

**KAVITA KUMARI**

Date of birth: 04 June 1998  
Examination date: 06 June 2024

Address: Hazaribagh Hospital no.: 2400111743

Referring doctor: Dr Chitragada Singh Shree Ramakrishna Seva Kendra  
Address: Hazaribagh

**Maternal characteristics and history**

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

Parity: 1.

Maternal weight: 63.0 kg.

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

Conception: spontaneous;

last period: 08 March 2024

EDD by dates: 13 December 2024

**First Trimester Ultrasound**

Gestational age: 13 weeks + 0 days from CRL

EDD by scan: 12 December 2024

Fetal heart activity	visualised	
FHR	162 bpm	—●—
Crown-rump length (CRL)	68.0 mm	—●—
Nuchal translucency (NT)	1.30 mm	
Ductus Venosus PI	1.06	—●—

**Chromosomal markers:**

Nasal bone: present; Tricuspid Doppler: normal.

**Maternal Serum Biochemistry**

Sample 2400111743, taken on: 06 June 2024, analysed on: 09 June 2024.

Free β-hCG	105.90 IU/l	Roche	equivalent to	3.522 MoM
PAPP-A	5.168 IU/l	Roche	equivalent to	1.164 MoM

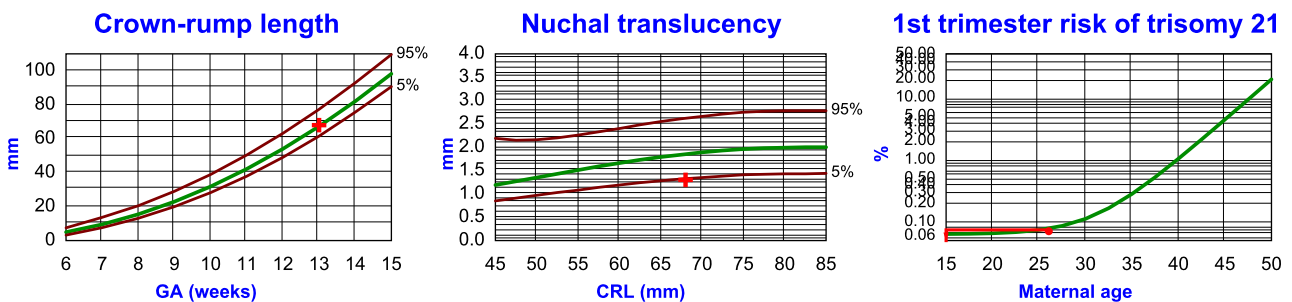
**FMF Operator: Juhi Chawla, FMF Id: 256367**

Condition	Background risk	Adjusted risk
Trisomy 21	1 in 1285	<1 in 20000
Trisomy 18	1 in 15166	<1 in 20000
Trisomy 13	<1 in 20000	<1 in 20000

The background risk for aneuploidies is based on maternal age (26 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).

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

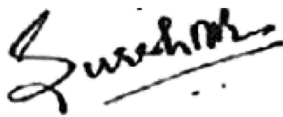
INTERPRETATION : The first trimester screening for the given sample is found **SCREEN NEGATIVE** .

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 free beta HCG MoMs observed in the mother, kindly consider correlation with fetal growth and well being scan at 28 - 30 weeks.

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.