

To: **Deshpande Hospital-Ahmednagar**  
Anandi Bazar, Ahmednagar  
Maharashtra  
Ahmednagar - 414001  
Contact: 9822333544  
**Report Of: Mrs. ROHINI DHOLE**  
Pt. Contact:



Sample ID 2300220629  
Patient ID 10024434  
Received on 02/04/2024 15:32  
Registered on 02/04/2024 18:13  
Reported on -  
Referred by **DR.PRITI DESHPANDE**  
Sonography by **DR.PRASANNA V.DEOCHAKE**

**EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT**

**Patient Name: Mrs. ROHINI DHOLE**

**Patient DOB: 01/01/1988**

**EVICScreen™** 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 probability 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)	<b>1: 200</b>	<span style="color: red;">●</span> High Risk	
T18 (Edwards' syndrome)	<b>1: 100000</b>	<span style="color: green;">●</span> Low Risk	
Neural tube/ Abdominal wall defect	-	<span style="color: green;">●</span> Low Risk	

**MULTIPLE OF MEDIAN (MoM)**

Free β-hCG	9.90	<span style="color: red;">●</span>
AFP	1.04	<span style="color: green;">●</span>
PAPP-A	0.78	<span style="color: green;">●</span>
uE3	0.85	<span style="color: green;">●</span>
Inhibin-A	3.02	<span style="color: red;">●</span>

**INTERPRETATION**

The Quadruple Integrated Screening for the given sample is found **SCREEN POSITIVE** for **Down syndrome**.

**SUGGESTIONS AND OTHER FINDINGS**

- 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 Inhibin-A MoMs observed in the mother, please correlate clinically with ultrasound findings.

Patient name : Mrs. ROHINI DHOLE

Sample ID : 2300220629

Sample Type: Serum

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

Method: Chemiluminescence

### PREGNANCY DETAILS

No. of fetuses : 1      EDD : 25/08/2024      Age at Term : 27.0 Years  
 GA is Based on : Ass. rep.      LMP Date : 26/11/2023      LMP Certainty : Unknown  
 Smoking : None      Parity :      Height :      Weight : 45.00 Kg  
 Ethnicity: Asian      FHR :

#### Previous pregnancy history

Down syndrome       Edwards' syndrome  
 Patau syndrome       NTD syndrome

#### Pre-eclampsia history

PE in previous pregnancy  
 Pat. mother had PE

#### Other findings

Insulin dependent diabetes  
 Chronic hypertension

Assisted Reproduction : Donor egg      Transfer Date : 07/12/2023      Extraction Date : 03/12/2023      Donor DOB : 15/06/1997  
 Note! Age at term is calculated from the Donor DOB

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 : 2300220742	CRL : 52 mm	Test Name	Conc.	Unit	Corr. Mom
Collection Date : 17/02/2024	CRL2 :	NT	1.5	mm	1.27
Scan Date : 17/02/2024	BPD :	PAPP-A	5166.00	mU/L	0.78
GA at Coll Date : 12 Weeks 6 Days	BPD2 :				
GA at Scan Date : 12 Weeks 6 Days	HC :				
Received on : 19/02/2024	HC2 :				

### SPECIMEN DETAILS

Sample ID : 2300220629	CRL :	Test Name	Conc.	Unit	Corr. Mom
Collection Date : 23/03/2024	CRL2 :	Free-β-hCG	111.90	ng/mL	9.90
Scan Date : 24/03/2024	BPD : 36 mm	AFP	54.10	ng/mL	1.04
GA at Coll Date : 17 Weeks 6 Days	BPD2 :	uE3	03.64	mU/L	0.85
GA at Scan Date : 18 Weeks 0 Days	HC : 133 mm	Inhibin A	650.73	mmhg	3.02
Received on : 02/04/2024	HC2 :				

GA: Gestation Age | CRL: Crown Rump Length | BPD: Bi-parietal Diameter | HC: Head Circumference | free-β-hCG: free-Beta Human Chorionic Gonadotropin  
 NT: Nuchal Translucency | PAPP-A: Pregnancy-associated Plasma Protein-A

### RISKS

<b>Disorder: Down Syndrome</b>	<b>Result:</b>	<b>High Risk</b> ●
Final risk: 1:200      Age risk: 1:1200		
Cutoff 1:250      Risk type Risk At Term		
<b>Disorder: Edwards' Syndrome</b>	<b>Result:</b>	<b>Low Risk</b> ●
Final risk: 1:100000      Age risk: 1:8400		
Cutoff 1:100      Risk type Risk At Term		
<b>Neural tube / Abdominal wall defect</b>	<b>Result:</b>	<b>Low Risk</b> ●
Final risk: -      Age risk:		
Cutoff 2.5      Risk type Risk at Term		

Patient name : Mrs. ROHINI DHOLE

Sample ID : 2300220629

## 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.

## 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: [www.lilacinsights.com/faq-pns](http://www.lilacinsights.com/faq-pns)*

## 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's Syndrome & ONTD screening program (Biochemical values, MoMs and Risk assessments) 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 the Ultra sound measurements.
- 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. Reported risks should be correlated and adjusted according to the absence/presence of sonographic markers observed in the anomaly/malformation scan.
- 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