SEEMA GAJENDRA LONDHE (L-10152)	
Date of birth:	19 November 1985
Examination date:	10 June 2024

Address: Navi Mumbai Hospital no.: 2400100392

Referring doctor: Dr Sucheta Kinjawadekar
Address: Navi Mumbai

Maternal characteristics and history

Ethnic origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 1.
Date of last delivery (GA >= 24w): 12 March 2017; Interval from last pregnancy: 7.0 years.
Gestation at delivery of last pregnancy >= 24w: 37 weeks + 0 days
Maternal weight: 85.0 kg; Height: 157.0 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: 14 March 2024 EDD by dates: 19 December 2024

First Trimester Ultrasound

Gestational age: **13 weeks + 0 days** from CRL EDD by scan: 16 December 2024

Fetal heart activity	visualised	
FHR	165 bpm	
Crown-rump length (CRL)	66.9 mm	
Nuchal translucency (NT)	2.10 mm	
Ductus Venosus PI	1.10	

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Maternal Serum Biochemistry

Sample **2400100392**, taken on: 10 June 2024, analysed on: 10 June 2024.

Free ß-hCG	45.64 IU/l	Roche	equivalent to	1.854 MoM
PAPP-A	3.970 IU/l	Roche	equivalent to	1.324 MoM

Biophysical Markers

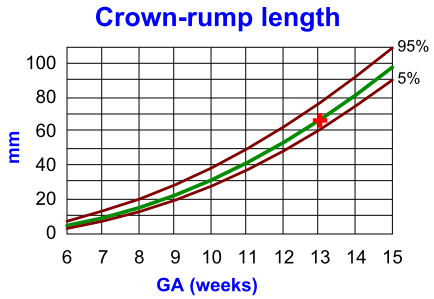
Uterine artery mean PI:	1.000	equivalent to	0.660 MoM
Mean Arterial Pressure:	93.400 mmHg	equivalent to	1.0419 MoM

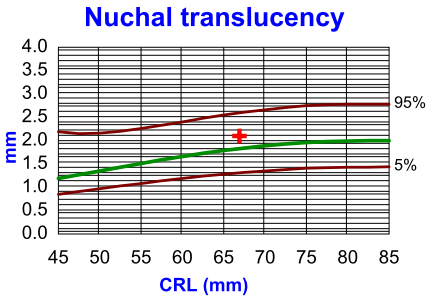
FMF Operator: Annabelle Mary Sabu Vadukkut, FMF Id: 210954

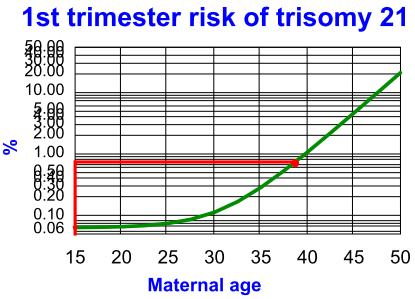
Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1 in 164	1 in 3276
Trisomy 18	1 in 1933	<1 in 20000
Trisomy 13	1 in 4551	<1 in 20000

Preeclampsia before 37 weeks	1 in 242
Fetal growth restriction before 37 weeks	1 in 634

The background risk for aneuploidies is based on maternal age (38 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).



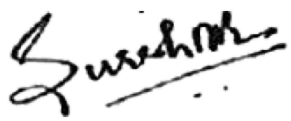




Comments

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

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.