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EVICO PE Pro™
Evidence Based Comprehensive PE Prognosis

To: **Apollo Hospital-Navi Mumbai**
Plot # 13, Parsik Hill Road
Off Uran Road Sector-23, CBD Belapur
Navi Mumbai - 400614
Contact: 022-62806193
Report Of: Mrs. SHIPRA SINHA
Pt. Contact: 9004517471

Sample ID	2200068598
Patient ID	1002230077
Received on	06/06/2022 09:50
Registered on	07/06/2022 11:30
Reported on	03/08/2022 16:43
Referred by	**DR.BINDHU KS**
Sonography by	**DR.MANDAR CHAUDHARI**

EVICO PE-Pro - EVIDENCE BASED COMPREHENSIVE PE PROGNOSIS REPORT

Patient Name: Mrs. SHIPRA SINHA Patient DOB: 07/12/1991

City: NAVI MUMBAI Hospital ID: ANM1.0000788228

Sample Type: Serum **Method:**Electrochemiluminescence

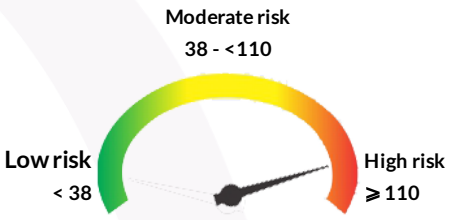
EVICO PE Pro™ is an evidence based pre-eclampsia prognosis program curated by Lilac Insights in accordance with the latest available evidences for the reliable prognosis of pre-eclampsia in pregnancies suspected with high risk for pre-eclampsia.

It offers-
- Most accurate and reliable biomarker assessment for confident clinical decisions.
- Biomarker values from pregnancy measured using industry's leading analyzers & reagents.
- Comprehensive prognosis for pre-eclampsia and related insights into the pregnancy.

TEST FINDINGS

Parameter	Test Results
sFlt-1/PlGF ratio	115.00

Gestational Age at Sampling: 34 weeks 0 days



OBSERVED BIOMARKER LEVELS

Parameter	sFlt-1	PlGF
Test Results	115.00 pg/mL	1.00 pg/mL

INTERPRETATION

The observed sFlt-1/PlGF ratio ≥110 in the given specimen is suggestive of diagnosis of pre-eclampsia (late-onset PE) or placenta-related disorder, e.g. Fetal Growth Restriction (FGR).

SUGGESTIONS AND OTHER FINDINGS

- Close surveillance and prompt initiation of antenatal care in an appropriate clinical setting is recommended.
- Follow Up sFlt-1/PlGF test in 1 week, according to the clinical conditions.
- Further management can be offered according to the discretion of the clinician.

Notes:
- Severely elevated sFlt-1/PlGF ratios (>201 at ≥34 weeks of gestational age) are associated with severe maternal pre-eclampsia and adverse pregnancy outcomes. Hence, close maternal-fetal surveillance is recommended.
- The final pregnancy related decisions should be taken only after correlation with other clinical features.
- No decision should be made using the ratio test alone.

Verified by
Mr. Pradip Kadam
Incharge Biochemistry

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

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Phone: **+91 22 41841438**; Website: **www.lilacinsights.com**; For queries or complaints, please email: **info@lilacinsights.com** | CIN - U85191MH2011PTC217513

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EVICPE Pro™ Evidence Based Comprehensive PE Prognosis

Patient name : Mrs. SHIPRA SINHA **Sample ID** : 2200068598

sFlt-1/PIGF RATIO BACKGROUND

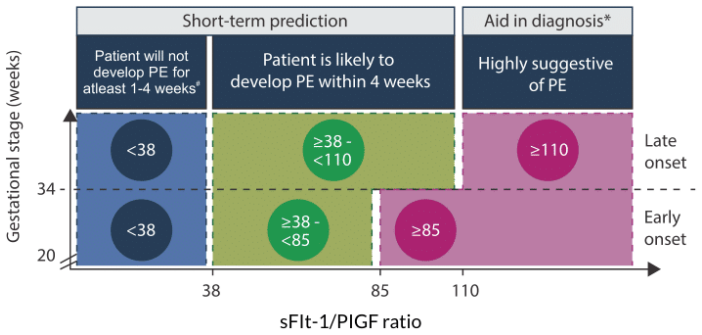
Pre-eclampsia (PE) is a serious complication of pregnancy characterized by hypertension (Increased blood pressure) and proteinuria (Presence of increased levels protein in urine) after 20 weeks of gestation. Pre-eclampsia occurs in 2-7 % of pregnancies and results in substantial maternal and fetal or neonatal mortality and morbidity. It causes ~15% of all premature deliveries. Clinical manifestations can vary from mild to severe forms.[1,2]

In this test, The serum levels of hormones called PIGF (placental growth factor) and sFlt-1 (soluble fms-like tyrosine kinase-1) are measured in pregnant woman's blood sample. The ratio of the measured levels of two proteins (sFlt-1 and PlGF), in second and third trimester can tell if you are at low or high risk of developing pre-eclampsia. In women who develop pre-eclampsia,this sFlt-1 /PIGF ratio is higher than in women who do not develop pre-eclampsia. The accuracy of the test allows clinician to determine whether: you will not develop pre-eclampsia in the next week and can be safely sent home or you will develop pre-eclampsia in the next four weeks and should be monitored closely. The test helps to discriminate normal pregnancies from pre-eclampsia even before clinical symptoms occur.[1,3]

The sFlt-1/PIGF ratio test helps clinician reliably differentiate between pre-eclampsia and other forms of hypertensive disorders, to identify patients in need of specialised care.

It enables clinician to take timely decisions on treatment and management to reduce health complications and deaths in mothers and babies.[1,3]

Interpretation of sFlt-1/PIGF ratio (based on Gestational age)[4,5,6]



 # Negative Predictive Value- 99.3% for 1 week, 94.3% for 4 weeks

KNOW YOUR RESULTS [1,3,4]

⩾20 weeks & < 34 weeks

< 38	• Your sFlt-1/PIGF ratio test results are reassuring. You will most likely not develop PE* for at least the next 1-2 weeks. • Reassessment or repeat test may be required, if you develop symptoms suggestive of PE* (early-onset PE).
38 - <85	• Your ratio test results are moderately concerning. Although you do not have a definite diagnosis for PE* at this stage, there is a probability that you might develop PE* (early-onset PE) within the next 4 weeks. • Close follow up with your obstetrician is recommended. • Repeating the test in 2 weeks could be more informative.
⩾ 85	• Your ratio test results are quite concerning. There is a high probability that you could have PE* (early-onset PE) or another placenta related problems, e.g. Fetal Growth Restriction (FGR). • Kindly follow up with your obstetrician for close monitoring of your BP# and fetal growth.

⩾34 weeks

< 38	• Your sFlt-1/PIGF ratio test results are reassuring. You will most likely not develop PE* for at least the next 1-2 weeks. • Reassessment or repeat test may be required, if you develop symptoms suggestive of PE* (late-onset PE).
38 - <110	• Your ratio test results are moderately concerning. Although you do not have a definite diagnosis for PE* at this stage, there is a probability that you might develop PE* (late-onset PE) within the next 4 weeks. • Close follow up with your obstetrician is recommended. • Repeating the test in 2 weeks could be more informative.
⩾ 110	• Your ratio test results are quite concerning. There is a high probability that you could have PE* (late-onset PE) or another placenta related problems, e.g. Fetal Growth Restriction (FGR). • Kindly follow up with your obstetrician for close monitoring of your BP# and fetal growth.

**Pre-eclampsia (High Blood Pressure in pregnancy) # Blood Pressure*

NOTES

1. sFlt-1 : PLGF ratio is intended to be used with clinical judgment & other investigations to diagnose Pre-eclampsia in suspected cases. It may be used for testing pregnant women from 20 weeks gestation up until the time of delivery.
2. The test is not recommended for conditions other than suspected Pre-eclampsia.
3. Severely elevated sFlt-1/PIGF ratios (>655 at <34 weeks of gestational age; >201 at ⩾34 weeks of gestational age) have been associated closely with the need for delivery within 48hrs and should prompt close surveillance.
4. The final decision pertaining to the pregnancy care should be taken by the clinician based on correlation of the ratio results with patient's medical history, clinical examination and other findings. No decision should be made using the ratio test alone.

DISCLAIMERS

1. **The test results released in this report pertain to the submitted specimen and patient information. (The sample was drawn outside the source location)**
2. **All test results are dependent on the quality of the sample received by the Laboratory.**
3. **Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring clinician.**
4. **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.**
5. **The repeat follow-up testing (if needed) will be chargeable at each instance.**
6. **Test results may show inter-laboratory variations & Lilac Insights does not bear responsibility for such findings.**
7. **Any disputes or claims concerning the test or test results are exclusively subject to the Courts/Forum at Mumbai jurisdiction.**
8. **Test results are not valid for medico legal purposes.**

References:
1. Verlohren S, Brennecke SP, Galindo A, Karumanchi SA, Mirkovic LB, Schlembach D, Stepan H, Vatish M, Zeisler H, Rana S. Clinical interpretation and implementation of the sFlt-1/PlGF ratio in the prediction, diagnosis and management of preeclampsia. Pregnancy Hypertension. 2022 Mar 1;27:42-50; 2. Preeclampsia Foundation. Health Information Available at https:// www.preeclampsia.org/public/what-is-preeclampsia Last accessed June 2022; 3. Stepan H, Herraiz I, Schlembach D, Verlohren S, Brennecke S, Chantraine F, Klein E, Lapaire O, Llurba E, Ramoni A, Vatish M. Implementation of the sFlt-1/PlGF ratio for prediction and diagnosis of preeclampsia in singleton pregnancy: implications for clinical practice. Ultrasound in Obstetrics & Gynecology. 2015 Mar;45(3):241.; 4. Matjila M, Anthony J, Vatish M, Moodley J, Bhorat I, Nicolaou E, Soma-Pillay P, Monokoane S, Lombaard H, Chauke L, Pillay T. Consensus statement on the potential implementation of the sFlt-1/PlGF ratio in women with suspected pre-eclampsia. South African Journal of Obstetrics and Gynaecology. 2018;24(2):61-5.; 5. Zeisler H, Llurba E, Chantraine F, Vatish M, Staff AC, Sennström M, Olovsson M, Brennecke SP, Stepan H, Allegranza D, Dilba P. Predictive value of the sFlt-1: PlGF ratio in women with suspected preeclampsia. N Engl J Med. 2016 Jan 7;374:13-22. 6. Zeisler H, Llurba E, Chantraine FJ, Vatish M, Staff AC, Sennström M, Olovsson M, Brennecke SP, Stepan H, Allegranza D, Schoedl M, Grill S, Hund M, Verlohren S. Soluble fms-like tyrosine kinase-1 to placental growth factor ratio: ruling out pre-eclampsia for up to 4 weeks and value of retesting. Ultrasound Obstet Gynecol. 2019 Mar;53(3):367-375.

END OF REPORT

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