

B A PUSHPA

Date of birth: 20 August 1990
Examination date: 07 June 2024

Address: Bangalore Hospital no.: 2410014496

Referring doctor: Dr Kalyani Reddy
Address: Bangalore

Maternal characteristics and history

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

Parity: 1.

Date of last delivery (GA \geq 24w): 29 December 2020; Interval from last pregnancy: 3.2 years.

Gestation at delivery of last pregnancy \geq 24w: 37 weeks + 0 days

Maternal weight: 74.0 kg; Height: 150.0 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; PE in a previous pregnancy: no; Previous small baby: no; Family history of PE: none.

Conception: spontaneous;

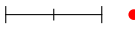

last period: 10 March 2024

EDD by dates: 15 December 2024

First Trimester Ultrasound

Gestational age: 11 weeks + 6 days from CRL

EDD by scan: 21 December 2024

Fetal heart activity	visualised	
FHR	188 bpm	
Crown-rump length (CRL)	52.9 mm	
Nuchal translucency (NT)	1.40 mm	

Chromosomal markers:

Nasal bone: present.

Maternal Serum Biochemistry

Sample 2410014496, taken on: 07 June 2024, analysed on: 08 June 2024.

Free β -hCG	31.76 IU/l	Roche	equivalent to	0.938 MoM
PAPP-A	0.521 IU/l	Roche	equivalent to	0.236 MoM

Biophysical Markers

Uterine artery mean PI:	1.855	equivalent to	1.099 MoM
Mean Arterial Pressure:	83.333 mmHg	equivalent to	0.9553 MoM

FMF Operator: RAJA MUNIREDDY, FMF Id: 126105

Condition	Background risk	Adjusted risk
Trisomy 21	1 in 490	1 in 1228
Trisomy 18	1 in 5786	1 in 7939
Trisomy 13	1 in 13620	1 in 81

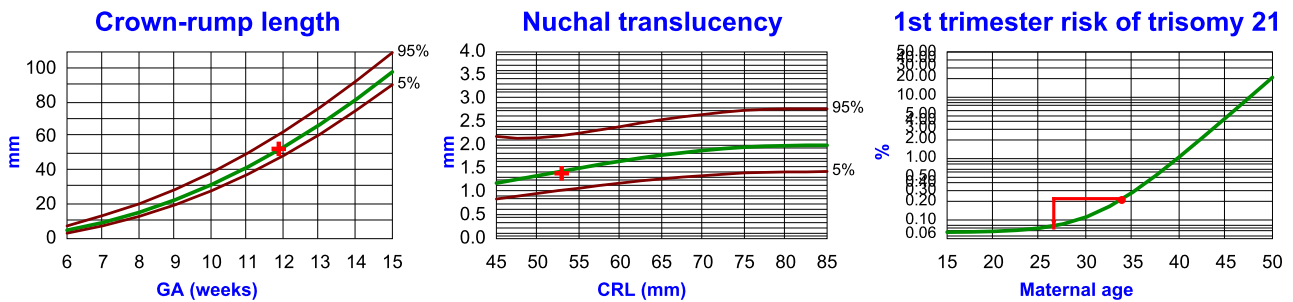
Preeclampsia before 37 weeks 1 in 111
Fetal growth restriction before 37 weeks 1 in 33

The background risk for aneuploidies is based on maternal age (33 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, 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

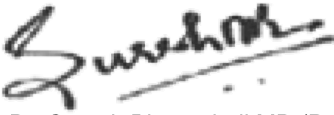
INTERPRETATION : The first trimester screening risk assessment for the given sample is **SCREEN POSITIVE for Trisomy 13 and Low risk for late onset Pre-eclampsia.**

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

SUGGESTIONS:

1. Detailed anomaly scan with integrated testing combining the second trimester biochemistry and Genetic Sonogram to assess for markers and defects for chromosomal abnormalities.
2. Definitive testing through fetal karyotyping to confirm.
3. In view of PAPP-A MoMs observed in the mother, focused serial surveillance for assessment of fetal growth and possibility of other rare chromosomal/gene defect. Development of high blood pressure related problems in the mother can be considered.

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