





To: KBM Hospital-Ambala

Miri Piri Chowk,

Circular Colony, Old Town,

Haryana

Ambala - 134003

Contact:

Report Of: Mrs. SUKHWINDER

Pt. Contact: 8872582826



Sample ID	2400258729	Understand Your
Patient ID	1602420297	Report In Detail
Received on	26/12/2024 13:50	回約第 回 2003年
Registered on	26/12/2024 14:00	
Reported on	31/12/2024 13:57	Scan QR code
Referred by	Dr. SARIKA BEHL	·
Sonography by	Dr. Satya Paul	

Patient DOB: 25/01/1993

EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT

Patient Name: Mrs. SUKHWINDER

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:

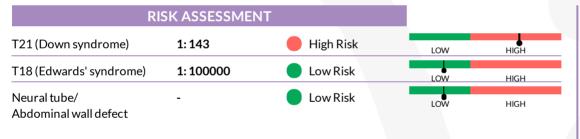
- Hormonal values from the pregnancy measured on Fetal Medicine foundation (UK) accredited analyzers and reagents
- Robust indigenous medians from over 7 lac+ pregnancies for different gestation ages
- Risk calculations from evidence based algorithms validated through large international studies

UKNEQAS: United Kingdom National External Quality Assessment Service

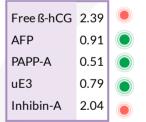
RIQAS: Randox International Quality Assessment Scheme



The Risk Assessment Performed Using CE-marked Antenatal Risk Evaluation Software Certified by the British Standards Institute (BSI)-ISO 13485:2016



MULTIPLE OF MEDIAN (MoM)



INTERPRETATION

The Quadruple Serum 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.





Verified by
Mr. Pradip Kadam
Incharge Biochemistry
(FMF ID: 147760)



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









EDD

LMP Date

Height



Patient name: Mrs. SUKHWINDER Sample ID: 2400258729

Sample Type: Serum

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

Method:Chemiluminescence

PREGNANCY DETAILS

No. of fetuses

:03/06/2025

Age at Term : 32.3 Years

GA is Based on

: CRL 75mm at 30/11/2024

LMP Certainty: Regular

Smoking: None

Parity:

:160.0 cm

Weight :58.00 Kg

Ethinicity: Asian

FHR

Pre-eclampsia history

Previous pregnancy history Down syndrome

Edwards' syndrome

PE in previous pregnancy

Other findings Insulin dependent diabetes

Chronic hypertension

Patau syndrome

NTD syndrome

Pat. mother had PE

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 **Collection Date** :2460011035

CRL :75 mm

Test Name

PAPP-A

Corr. Mom Conc. Unit

mU/L

Scan Date

:30/11/2024 :30/11/2024 CRL2

BPD

GA at Coll Date

: 13 Weeks 4 Days

BPD2

GA at Scan Date Received on

: 13 Weeks 4 Days :01/12/2024

HC

HC2

SPECIMEN DETAILS

Sample ID **Collection Date** :2400258729 :21/12/2024

CRL : 75 mm

Test Name Free-ß-hCG Conc. Unit 35.94

Corr. Mom 2.39 ng/mL

0.51

Scan Date

:30/11/2024

CRL2 : **BPD**

AFP 29.73 0.91 ng/mL

3573.00

GA at Coll Date GA at Scan Date : 21 Weeks 5 Days : 13 Weeks 4 Days BPD2 HC

uE3 Inhibin A

0.79 03.54 mU/L 400.30 mmhg 2.04

Received on

Final risk:

Cutoff

Cutoff

:26/12/2024

HC₂

Result:

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

1:143

Age risk:

1:710

1:250

Risk type

Risk At Term

Disorder: Edwards' Syndrome

1:100000 Final risk:

Age risk: Risk type 1:6100

Result:

Low Risk

High Risk

Disorder: Neural tube / Abdominal wall defect

1:100

Risk At Term

Result: Low Risk

Final risk:

2.5 Cutoff

Age risk: Risk type

Risk at Term









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Patient name: Mrs. SUKHWINDER Sample ID: 2400258729

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

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.
- The above risk has been calculated based on Biochemistry values alone.
- 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

