

## KALPANA SINDAL

Date of birth: 17 July 1998  
Examination date: 23 September 2023

Address: Indore Hospital no.: 2300142567

**Referring doctor:** Dr Preeti Tomar Aarohan Fetal Medicine  
Address: Indore

### Maternal characteristics and history

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

Parity: 0.

Maternal weight: 42.8 kg; Height: 152.4 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no;

Antiphospholipid syndrome: no; Family history of PE: none.

Conception: spontaneous;

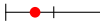

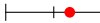
**last period:** 16 June 2023

EDD by dates: 22 March 2024

### First Trimester Ultrasound

**Gestational age:** 13 weeks + 2 days from CRL

EDD by scan: 28 March 2024

Fetal heart activity	visualised	
FHR	153 bpm	
Crown-rump length (CRL)	71.0 mm	
Nuchal translucency (NT)	1.50 mm	
Ductus Venosus PI	1.14	

### Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

### Maternal Serum Biochemistry

Sample **2300142567**, taken on: 23 September 2023, analysed on: 24 September 2023.

Free $\beta$ -hCG	31.74 IU/l	Roche	equivalent to	0.933 MoM
PAPP-A	11.637 IU/l	Roche	equivalent to	1.648 MoM

### Biophysical Markers

Uterine artery mean PI:	1.205	equivalent to	0.722 MoM
Mean Arterial Pressure:	93.333 mmHg	equivalent to	1.1747 MoM

**FMF Operator: Preeti Tomar, FMF Id: 81343**

Condition	Background risk	Adjusted risk
Trisomy 21	1 in 1340	<1 in 20000
Trisomy 18	1 in 15812	<1 in 20000
Trisomy 13	<1 in 20000	<1 in 20000

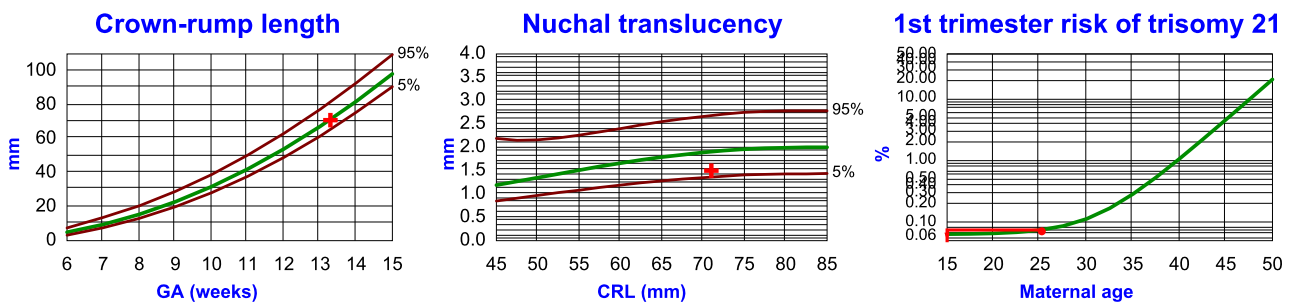
Preeclampsia before 37 weeks 1 in 184  
Fetal growth restriction before 37 weeks 1 in 181

The background risk for aneuploidies is based on maternal age (25 years). The adjusted risk is the risk at term, calculated on the basis of the background risk, ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler, fetal heart rate) and maternal serum biochemistry (PAPP-A, free beta-hCG).

Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, mean arterial pressure (MAP), uterine artery Doppler and serum PAPP-A.

Biophysical and 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 4.6) 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).

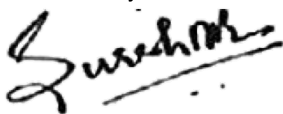


### Comments

**INTERPRETATION** : The first trimester screening risk assessment for the given sample is **SCREEN NEGATIVE for Aneuploidies and Low risk for late onset Pre-eclampsia.**

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

Reviewed By



Dr. Suresh Bhanushali MD (Path)  
Consultant Pathologist

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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.
5. Pre-eclampsia risk stratification is done using a cut-off of 1:100 as per ASPRE study.