

SHRADDHA SUSHANT PARSHURAM

Date of birth: 27 June 1990
Examination date: 24 September 2022

Address: Mumbai Hospital no.: 2200123118

Referring doctor: Dr Jyoti Kher
Address: Mumbai

Maternal characteristics and history

Ethnic origin: South Asian (Indian, Pakistani, Bangladeshi).

Parity: 1.

Maternal weight: 49.0 kg.

Smoking in this pregnancy: no; Diabetes Mellitus: no; PE in a previous pregnancy: no.

Conception: spontaneous;

last period: 24 June 2022

EDD by dates: 31 March 2023

First Trimester Ultrasound

Gestational age: 13 weeks + 1 days from CRL

EDD by scan: 31 March 2023

Crown-rump length (CRL) 69.0 mm 
Nuchal translucency (NT) 1.60 mm

Maternal Serum Biochemistry

Sample 2200123118, taken on: 24 September 2022, analysed on: 27 September 2022.

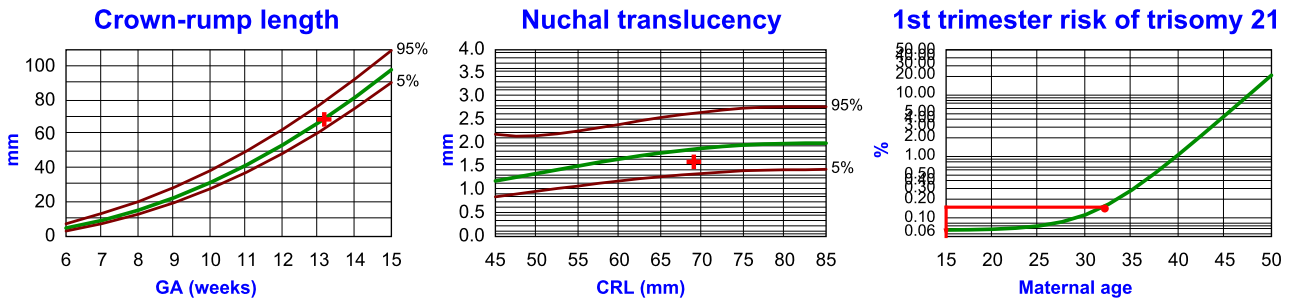
Free β -hCG	66.00 IU/l	Roche	equivalent to	2.053 MoM
PAPP-A	7.171 IU/l	Roche	equivalent to	1.300 MoM

FMF Operator: GURMEET SINGH, FMF Id: 198066

Condition	Background risk	Adjusted risk
Trisomy 21	1 in 655	1 in 5137
Trisomy 18	1 in 7731	<1 in 20000
Trisomy 13	1 in 18198	<1 in 20000

The background risk for aneuploidies is based on maternal age (32 years). The adjusted risk is the risk at term, calculated on the basis of the background risk, ultrasound factors (fetal nuchal translucency thickness) and maternal serum biochemistry (PAPP-A, free beta-hCG). Biochemical marker medians used to calculate MoMs are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

The estimated risk is calculated by the FMF-2018 software (version 4.4) and is based on findings from extensive research coordinated by the Fetal Medicine Foundation (UK Registered charity 1037116). The risk is only valid if the ultrasound scan was performed by a sonographer who has been accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see www.fetalmedicine.org).



Comments

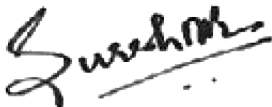
INTERPRETATION : The first trimester screening for the given sample is found **SCREEN NEGATIVE** .

Please Note: The above interpretation is based on a cut off of 1:250 for T21 , 1:100 for T13 & T18

SUGGESTION:

In view of the raised serum free beta HCG, fetal growth scan is suggested at 28 - 30 weeks in addition to their routine antenatal care.

Reviewed By



Dr. Suresh Bhanushali MD (Path)
Consultant Pathologist

Notes

1. Quality of the Down's syndrome screening program (Biochemical values, MoMs and Risk assessments) monitored by UKNEQAS on an ongoing basis.
2. This interpretation assumes that patient and specimen details are accurate and correct.
3. Lilac Insights does not bear responsibility for the NT & CRL measurements.
4. This is a risk estimation test and not a diagnostic test. An increased risk result does not mean that the fetus is affected and a low risk result does not mean that the fetus is unaffected.