RITA KUMARI

Date of birth:	08 August 1996
Examination date:	08 June 2024

Address: Hazaribagh   Hospital no.: 2400111807

Referring doctor: Dr Chitrangada Singh   True Value Pathology
Address: Hazaribagh

Maternal characteristics and history

Ethnic origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0.
Maternal weight: 56.0 kg; Height: 152.4 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no;
Antiphospholipid syndrome: no; Family history of PE: none.
Conception: spontaneous;
last period: 09 March 2024   EDD by dates: 14 December 2024

First Trimester Ultrasound

Gestational age: **13 weeks + 2 days** from CRL   EDD by scan: 12 December 2024

Fetal heart activity	visualised	
FHR	157 bpm	
Crown-rump length (CRL)	70.4 mm	
Nuchal translucency (NT)	1.94 mm	
Ductus Venosus PI	0.90	

Chromosomal markers:
Nasal bone: present; Tricuspid Doppler: normal.

Maternal Serum Biochemistry

Sample **2400111807**, taken on: 08 June 2024, analysed on: 11 June 2024.

Free ß-hCG	65.77 IU/l	Roche	equivalent to	2.080 MoM
PAPP-A	10.955 IU/l	Roche	equivalent to	1.896 MoM

Biophysical Markers

Uterine artery mean PI:	1.410	equivalent to	0.876 MoM
Mean Arterial Pressure:	77.834 mmHg	equivalent to	0.9337 MoM

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Lilac Insights Pvt. Ltd. 301-302, Building A-1, Rupa Solitaire Millennium Business Park, MIDC Industrial Area, Sector-1, Navi Mumbai, Maharashtra 400710.
Phone: +91 22 41841438; Website: www.lilacinsights.com; For queries or complaints, please email: info@lilacinsights.com

FMF Operator: saumya srivastav, FMF Id: 142489

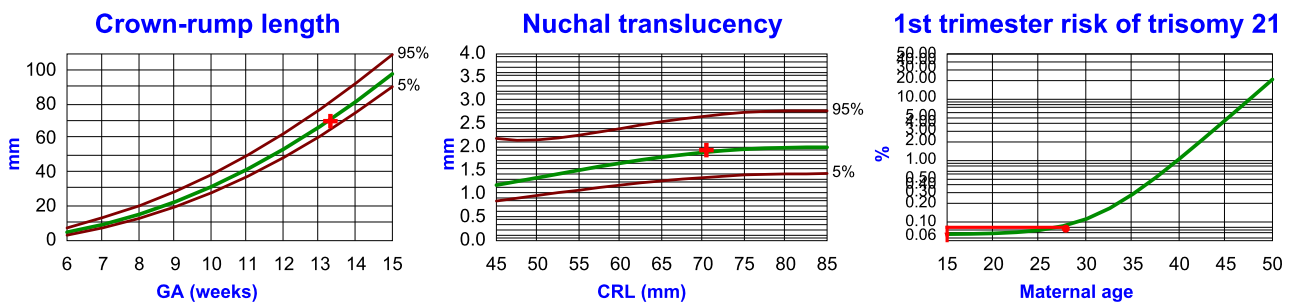| Condition	Background risk	Adjusted risk
Trisomy 21	1 in 1134	<1 in 20000
Trisomy 18	1 in 13386	<1 in 20000
Trisomy 13	<1 in 20000	<1 in 20000

Preeclampsia before 37 weeks	1 in 610
Fetal growth restriction before 37 weeks	1 in 342

The background risk for aneuploidies is based on maternal age (27 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).

Crown-rump length
Nuchal translucency
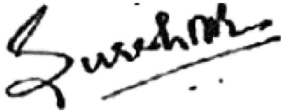### 1st trimester risk of trisomy 21

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

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.

Page 2 of 3 printed on 12 June 2024. RITA KUMARI (210974) examined on 08 June 2024.

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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.

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