





**Dandekar Clinic** 

Agri Samaj Mandir Road, Old Panvel Panvel Navi Mumbai - 410206

Maharashtra

Contact: 022-27452194

Report Of: APARNA AMIT PATIL

Pt. Contact: 8454060799



Sonography by	
Referred by	Dr. Kanchan Divekar
Reported on	12-03-2019 15:49
Registered on	11-03-2019 18:48
Received on	11-03-2019 18:48
Patient ID	L1190246491
Sample ID	LI190024863

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

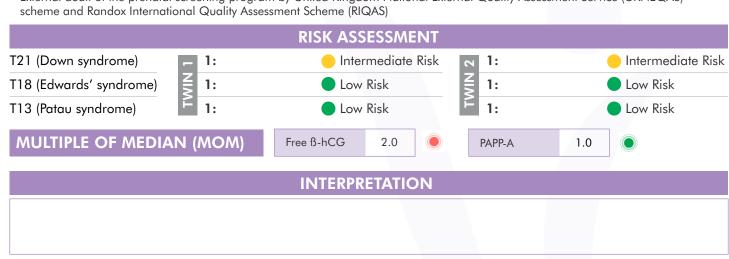
Patient Name:		Patient DOB:	Patient DOB:	
Ethnicity:	City:	Hospital ID:		

Sample Type: Serum Risk Assessment: Risk Assessment software accredited by Fetal Medicine

**Method:** Time-resolved Fluroimmunoassay Foundation (UK)

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 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
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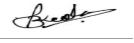












Verified by Mr. Pradip Kadam Incharge Biochemistry



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







PREGNANCY DETAILS			
No. of Fetuses : 2 Dichorionic GA is Based on : CRL 64.9 mm on 11-03-2019	EDD : 17-09-20 LMP Date: 17-11-20		
Smoking: None Parity: Nulliparous FHR: FHR2:	Height : 160 cm	Weight : 50.70 kg	
Previous pregnancy history	Pre-eclamp	psia history Other findings	
Down syndrome Edwards' syndrome Patau syndrome NTD syndrome	Pat. mothe		
Assisted Reproduction: Donor Egg Transfer Date: 17-11-2018 Extraction Date: 17-11-2018 Donor DOB: 17-11-2018  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: : Li190024863 CRL : 64.9 mm Corr. MoM **Test Name** Conc. Unit **Collection Date** : 11-03-2019 CRL2: 64.9 mm free-B-hCG 66.68 ng/mL 1.74 NT 1.2 0.74 Scan Date : 11-03-2019 mm **BPD**: 64.9 mm NT2 1.2 0.74 mm **GA at Coll Date** : 12 Weeks 6 Days **BPD2**: 64.9 mm PAPP-A 8710.00 mU/L 1.85 GA at Scan Date: 12 Weeks 6 Days : 164.90 mm Received on : 11-03-2019 **HC2**: 164.90 mm

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

### **RISKS Disorder: Down Syndrome** Result: Result: TWIN 1 TWIN 2 TWIN 1 TWIN 2 Final risk: 1:24365 Final risk: 1:24365 Age risk: 1:1226 Low Risk Low Risk Cutoff: 1:250 Cutoff: 1:250 Risk type: Risk At Term **Disorder: Edwards' Syndrome** Result: Result: TWIN 1 TWIN 2 TWIN 1 TWIN 2 Final risk: 1:100000 Final risk: 1:100000 Age risk: 1:11028 Low Risk Low Risk Cutoff: 1:100 Cutoff: 1:100 Risk type: Risk At Term **Disorder: Patau Syndrome** Result: Result: TWIN 2 TWIN 1 TWIN 2 TWIN 1 Final risk: 1:100000 Final risk: 1:100000 Age risk: 1:11028 Low Risk Low Risk 1:100 Cutoff: Cutoff: 1:100 Risk type: Risk At Term













### PRENATAL SCREENING BACKGROUND

- Every pregnant woman carry a certain degree of risk that her fetus/baby may have certain chromosomal defect/ abnormalities. Diagnosis
  of these fetal chromosomal abnormalities requires confirmatory testing by thorough analysis post amniocentesis or Chorionic Villous
  Sampling (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 personalized 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 AND THEY PROVIDE RISK ASSESSMENT RESULT AS

High Risk

**High risk or screen positive report-** which does not mean that the pregnancy is affected with these conditions. It means that you have a higher chance of having a baby with one of these conditions as compared to the chances of miscarriage that you have, if you opt for an invasive procedure.

Low Risk

Low risk or screen negative report- which does not mean that the pregnancy is not affected with these conditions. It means that you have a lower chance of having a baby with one of these conditions as compared to the chances of miscarriage that you have, if you opt for an invasive procedure.

Intermediate

Intermediate risk report- which means that due to some parameters, the pregnancy can not be identified as a clear low risk or high risk for having either of the most common chromosomal aneuploidies. Further tests like Non-Invasive Prenatal Screening (InsighT/ InsighT-Adv/ InsighT Plus) or Integrated quadruple screening (done in second trimester) or invasive procedure (like amniocentesis or CVS) followed by definitive tests is recommended.

Based on a comparison of two risks (i.e. risk reported by screening test vs. risk of miscarriage associated with invasive procedure), the patient, guided by her clinician can decide on opting or rejecting definitive invasive testing.

### SIGNIFICANCE OF MULTIPLE OF MEDIAN (MOM) VALUES OF HORMONES

Prenatal screening tests analyze the levels of fetoplacental hormones (hormones released by placenta or fetus) found in mother's blood sample. Their raised or grossly reduced levels not only provides indication for common chromosomal abnormalities like Down syndrome, Edwards' syndrome or Patau syndrome but also provide indication for placental insufficiency that can in some cases lead to late pregnancy complications such as Pre-eclampsia or Fetal Growth Restriction. This necessitates observation of the levels of hormones (MoMs) reported in the prenatal screening report besides looking at the reported risk estimates for holistic interpretation and clinical decision making.

### **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 subchromosomal 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 syndrome 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 nor bear responsibility for the NT & CRL measurements. We strongly recommend that NT/ CRL measurements are performed as per FMF (UK)/ ISUOG practice guidelines.
- This interpretation assumes that patient and specimen details are accurate and correct. In all cases where an assessment of increased risk is based on LMP dates, the gestational age must be by ultrasound before further action is taken.
- 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.
- Lilac Insights does not bear the responsibility for the NT result. The company strongly recommends that only NT value from qualified experts (for example, clinicians certified by the Fetal Medicine Foundation) is utilized to provide a first trimester risk.

**END OF REPORT** 













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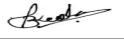
### INTERPRETATION

# SUGGESTIONS AND OTHER FINDINGS









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