



To: Aparna Hospital

J.N Road.

Opp I.C.I.C.I Bank, Mulund West

Mumbai - 400080

Contact: 022-25671447

Report Of: Mrs. JAYSHRI SANTOSH TAYADE

Pt. Contact: 9764970416



Sample ID 2300199587

Patient ID 1002396947

Received on 25/10/2023 23:21

Patient DOB: 09/03/1994

Registered on 26/10/2023 18:48

Reported on

Referred by

Sonography by

Understand Your

Report In Detail

Scan OR code

Dr. APARNA PADGAONKAR

Dr. APARNA PADGAONKAR

EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT

Patient Name: Mrs. JAYSHRI SANTOSH TAYADE

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

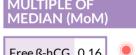
UKNEQAS: United Kingdom National External Quality Assessment Service

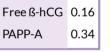
RIQAS: Randox International Quality Assessment Scheme



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) 1:100000 Low Risk LOW INTERMEDIATE HIGH LOW T18 (Edwards' syndrome) 1:817 Low Risk HIGH T13 (Patau syndrome) 1:5021 Low Risk LOW HIGH Low Risk Pre-eclampsia before 34 weeks 1:134 HIGH





INTERPRETATION

The First Trimester Screening for the given sample is found SCREEN NEGATIVE.

SUGGESTIONS AND OTHER FINDINGS

In view of free bHCG MoMs observed in the mother, focused serial survillance for assessment of fetal growth can be considered.







Incharge Biochemistry



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





Patient name: Mrs. JAYSHRI SANTOSH TAYADE Sample ID: 2300199587

Sample Type: Serum Risk assessment: Algorithm validated by SURUSS 2003, N.J Wald

Method: Electrochemiluminescence

PREGNANCY DETAILS							
No. of fetuses	:1		EDD	:08/05/2024	Age at Tern	n :30.1	Years
GA is Based on : Ass. rep.			LMP Date	: 19/08/2023	LMP Certa	LMP Certainty: Unknown	
Smoking: None Parity: Nulliparous		Height	: 157.5 cm	Weight	Weight : 54.10 Kg		
Ethinicity:Asian FHR :							
Previous pregnancy history			Pre-ecl	lampsia history	Other findings		
Down syndrome Edwards' syndrome			PE in pre	PE in previous pregnancy Insulin dependent dial			nt diabetes
Patau syndrome NTD syndrome			Pat. mother had PE		Chronic hypertension		
Assisted Reproduction : IVF Transfer Date : 19/08/2023 Extraction Date : 12/07/2023							
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	: 2300199587	CRL :	: 52.1 mm	Test Name	Conc.	Unit	Corr. Mom
Collection Date	: 25/10/2023	CRL2		Free-ß-hCG	07.30	ng/mL	0.16
Scan Date	: 25/10/2023	BPD :	•	NB	Present	118/1112	0.10
GA at Coll Date	: 12 Weeks 0 Days	BPD2		NT	1.08	mm	0.88
GA at Scan Date	: 12 Weeks 0 Days	HC :	•	PAPP-A	910.10	mIU/L	0.34
Received on	: 25/10/2023	HC2	•	MAP	93.33	mmHg	1.12
Received on	. 23/10/2023	1102	•	UTPI	1.48		0.88
GA: Gestation Age CRL: Crown Rump Length BPD: Bi-parietal Diameter HC: Head Circumference free-ß-hCG: free-Beta Human Chorionic Gonadotropin NT: Nuchal Translucency PAPP-A: Pregnancy-associated Plasma Protein-A							
RISKS							
Disorder: Down Syndrome Final risk: 1:100000 Age risk:		1:958	Ke:	suit:	LOWKISK		
Cutoff 1:25		Risk type	Risk At Term				
Disorder: Edwards' Syndrome Final risk: 1:817 Age risk:		1:8618	Ke:	suit:	Low Risk		
Cutoff 1:10		Risk type	Risk At Term				
<u> </u>							
Disorder: Patau Syndrome Final risk: 1:5021 Age risk:		4.05070	Re	esult: Low Risk			
		Age risk:	1:25878				
Cutoff 1:10		Risk type	Risk At Term				
Disorder: PE < 34 weeks				Re	sult:	Low Risk	
Final risk: 1: 1:	34						



1:100

Cutoff





Risk at Term

Risk type







Patient name: Mrs. JAYSHRI SANTOSH TAYADE Sample ID: 2300199587

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

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 **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





