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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. PRATHYUSHA	Sample ID	: A0287407
Age/Gender	: 28 Years 12 Months/Female	Reg. No	: 0312406150060
Referred by	: Dr. SWATHI CHAKRAVARTHY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Jun-2024 09:06 PM
Primary Sample	: Whole Blood	Received On	: 16-Jun-2024 10:29 AM
Sample Tested In	: Serum	Reported On	: 16-Jun-2024 07:13 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
PDF Attached				
Double Marker				
Free -Beta -HCG	51.37	ng/mL	< 2 :Non-Pregnant 5.4 - 393.4 : Pregnant	CLIA
PAPP-A	10.66	mIU/mL	< 0.1 : Non-Pregnant 0.1-19.5 : Pregnant	CLIA

Interpretation:

DISORDER	SCREEN POSITIVE/HIGH RISK CUT OFF
Trisomy 21 (Down)	< 1:250
Trisomy 18/13	< 1:100

DISORDER	SCREEN NEGATIVE/LOW RISK CUT OFF
Trisomy 21 (Down)	> 1:250
Trisomy 18/13	> 1:100

Note: Statistical evaluation has been done using CE marked PRISCA 5 software. · Screening tests are based on statistical analysis of patient demographic and biochemical data. They simply indicate a high or low risk category. Confirmation of screen positives is recommended by Chorionic Villus Sampling (CVS). · The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound), maternal weight, race, insulin dependent Diabetes, multiple gestation, IVF (Date of Birth of Donor, if applicable), smoking & previous history of Down syndrome. Accurate availability of this data for Risk Calculation is critical. · Ideally all pregnant women should be screened for Prenatal disorders irrespective of maternal age. The test is valid between 9-13.6 weeks of gestation, but ideal sampling time is between 10-13 weeks gestation. · First trimester detection rate of Down syndrome is 60% with a false positive rate of 5%. A combination of Nuchal translucency, Nasal bone visualization and biochemical tests (Combined test) increases the detection rate of Down syndrome to 85% at the same false positive rate.

Comments: First trimester screening for Prenatal disorders (Trisomy 21, 18 & 13) is essential to identify those women at sufficient risk for a congenital anomaly in the fetus to warrant further evaluation and followup. For Open neural tube defects, second trimester screening before 20 weeks is recommended. These are screening procedures which cannot discriminate all affected pregnancies from all unaffected pregnancies. Screening cutoffs are established by using MoM values that maximize the detection rate and minimize false positives.

Correlate Clinically.

*** End Of Report ***

DR.VAISHNAVI
MD BIOCHEMISTRY

SAGEPATH LABS PVT LTD.

Prisca 5.1.0.17

Date of report: 16-06-2024

Patient data

Name	Mrs. PRATHYUSHA	Patient ID	0312406150060
Birthday	16-06-1995	Sample ID	A0287407
Age at sample date	29.0	Sample Date	15-06-2024
Gestational age	13 + 1		

Correction factors

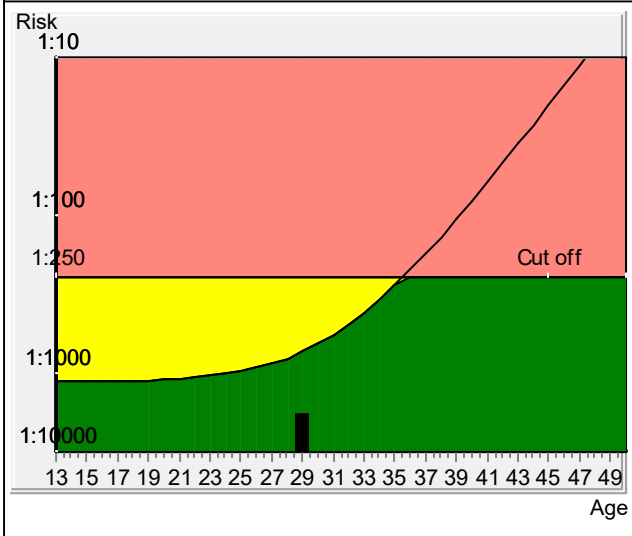
Fetuses	1	IVF	no	Previous trisomy 21 pregnancies	unknown
Weight	65	diabetes	no		
Smoker	no	Origin	Asian		

Biochemical data

Parameter	Value	Corr. MoM
PAPP-A	10.66 mIU/mL	2.33
fb-hCG	51.37 ng/mL	1.47

Risks at sampling date

Age risk	1:739
Biochemical T21 risk	1:6817
Combined trisomy 21 risk	<1:10000
Trisomy 13/18 + NT	<1:10000



Trisomy 13/18 + NT

The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.

Ultrasound data

Gestational age	12 + 6
Method	CRL Robinson
Scan date	13-06-2024
Crown rump length in mm	67
Nuchal translucency MoM	1.00
Nasal bone	present
Sonographer	N A
Qualifications in measuring NT	MD

Trisomy 21

The calculated risk for Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a low risk.

After the result of the Trisomy 21 test (with NT) it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy.

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!

The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)).

The laboratory can not be hold responsible for their impact on the risk assessment ! Calculated risks have no diagnostic value!

Sign of Physician

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