Collected by- Ketan Dalvi

Sample Collection date: 10062024 Sample Collection time: : am/pm

Sample Collection from: Sample Collected By: Ketan Dalvi

Archana Wani Kaperkhairne

Requisition form for Prenatal Screening

3000/- Gpay

Lilac Insights™ genius · commitment · genetics
Office No-301 & 302, Rupa Solitaire Premises C.S. Ltd.
Sector-1, Building No-A-1, Millennium Business Park,
MIDC Mahape, Navi Mumbai-400710
T: +91 22 4184 1438 F: +91 22 4184 1448

Patient Details:

Name: Mrs. Manju Mall

Address: Ambe bhavan Room no. 1 Plot no 65 sec-12 Vashi Pin Code

City State

9601338709

Email ID: Hospital ID:

DOB 19061989 Weight 60 kg Height 5.1 cm

Ethnicity: South Asian ✓ East Asian Caucasian African Other Smoking status Yes No ✓

Ultrasound History

First trimester ultrasound details

USG date 08062024

CRL: 67.8 mm NT: 1.6 mm

NB: Present ✓ Absent

Dual Thal PLGF

Twin pregnancy ultrasound details

USG date D D M M Y Y Y Y

DCDA MCDA MCMA

	Twin A	Twin B
CRL	mm	mm
NT	mm	mm
NB	Present Absent	Present Absent

Second trimester ultrasound details

USG date D D M M Y Y Y Y

BPD mm

FL mm

HC mm

30/06
21.10

10 JUN 2024

Requesters Information:

Name of Hospital/ Collection Centre

City

Name of Ordering Physician Dr. Rahul Wani

Name of Sonographer Dr. Shiok J. Ingle

FMF code *(if available)*

Pregnancy Details:

LMP 15032024 USG/Corr EDD D D M M Y Y Y Y

LMP certainty: Regular Irregular ✓ Unknown

Obstetric History:

Parity (pregnancy at ≥24 weeks) – Gravida 1 Abortion – Live –

Details of last pregnancy at ≥ 24 weeks

PE: Yes No Date of delivery D D M M Y Y Y Y

GA at delivery: ____ Weeks ___ Days

Present pregnancy: Singleton ✓ Twin Vanishing Twin

Type of Conception: Natural ✓ Assisted Ovulation drugs

If assisted reproduction, kindly mention the type of procedure

Extraction date D D M M Y Y Y Y Transfer date D D M M Y Y Y Y

Egg source: Self/ donor. If donor, then donor's age/DOB D D M M Y Y Y Y

Diabetes: Yes No ✓ If Yes, Type: Gestational Type 1 Type 2

Treatment method: No treatment / Insulin / Metformin / Insulin+Metformin / Diet Control

If on Insulin, Insulin start date: D D M M Y Y Y Y

Patient on hCG: Yes No ✓ If yes, latest date of hCG intake D D M M Y Y Y Y

Bleeding/Spotting in last two weeks: Yes No ✓

Previous pregnancy History:

History of Down Syndrome Yes No Edwards' Syndrome Yes No Patau Syndrome Yes No ONTD Yes No

History of Systemic Lupus Erythematosus: Yes No History of Anti Phosphoiipid Syndrome (APLA): Yes No

TEST REQUESTED

First Trimester Screening (FTS) (10 weeks to 13 weeks 6 days)

- ☐ **EVICO Duo** : Dual Marker
- ☐ **EVICO Duo Plus** : Dual Marker with Macrosomia
- ☐ **EVICO Duo PE** : Dual Marker with Macrosomia & PE
- ☐ **EVICO Duo PE+** : Dual Marker with Macrosomia, SGA/IUGR & PE (with PLGF)
- ☐ **EVICO FT Enhanced PE** : Enhanced FTS with SGA/IUGR, Macrosomia & PE
- ☐ **Only Biochemical Values**

Note: *The risk of pre-eclampsia (PE) and predispositions for macrosomia, SGA/IUGR cannot be obtained in twin and vanishing twin pregnancies.*

Second Trimester Sc (15 weeks to 21 week

STS cannot be performed

- ☐ **EVICO Quad** : Quad
- ☐ **EVICO Trio** : Triple Marker Test
- ☐ **Integrated Screeni**

Pre-eclampsia Prog (After 20 weeks)

- ☐ EVICO PE-Pro (sFlt-1/PlGF Ratio)

2400118429

2400118428

Fill this section for Pre-eclampsia screening:

BP measurement date 10062024

Markers	Left arm		Right arm		MAP
Blood pressure (mm/Hg)	Systolic BP	Diastolic BP	Systolic BP	Diastolic BP	
First reading	110	70			
Second reading					

The difference should not be more than 10 mm/Hg in first and second reading

Family History of Pre-eclampsia: Not Known No ✓ Patient Mother

Chronic Hypertension: Not known No ✓ Medication Untreated

Uterine Artery pulsative index (UAD-PI): Right PI ..... Left PI ..... *(ua doppler acceptable range: 0.4 – 4)*

Previous small baby: Yes No ✓ mean PI - 1.60

Thalassemia Screening ✓ **Hb-HPLC Test** Iron Therapy- Yes No Blood Transfusion History- Yes No

For Lilac Insights

PAPP-A:

β-hCG:

AFP:

PlGF:

uE3:

Inhibin A:

sFlt-1:

Important: *1) This form has to be completely filled up for us to process the sample. 2) Sample(s) accepted are subject to verification at our Laboratory. If sample found unfit for processing, the healthcare professional will be notified. 3) Kindly attach relevant copy(s) of diagnostic report(s).*

Signature of the Patient: Mydeep Signature of Ordering Physician:

Patient Consent: *I have read & understood Test Requisition Form for Prenatal screening & Pre-eclampsia. I consent that my sample shall be the sole exclusive property of LILAC INSIGHTS PVT LTD & I transfer all my sample rights to LILAC INSIGHTS for its research and/or commercial use. I agree to be contacted by Lilac Insights for information regarding their tests and updates.*

LIEVTRF1021

DR SHLOK'S DIAGNOSTIC CENTRE

Dr.Shlok J. Lolge M.D. (Radiology)
Consultant Radiologist & Interventional Sonologist,
Ex Faculty, KEM Hospital, Mumbai.
Ex faculty, Prince of Wales Hospital, Hong Kong.

Shop F /6-11, Rainbow Co-op Soc., Near Bikaner Sweets,
Sector 10, Vashi, Navi Mumbai.
Ph. 022-27881414 / 8655881414 Mob.: 9967964096
Website : www.drshlok.com • E-mail : drshlok@hotmail.com

First Trimester Screening Report

MANJU MALL
Date of birth : 19 June 1989, Examination date: 08 June 2024

Referring doctor: Dr Rahul Wani

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0.
Maternal weight: 60.0 kg; Height: 152.0 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Patient's mother had preeclampsia: no.
Method of conception: Spontaneous;
Last period: 15 March 2024 EDD by dates: 20 December 2024

First Trimester Ultrasound:

US machine: Philips Affiniti 70 G. Probe: C5-1 Pure wave. Visualisation: good.
Gestational age: **13 weeks + 0 days** from CRL EDD by scan: 14 December 2024

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	151 bpm
Crown-rump length (CRL)	67.8 mm
Nuchal translucency (NT)	1.6 mm
Biparietal diameter (BPD)	21.7 mm
Ductus Venosus PI	1.100
Placenta	anterior high
Amniotic fluid	normal
Cord	3 vessels

Chromosomal markers:
Nasal bone: present; Tricuspid Doppler: normal.
Fetal anatomy:
Skull/brain: appears normal; Spine: appears normal; Heart: left sided heart; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible; Intracranial translucency ~ 2.3 mm.

Uterine artery PI:	1.60	equivalent to 1.010 MoM
Endocervical length:	3.4 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: Shlok Lolge, FMF Id: 166441

Condition	*Background risk*	*Adjusted risk*

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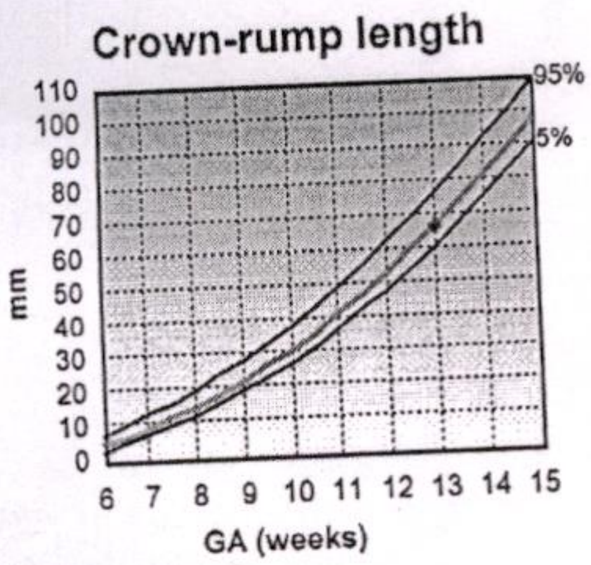
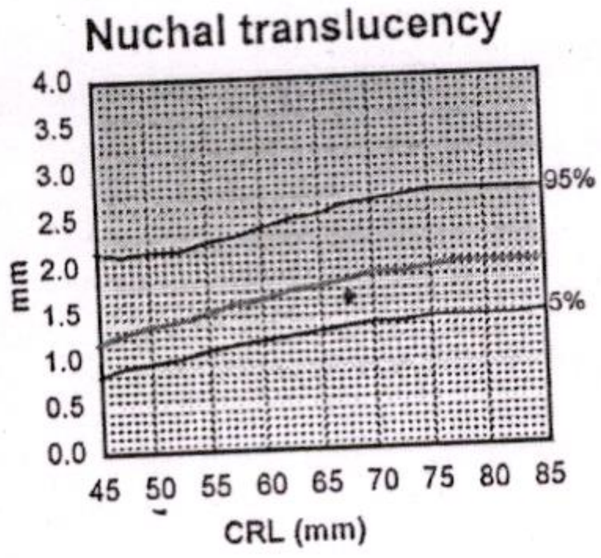
First Trimester Screening Report

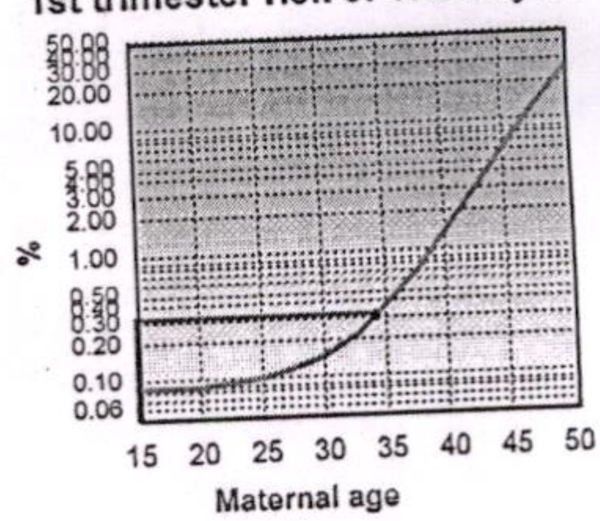
Trisomy 21	1: 280	1: 2955
Trisomy 18	1: 696	1: 3022
Trisomy 13	1: 2180	<1: 20000

The background risk for aneuploidies is based on maternal age (34 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, fetal heart rate).
All biophysical markers 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-2012 software (version 2.81) 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.com).







Comments
- Single live intrauterine gestation corresponding to 13 weeks 0 day of gestational age

May I Suggest: *Detailed anomaly scan between 19 – 20 weeks.*

Dr. Shlok J Lolge.
MD (Radiology)
Consultant Radiologist
Thanks for reference, with regards.

(Please note: Detailed fetal anatomy may not always be visible due to technical difficulties related to embryonic size, and abdominal wall thickness. Therefore all embryonic / fetal anomalies may not necessarily be detected at every examination. All measurements including estimated fetal weight are subject to statistical variations)

I Dr Shlok J Lolge declare that while performing sonography of , I have neither detected nor disclosed the sex of fetus to anybody in any manner. Signature.....

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Name: MRS MANJU MALL

Date: 08/06/2024

RISK ASSESSMENT FOR PREECLAMPSIA

Report date 08-06-2024
Examination date 08-06-2024
Gestational age 13^{+0} weeks

Obstetric history

Parity Nulliparous

Biophysical measurements

Uterine artery PI 1.6 (0.998 MoM)
Measurement date 08-06-2024

Preeclampsia risk from history only

< 37 weeks: 1 in 81

Preeclampsia risk from history plus UTPI

< 37 weeks: 1 in 106

Recommendation

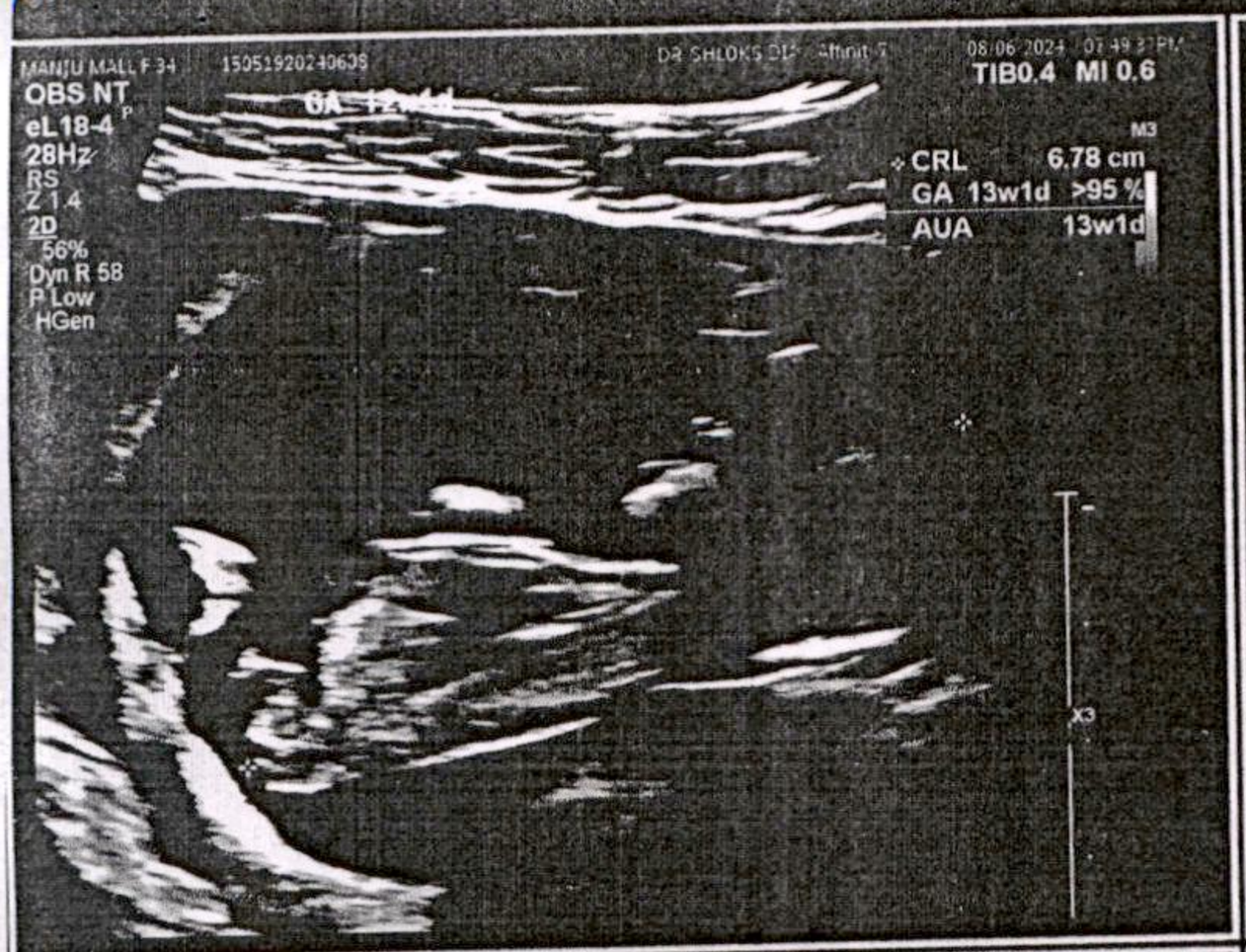
The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood flow to the uterus.

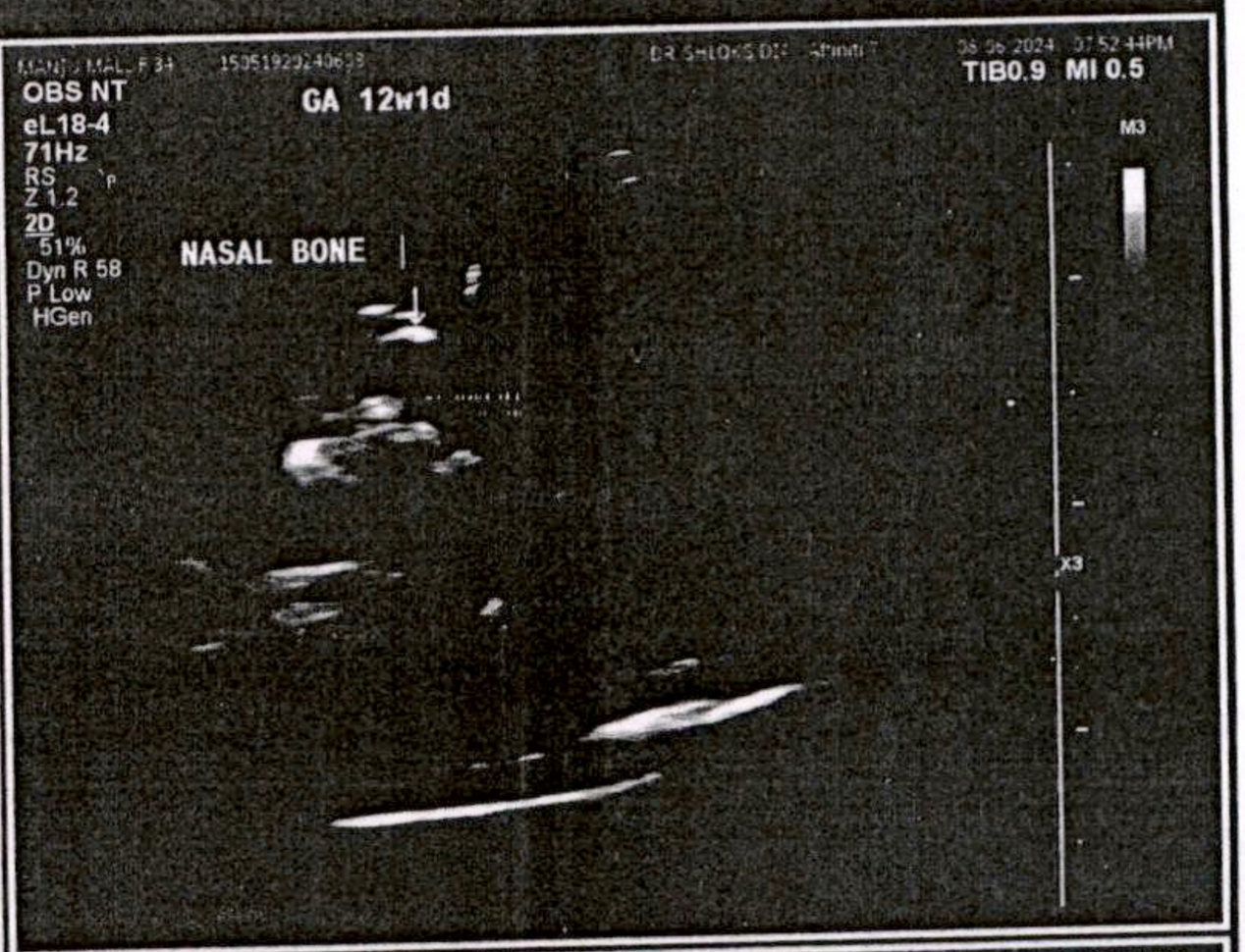
On the basis of this assessment the patient has been classified as being at **increased risk** for developing PE before 37 weeks. The ASPRE trial has shown that in such women use of low dose aspirin (150mg/night) from now until 36 weeks reduces the incidence of PE before 32 weeks by about 90% and PE before 37 weeks by 60%.

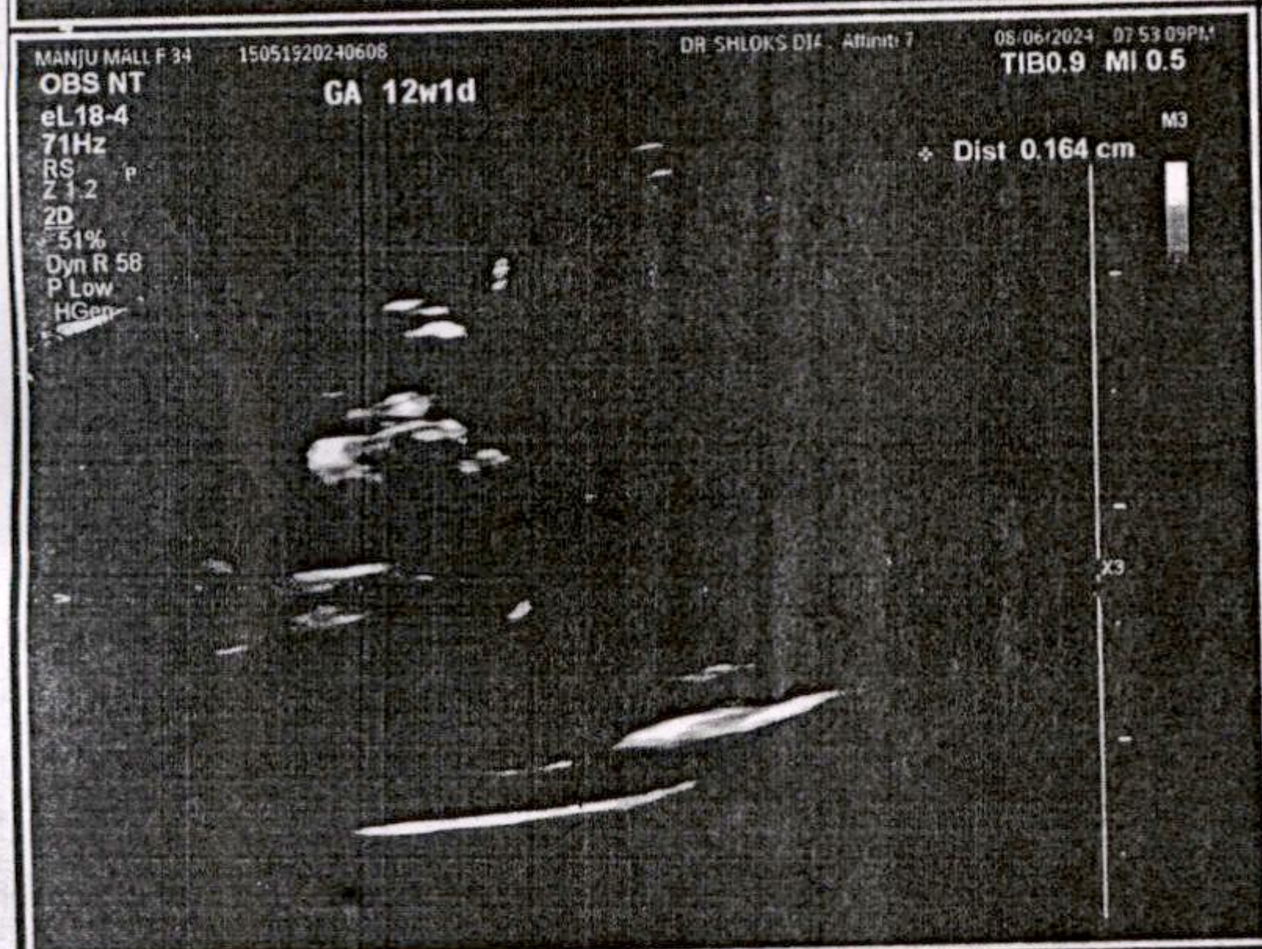
Dr. Shlok's Diagnostic Centre

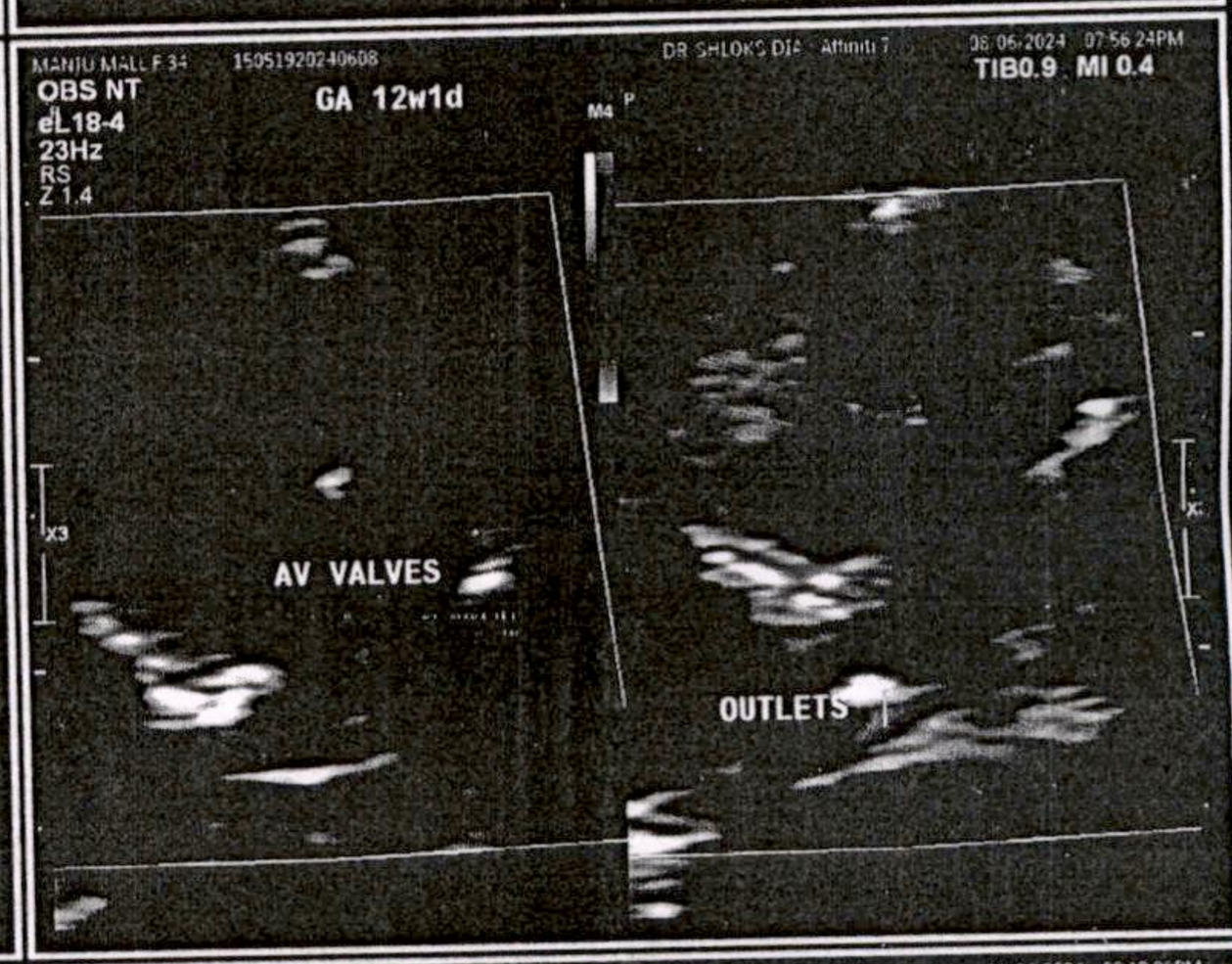
Name : MANJU MALL F 34

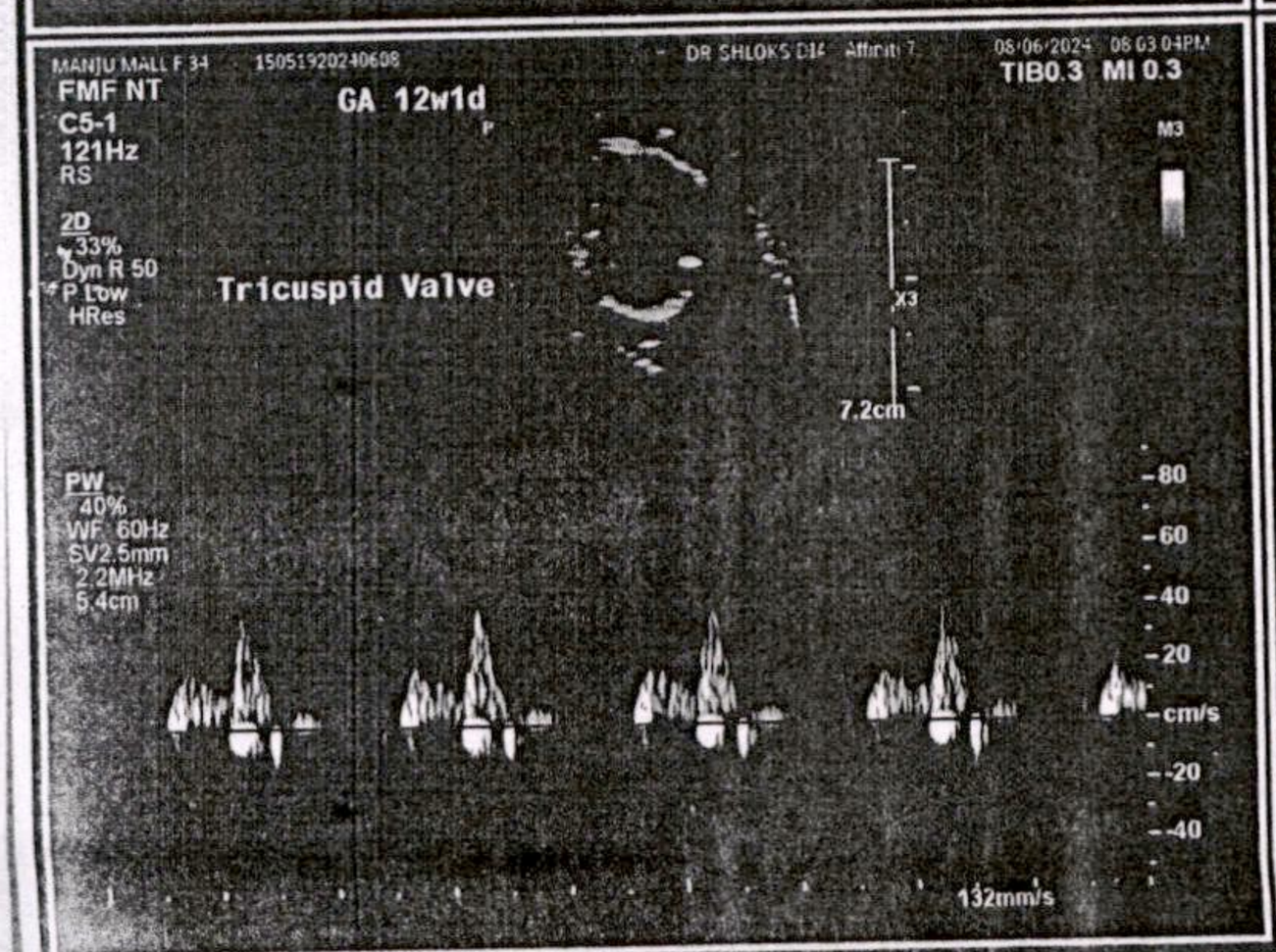
08 Jun 2024 Study : Free Form

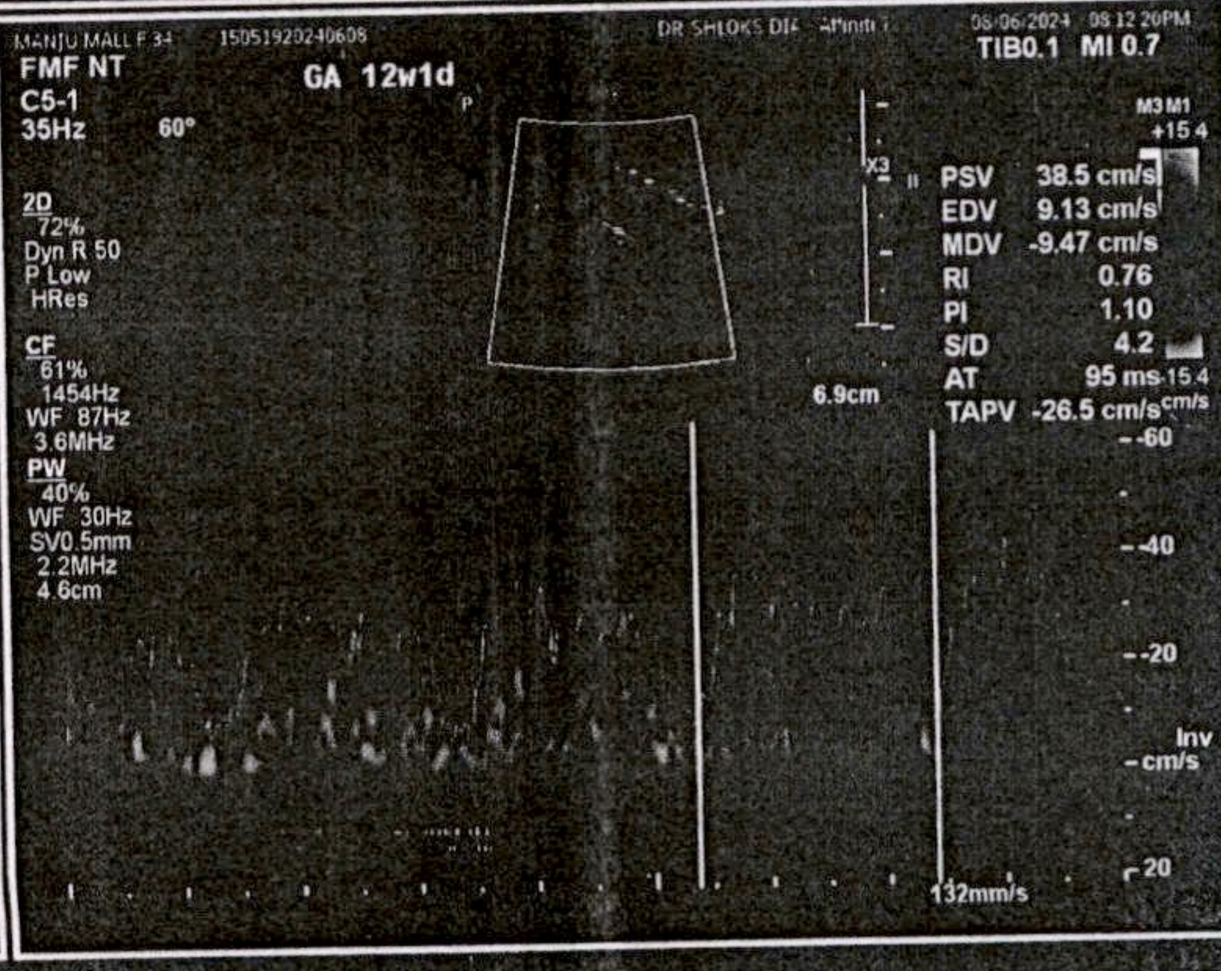












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