



To: Anand Clinical Laboratory-Jamnagar

Near Khambhalia Gate,

Opp. 3 Digvijay Plot,

Gujarat

Jamnagar - 361005

Contact:

Report Of: Mrs. ALPA KODINARIYA

Pt. Contact: 9664948845



Sample ID 2300194381

Patient ID 1002387767

Received on 03/10/2023 20:07

Patient DOB: 15/03/1990

Registered on 03/10/2023 20:10

Reported on

Referred by Dr. Javesh Al

Sonography by **D**

Understand Your

Report In Detail

Scan QR code

Dr. Jayesh Ahir

Dr. REETA KARMUR

EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT

Patient Name: Mrs. ALPA KODINARIYA

EVIC Screen is an evidence based prenatal screening program curated by Lilac Insights in accordance with the Fetal Medicine Foundation (UK) guidelines for First Trimester Screening to determine the probality of most common chromosomal aneuploidies in a pregnancy. It utilizes:

- Hormonal values from the pregnancy measured on Fetal Medicine foundation (UK) accredited analyzers and reagents
- Robust indigenous medians from over 7 lac+ pregnancies for different gestation ages
- Risk calculations from evidence based algorithms validated through large international studies

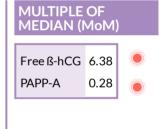
UKNEQAS: United Kingdom National External Quality Assessment Service

RIQAS: Randox International Quality Assessment Scheme



The Risk Assessment Performed Using
CE-Marked Antenatal Risk Evaluation Software
Certified by the British Standards Institute
(BSI)- ISO 13485:2016

RISK ASSESSMENT T21 (Down syndrome) 1:27 High Risk LOW INTERMEDIATE HIGH T18 (Edwards' syndrome) 1:6632 Low Risk HIGH T13 (Patau syndrome) 1:21317 Low Risk LOW HIGH Pre-eclampsia before 34 weeks 1:429 Low Risk LOW HIGH



INTERPRETATION

The First Trimester Screening for the given sample is found Screen Positive for Down syndrome.

SUGGESTIONS AND OTHER FINDINGS

- $\bullet \ \ Detailed \ anomaly \ scan \ and \ Genetic \ Sonogram \ to \ assess for \ markers \ and \ defects for \ chromosomal \ abnormalities.$
- Definitive testing through fetal karyotyping to confirm.

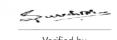
In view of free bHCG MoMs observed in the mother, kindly consider correlation with fetal growth and well being scan at 28 - 30 weeks. In view of PAPP-A MoMs observed in the mother, focused serial survillance for assessment of fetal growth and possiblity of other rare chromosomal/gene defect. Development of high blood pressure related problems in the mother can be considered.











Verified by **Dr. Suresh Bhanushali**MD (Path). Consultant Pathologist





Patient name: Mrs. ALPA KODINARIYA Sample ID: 2300194381 Sample Type: Serum Risk assessment: Algorithm validated by SURUSS 2003, N.J Wald Method: Electrochemiluminescence **PREGNANCY DETAILS** No. of fetuses **EDD** :06/04/2024 Age at Term : 34.1 Years :1 GA is Based on : CRL 67.7mm at 30/09/2023 **LMP Date** :27/06/2023 LMP Certainty : Regular Smoking: None Parity: 1 Prev. Preg Height : 153.0 cm Weight :47.80 Kg Ethinicity: Asian **FHR Previous pregnancy history** Pre-eclampsia history Other findings Down syndrome Edwards' syndrome PE in previous pregnancy Insulin dependent diabetes Patau syndrome NTD syndrome Pat. mother had PE Chronic hypertension EDD: Estimated Due Date | GA: Gestation Age | LMP: Last Menstrual Period | FHR: Fetal Heart Rate | NTD: Neural Tube Defect | PE: Pre-eclampsia | DOB: Date of Birth **SPECIMEN DETAILS** Sample ID :2300194381 **CRL** : 67.7 mm **Test Name** Conc. Unit Corr. Mom Free-ß-hCG 226.40 6.38 **Collection Date** :30/09/2023 CRL2 ng/mL NB Present Scan Date :30/09/2023 **BPD** BPD2: NT 1.3 mm 0.87 **GA at Coll Date** : 13 Weeks 0 Days mIU/L PAPP-A 1524.00 0.28 **GA at Scan Date** : 13 Weeks 0 Days HC 91.00 MAP mmHg 1.12 Received on :03/10/2023 HC2 **UTPI** 1.12 0.71 GA: Gestation Age | CRL: Crown Rump Length | BPD: Bi-parietal Diameter | HC: Head Circumference | free-\(\beta\)-hCG: free-Beta Human Chorionic Gonadotropin NT: Nuchal Translucency | PAPP-A: Pregnancy-associated Plasma Protein-A Disorder: Down Syndrome Result: High Risk 1:517 Final risk: 1:27 Age risk: Cutoff 1:250 Risk type Risk At Term Disorder: Edwards' Syndrome Result: Low Risk Final risk: 1:6632 Age risk: 1:4655 Cutoff 1:100 Risk type Risk At Term Disorder: Patau Syndrome Result: Low Risk Final risk: 1:21317 Age risk: 1:13973 Cutoff 1:100 Risk type Risk At Term Disorder: PE < 34 weeks Result: Low Risk Final risk: 1:429



1:100

Cutoff



Risk at Term

Risk type







Patient name: Mrs. ALPA KODINARIYA

Sample ID: 2300194381

PRENATAL SCREENING BACKGROUND

Every pregnant woman carries a certain degree of risk that her fetus/baby may have certain chromosomal defect/ abnormalities. Diagnosis of these fetal chromosomal abnormalities requires confirmatory testing through analysis of amniocytes or Chorionic Villous Samples (CVS). However, amniocentesis and CVS procedures carry some degree of risk for miscarriage or other pregnancy complications (Tabor and Alfirevic, 2010). Therefore in routine practice, prenatal screening tests are offered to a pregnant woman to provide her a personalised risk for the most common chromosomal abnormalities (T21-Down syndrome, T18- Edwards' syndrome, T13- Patau syndrome) using her peripheral blood sample. Based on this risk assessment, if the risk is high or intermediate, you can take informed decision of opting for invasive procedure such as amniocentesis or CVS followed by confirmatory diagnostic test(s), as per discussion with your clinician.

PRENATAL SCREENING TESTS ARE NOT CONFIRMATORY TESTS. THEY ARE LIKELIHOOD ASSESSMENT TESTS.

You may get your prenatal screening result as either of the following:-

High Risk

High Risk or Screen Positive Result: A High Risk Result does not mean that the pregnancy is affected with the condition. It means that the likelihood of the pregnancy having a condition is higher than the cut-off (Most commonly used cut-off is 1:250 and this represents the risk of pregnancy loss from confirmatory testing through CVS or amniocentesis).

Low Risk

Intermediate

Low Risk or Screen Negative Result: A Low Risk result does not mean that the pregnancy is not affected with a condition. It means that the likelihood of the pregnancy having a condition is lower than the cut-off.

Intermediate Risk result: An intermediate Risk result means that the pregnancy has an equivocal or a borderline risk of being affected with a condition. In this case, you may want to choose a second stage screening modality like an Integrated Screening Test that is done between 16 to 20 weeks of pregnancy or a Non-invasive Prenatal Screening Test between 12 to 20 weeks of pregnancy before taking a decision on an invasive confirmatory testing. This will help you improve the sensitivity of the screening test keeping an invasive test a last option were you to come as a high risk in the second stage screening test.

SIGNIFICANCE OF MULTIPLE OF MEDIANS (MoMs)

Prenatal Screening determines the likelihood of the pregnancy being affected with certain conditions by analysing levels of certain hormones. These hormones are Feto placental products (released by Fetus or placenta). Their levels not only indicate propensity of the fetus being affected with certain chromosomal conditions, they also provide indication of placental insufficiency that can potentially lead to pregnancy complications like Pre-Eclampsia or Intra-Uterine Growth Restriction. It is therefore important to take cognisance of the Reported MoMs alongside the Risk results.

For more information, visit our website at: <u>www.lilacinsights.com/faq-pns</u>

DISCLAIMERS

Limitations of the Test:

As prenatal screening tests are not confirmatory diagnostic tests, the possibility of false positive or false negative results can not be denied. The results issued for this test does not eliminate the possibility that this pregnancy may be associated with other chromosomal or sub- chromosomal abnormalities, birth defects and other complications.

Nuchal Translucency is the most prominent marker in screening for Trisomy 13, 18, 21 in the first trimester and should be measured in accordance with the Fetal Medicine Foundation (UK) guidelines. Nuchal Translucency or Crown Rump Length measurement, if not performed as per FMF (UK) imaging guidelines may lead to erroneous risk assessments and Lilac Insights bears no responsibility for errors arising due to sonography measurements not performed as per these criteria defined by international bodies such as FMF (UK), ISUOG.

It is assumed that the details provided along with the sample are correct. The manner in which this information is used to guide patient care is the responsibility of the healthcare provider, including advising for the need for genetic counselling or additional diagnostic testing like amniocentesis or Chorionic Villus Sampling. Any diagnostic test should be interpreted in the context of all available clinical findings. As with any medical test, there is always a chance of failure or error in sample analysis though extensive measures are taken to avoid these errors.

Note:

- Quality of the Down syndrome screening program (Biochemical values, MoMs and Risk assessments) is monitored by UKNEQAS on an ongoing basis.
- This interpretation assumes that patient and specimen details are accurate and correct.
- Lilac Insights does not bear responsibility for ultrasound measurements like CRL,NT,NB etc. We strongly recommend that ultrasound measurements are performed as per FMF (UK)/ISUOG practice guidelines.
- PE risk stratification is done using a cut-off of 1:100 as per ASPRE study.
- It must be clearly understood that the results represent risk and not diagnostic outcomes. Increased risk does not mean that the baby is affected and
 further tests must be performed before a firm diagnosis can be made. A Low Risk result does not exclude the possibility of Down's syndrome or other
 abnormalities, as the risk assessment does not detect all affected pregnancies.
- Each sample received at Lilac Insights' processing centre is handled with the utmost sensitivity and care. All samples received on Sundays and National holidays are stored as per specific guidelines for the respective specimens and processed on the next day.

END OF REPORT

Page 3 of 3



