
INHIBIN A MOM *by CALCULATED BY PRENATAL SCREENING SOFTWARE*	0.63		
TRISOMY 21 SCREENING (DOWNS SYNDROME) RISK ASSESSMENT			
TRISOMY 21 SCREENING RISK RESULT *by CALCULATED BY PRENATAL SCREENING SOFTWARE*	NEGATIVE (-ve)		NEGATIVE (-ve)
TRISOMY 21 AGE RISK *by CALCULATED BY PRENATAL SCREENING SOFTWARE*	1:589 NEGATIVE (-ve)		
TRISOMY 21 BIOCHEMICAL RISK *by CALCULATED BY PRENATAL SCREENING SOFTWARE*	1:50000 NEGATIVE (-ve)		RISK CUT OFF 1:270
TRISOMY 18 SCREENING RISK ASSESSMENT			
TRISOMY 18 AGE RISK *by CALCULATED BY PRENATAL SCREENING SOFTWARE*	NEGATIVE (-ve)		
TRISOMY 18 SCREENING RISK *by CALCULATED BY PRENATAL SCREENING SOFTWARE*	< 1:10000 NEGATIVE (-ve)		RISK CUT OFF 1:100
NEURAL TUBE DEFECTS SCREENING RISK ASSESSMENT			
NEURAL TUBE DEFECT SCREENING RISK *by CALCULATED BY PRENATAL SCREENING SOFTWARE*	NEGATIVE (-ve)		RISK CUT OFF 1:50
SPINA BIFIDA/ANENCEPHALY SCREENING RISK *by CALCULATED BY PRENATAL SCREENING SOFTWARE*	< 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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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, (A Unit of KOS Healthcare)

Quadruple Marker

Patient Name: MANPREET KAUR
Code: 12507877
Race: Indian
DOB: 01/04/92
Physician:
Reported: 04/04/25

CLINICAL INFORMATION

Estimation Method: from BPD of 46.7 mm on 26/03/25
Age at Term: 33.4 years
EDD: 12/08/25
Gestation: Singleton
Maternal History: IDDM(N), SMOKER(N), IVF(N)
Gestational Age: 21 weeks 2 days
Specimen Code: KOS LAB
Specimen Date: 03/04/25
Received Date: 03/04/25
Weight: 62.0 kg
Screening Status: Initial sample
Para / Gravida: 0 / 1

REMARKS

Down Syndrome
The risk of Down syndrome is LESS than the screening cut-off. No follow-up is indicated regarding this result.

NTD
The maternal serum AFP result is NOT elevated for a pregnancy of this gestational age. The risk of an open neural tube defect is less than the screening cut-off.

Trisomy 18
These serum marker levels are not consistent with the pattern seen in Trisomy 18 pregnancies. Maternal serum screening will detect approximately 60% of Trisomy 18 pregnancies.

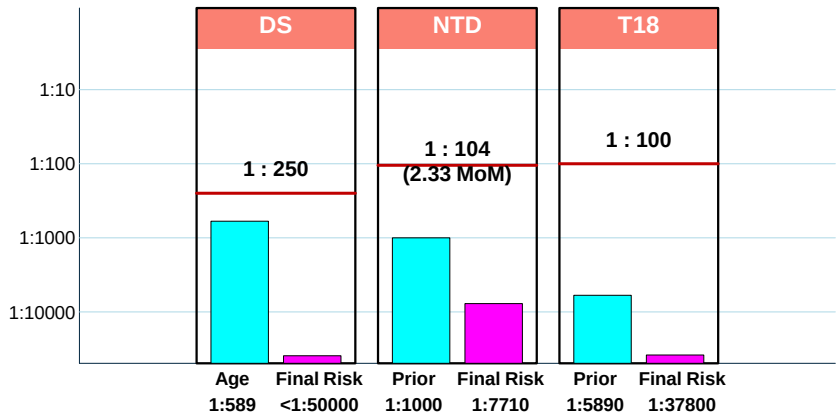
BIOCHEMISTRY

MARKER	RESULT	MoM
AFP	67.7 ng/mL	0.94
uE3	3.49 ng/mL	1.39
hCG	11507 mIU/mL	0.47
DIA	160 pg/ml	0.63

INTERPRETATION

Down Syndrome: Screen Negative
NTD: Screen Negative
Trisomy 18: Screen Negative

CLINICAL RESULTS (at term)



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