Medical Laboratory Report



Patient Information

Name : Mrs.ANUSHRI DUBEY

Age/Gender: 27 Y 0 M 0 D /Female

MobileNo : 9630062321 UHID : LDAA01463791

Address : JALA RAM BAPU NAGAR

Specimen Information

Visit ID : L822215

Collected : 13/Jan/2024 18:26 Received : 14/Jan/2024 17:19

Reported : 15/Jan/2024 18:36 IP/OP/Barcode :

Report Status : Final Report

Client/Doctor Information

Client Code: LMPCC0522 Client Name: LMPCC VIJAYA

DIAGNOSTICS

Client Add. : JABALPUR

Client No. : 9977191569 Ref Doctor : Dr.SELF

Dual Marker (Double Marker)- First Trimester, SERUM

Method - Time resolved Immunofluorometry on Auto Delfia

Risk ratio calculated using LifeCycle 7.0

Risk ratio calculated using LifeCycle 7.0						
DOWN'S SYNDR	OME	EDWARD'S SYND	PROME			
SCREEN RESULT	NEGATIVE	SCREEN RESULT	NEGATIVE			
RISK RATIO	1:14039	RISK RATIO	1:100000			
RISK RESULT	LOW	RISK RESULT	LOW			
PATAU'S SYNDR	OME	TURNER'S SYNDROME N	NON-HYDROPS			
SCREEN RESULT	NEGATIVE	SCREEN RESULT	NEGATIVE			
RISK RATIO	1:100000	RISK RATIO	1:100000			
RISK RESULT	LOW	RISK RESULT	LOW			
	Report	Details				
MATERNAL DETAILS	RESULT	UNITS				
NUMBER OF FETUSES	1					
WEIGHT	67	kg				
H/O SMOKING	NOT AVAILABLE					
ETHNIC ORIGIN	SOUTH ASIAN					
LMP DATE	10/10/2023					
INSULIN DEPENDENT DIABETES	NOT KNOWN					
USG DETAILS						
DATE OF ULTRASOUND	13/01/2024					
NUCHAL TRANSLUCENCY (NT)	1.39	mm				
BIOCHEMICAL RESULTS	RESULT	UNITS	CORR. MOM			
PAPP-A	2330	mU/L	0.78			
FREE BETA HCG	57.03	ng/mL	1.53			









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Interpretation

- 1. This test utilizes state-of-the-art DELFIA® technology and kits approved by the Fetal Medicine Foundation (FMF), Usupported by extensive quality control measures for sample processing and analysis.
- 2. The risks are calculated based on ultrasound gestational age, biochemical results, NT measurement, patient demographics and other risk factors such as IDD.
- This interpretation assumes that patient and specimen details in the test requisition form (TRF) and ultrasound details are accurate and correct.
- 4. A screen positive result occurs when the risk for Down's syndrome exceeds 1:250, when risk for Trisomy 13, Trisomy 18, Turner's syndrome exceeds 1:100 or when AFP MoM exceeds 2.5.
- 5. 1:250 risk factor means: Out of 250 women having similar results and history, 1 may have abnormality. 1:100 risk factor means: Out of 100 women having similar results and history, 1 may have abnormality.

Limitations

- 1. The results of this test represent only risks 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 does not exclude possibility of Down's syndrome or other abnormalities, as risk assessment does not detect all affected pregnancies.
- 2. If the history provided is not correct, it is advisable to ask for repeat risk calculations.

Associated test

1. NIPT- Non-invasive Prenatal Screening test - from maternal blood for an uploidy screening

*** End Of Report ***

Dr. Runali Mendhe Consultant - MD Path









Rec	uestor:	-, -
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REQUESTOR TYPE:	REQUESTOR:	DOCTOR:	FACILITY:
-	-	-	-
REQUESTOR CODE:	REQUESTOR PHONE 1:		
-	-		

Patient IF00057988: DUBEY, ANUSHRI

PATIENT ID:	LAST NAME:	FIRST NAME:	BIRTH DATE:
IF00057988	DUBEY	ANUSHRI	14/11/1996
ETHNICITY:	PHONE NO. 1:	ADDRESS 1:	CITY:
South Asian	-	-	-
POSTAL CODE:			
-			

Pregnancy, Calculated EDD: 21/07/2024 (MAEDD: 27.68)

MAEDD: 27.68	CALCULATED EDD: 21/07/2024	GEST. DATE: 15/10/2023	SELECTED GEST. METHOD: CRL		
LMP DATE: 10/10/2023	SMOKING STATUS: Not stated	INSULIN DEP. DIABETIC:	NO. OF FETUSES:		
MONOZYGOUS: No	CHORIONICITY:	CORRECTED BY CHORIONICITY:	FERTILIZATION DATE:		
MATERNAL WEIGHT [KG]: 67	HEIGHT [CM]:	DIABETES TYPE II:	INSULIN TREATMENT FOR TYPE II DIABETES:		
CONCEPTION METHOD:	MOTHER OF PATIENT HAD PRE-ECLAMPSIA:	CHRONIC HYPERTENSION:	SYSTEMIC LUPUS ERYTHEMATOSUS:		
ANTI-PHOSPHOLIPID SYNDROME:	PAST NO. OF PREGNANCIES ≥ 24 WEEKS:	PREV. PREG. PRE-ECLAMPSIA:	PREV. PREG. DELIVERY DATE:		
NTER-PREGNANCY INTERVAL [YEARS]:	PREV. PREG. GEST. AT DELIVERY: 0 w 0 d	PREV. PREG. BABY WEIGHT [G]:	BIRTH WEIGHT Z-SCORE:		
ASSISTANCE METHOD:	TRANSFER DATE:	EGG EXTRACTION DATE:	EGG DONOR DOB:		
AGE AT EXTRACTION:	PAST T21 - DOWN'S SYNDROME:	PAST T18 - EDWARDS' SYNDROME:	PAST T13 - PATAU'S SYNDROME:		
PAST CDLS - CORNELIA DE LANGE SYNDROME:	PAST SLOS - SMITH-LEMLI-OPITZ SYNDROME:	PAST TR - TRIPLOIDY:	PAST TS - TURNER'S SYNDROME:		
risk assessed: At term	SCREENING PROTOCOL: Screening_4.0				

Ultrasound

SCAN DATE: 13/01/2024	CRL: 65.26	BPD:	HC:	
GEST. AT SAMPLE DATE (W + D): 12 w 6 d	CRL (#2):	BPD (#2):	HC (#2): -	
GEST. AT MANUAL ENTRY (W + D): 0 w 0 d	WEIGHT [KG]:	AC:	AC (#2): -	

Tests

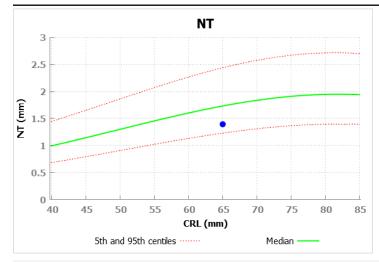
TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
hCGb (Signed)	IF00057988	13/01/2024	12 w 6 d	57.03	ng/mL	1.53	67
PAPP-A (Signed)	IF00057988	13/01/2024	12 w 6 d	2330	mU/L	0.78	67
NB (Signed)	-	13/01/2024	12 w 6 d	Present	-	-	67
NT (Signed)	-	13/01/2024	12 w 6 d	1.39	mm	0.99	67

REPORT CREATED BY:

User4

REPORT CREATED AT: 15/01/2024 17:56

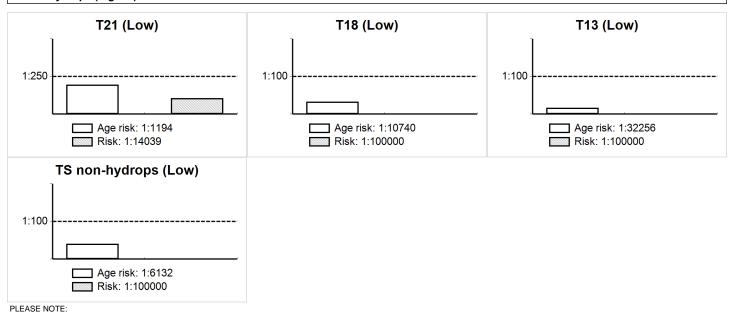
PATIENT REPORT DUBEY ANUSHRI



Distribution median, 5th and 95th centiles obtained from publication: Wright D, Kagan KO, Molina FS, Gazzoni A, Nicolaides KH. A mixture model of nuchal translucency thickness in screening for chromosomal defects. Ultrasound Obstet Gynecol 2008;31:376-83

Risks, Risk assessed: At term

RISK NAME: T21 (Signed)	RISK RESULT: Low	RISK: 1:14039	TWIN RISK RESULT:	TWIN RISK:	AGE RISK: 1:1194	CUT-OFF: 1:250
RISK NAME: T18 (Signed)	RISK RESULT: Low	RISK: 1:100000	TWIN RISK RESULT:	TWIN RISK:	AGE RISK: 1:10740	CUT-OFF: 1:100
RISK NAME: T13 (Signed)	RISK RESULT: Low	RISK: 1:100000	TWIN RISK RESULT:	TWIN RISK:	AGE RISK: 1:32256	CUT-OFF: 1:100
RISK NAME: TS non-hydrops (Signed)	RISK RESULT: Low	RISK: 1:100000	TWIN RISK RESULT:	TWIN RISK:	AGE RISK: 1:6132	CUT-OFF: 1:100



REPORT CREATED BY:

User4

REPORT CREATED AT: 15/01/2024 17:56