SagePath®
Excellence In Health Care

Sagepath Labs Pvt. Ltd.

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.
ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Mrs. MAMATHA	Sample ID	: 24864415
Age/Gender	: 27 Years/Female	Reg. No	: 0312404290003
Referred by	: Dr. SURI SRIMATHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Apr-2024 08:29 AM
Primary Sample	: Whole Blood	Received On	: 29-Apr-2024 01:02 PM
Sample Tested In	: Serum	Reported On	: 30-Apr-2024 08:47 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method

PDF Attached

Quadruple Marker

Alpha FetoProtein	56.3	ng/mL	Refer to Interpretation	CLIA
Beta- Human Chorionic Gonodotropin Hormone	16794.94	mlU/mL	Refer to Interpretation	CLIA
Unconjugated Estriol (uE3)	2.06	ng/mL	Refer Interpretation	CLIA
Inhibin A (Reproductive Marker)	271.08	pg/mL	Refer interpretation	CLIA

Interpretaion of Results:

1:250 risk means 1 out of 250 women having similar results and history, one may have abnormality

- Trisomy 21 (Down's syndrome) : Screen Positive/High Risk: <1:250 : Screen Negative/Low Risk:>1:250
- Trisomy 18:(Edward syndrome) : Screen Positive/High Risk: <1:250 : Screen Negative/Low Risk:>1:250
- Neural tube defects: cut-off 2.5 MoM of AFP

MoM (Multiples of Median): is a measure of how far an individual test result deviates from the median (medians are generated from the Indian subpopulation)

WEEKS OF GESTATION	AFP MEDIANS (ng/mL)	HCG MEDIANS (mlU/mL)	ESTRIOL FREE, MEDIANS (ng/mL)	INHIBIN A MEDIANS (pg/ml)
14	27.20	40370	0.37	208.75
15	32.01	32200	0.55	222.90
16	37.67	25690	0.76	194.20
17	44.33	20490	1.00	201.30
18	52.16	16340	1.25	196.20
19	61.38	13040	1.50	226.90
20	72.33	10400	1.76	253.70
21	85.00	8295	1.99	282.10
22	100.02	6620	2.30	292.30

DR.VAISHNAVI
MD BIOCHEMISTRY

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REPORT

Name	: Mrs. MAMATHA	Sample ID	: 24864416, 24864415
Age/Gender	: 27 Years/Female	Reg. No	: 0312404290003
Referred by	: Dr. SURI SRIMATHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Apr-2024 08:29 AM
Primary Sample	: Whole Blood	Received On	: 29-Apr-2024 01:02 PM
Sample Tested In	: Plasma-NaF(F), Serum	Reported On	: 29-Apr-2024 02:05 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Fasting (F)	76	mg/dL	70-100	GOD-POD

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

TSH -Thyroid Stimulating Hormone	2.09	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone (µIU/mL)	
First Trimester	: 0.24-2.99
Second Trimester	: 0.46-2.95
Third Trimester	: 0.43-2.78
Cord Blood	: 2.3-13.2

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

Correlate Clinically.

Laboratory is NABL Accredited

*** End Of Report ***

MC 3633

DR.VAISHNAVI
MD BIOCHEMISTRY

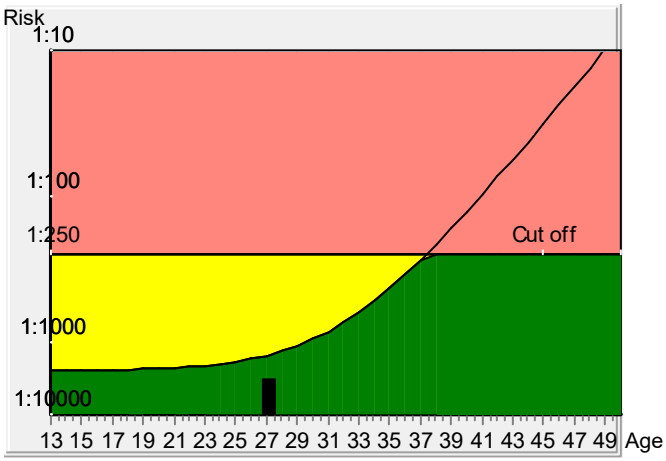
SAGEPATH LABS PVT LTD.

Result Down's syndrome screening

Name	Mrs. MAMATHA	Sample ID	24864415	diabetes	no
		D.O.B.	18-06-1997	Fetuses	1
Patient ID	0312404290003	Age at delivery	27.2	Smoker	no
Day of serum taking	29-04-2024	Weight [kg]	74 kg	IVF	no
Date of report:	30-04-2024			Ethnic origin	African
Previous trisomy 21 pregnancies	unknown				

Corrected MoM's and calculated risks

AFP	56.3	ng/mL	0.59	Corr. MoM	Gestational age at sample date	22 + 0
uE3	2.06	ng/mL	1.03	Corr. MoM	determination method	Scan
HCG	16794.94	mIU/mL	0.90	Corr. MoM	Physician	
Inh-A	271.08	IU/ml	1.21	Corr. MoM		



Tr.21 risk
at term
1:2249

Age risk
at term
1:1232

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 2249 women with the same data, there is one woman with a trisomy 21 pregnancy and 2248 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 (0.59) 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.**

below cut off | Below Cut Off, but above Age Risk | above cut off | Prisca 5.1.0.17