Visit ID	: RDDPL439745	Registration	: 17-Dec-2024 18:12
UHID/MR No	: 440477	Collected	: 17-Dec-2024 18:12
Patient Name	: **Mrs. PRIYA**	Received	: 17-Dec-2024 18:12
Age/Gender	: **25Y 0M 0D/Female**	Reported	: 17-Dec-2024 19:06
Ref Doctor	: SELF	Status	: Final report
Client Name	: DELHI DIAGNOSTIC	Client Code	: RDDL142
Ref.Lab	: SHRI KRISHNA LIFE LINE HOSPITAL	Barcode No	: **D47490r**

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio.Ref.Range	Method Name
TRIPLE MARKER WITH GRAPH				
Sample Type : SERUM				
CLINICAL DETAILS				
Date of Birth	16-09-1999			
Maternal Weight	69		Kg	
USG DETAILS				
Pregnancy	SINGLE			
Gestational Age by CRL	14+6			
RISK FACTOR				
Previous Trisomy	NO			
Dibetes Melitus	NO			
Smoking	NO			
ANALYTE				
Beta HCG Free (Maternal)	17.1			
AFP	42.80			
uE3	0.60			
RESULT OF MEASURED VALUE, RISK VALUE				
MOM Beta HCG Free	0.88			
MOM AFP	2.33			
MOM uE3	0.82			
RISK CALCULATION				
Age Risk	1:1337			
Risk for Trisomy 21	1:49709			
Risk for Trisomy 18	1:576009			
Risk for NTD/OSB	Negative			
IMPRESSION				
Trisomy 21 (Downs Syndrome)	Negative			
Trisomy 18	Negative			
Neural Tube Defect(NTD/OSB)	Negative			

COMMENT

1.Screening tests are based on statistical analysis of patient demographic and biochemical data. They simply indicate a high or low risk category. Confirmation of screen positives is recommended by Chorionic Villus Sampling (CVS).

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PH.D(MEDICAL BIOCHEMISTRY)

DR.CHITRA CHAUHAN
CONSULTANT PATHOLOGIST
MBBS,MD(PATHOLOGY)

Result Enter By: RAVINDER DAHIYA, Approved by: Dr Chitra Chauhan

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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio.Ref.Range	Method Name

2.Ideally all pregnant women should be screened for Prenatal disorders irrespective of maternal age. The test is valid between 14-22 weeks of gestation, but ideal sampling time is between 15-20 weeks gestation.

What is Down syndrome?

Down syndrome (DS) is a chromosomal abnormality, also called trisomy 21, that affects about 1 in 800 live births. People with DS have an extra copy of part or all of chromosome 21. Most affected children have some retardation of growth and development. The risk of carrying a fetus withDown syndrome increases with the mother's age, especially in women over 40 years old

What is a neural tube defect?

Neural tube defects are serious birth defects: the brain, spinal cord, or their coverings do not develop completely. There are three kinds ofneural tube defects:

-Anencephaly : incomplete development of the brain and the skull

-Encephalocele: a hole in the skull through which brain tissue protrudes

-Spina bifida: the most common neural tube defect, in which the spine does not close properly during early pregnancy

Edwards syndrome (trisomy 18) is a condition in which there are 3 copies of chromosome 18. The risk of carrying a fetus with Edwards syndrome also increases with maternal age. Edwards syndrome is associated with multiple abnormalities and is usually fatal, with live-born infants rarely living beyond one year of age. The frequency of this abnormality is much less than Down syndrome, occurring in only 1 in 3,000 live births.

NOTE-Maternal serum screening is a group of tests used in the second trimester of pregnancy to help evaluate a woman's risk of carrying a baby with chromosome disorders, including Down syndrome (trisomy 21) or Edwards syndrome (trisomy 18), or neural tube defects such as spina bifida or a condition called anencephaly. The tests are often combined into a triple or quad screen because their value lies in their use together. A mathematical calculation involving the levels of these substances (AFP, hCG, unconjugated estriol, and, sometimes, inhibin A) as well as considerations of maternal age, family history, weight, race, and diabetic status is used to determine a numeric risk for abnormalities in the fetus.The second trimester maternal serum screen is one of the options that may be offered for prenatal screening for fetal abnormalities. Others options include the first trimester screen and cell-free fetal DNA (cffDNA) testing.An AFP test may be performed by itself and not as part of a triple or quad screen, especially when first trimester screening or cffDNA testing has already been used to assess the risk for a chromosomal disorder. The AFP is used to help determine the risk of neural tube defects.

Disorder	AFP MoM	HCG Mom	uE3 MoM
Open Spina	High	Normal	Normal
Anencephaly	High or very high	Normal	Very Low
Down Syndrome	Low	High	Low
Trisomy 18	Low	Low	Low
Tri 21 & NTD	High or Low	Low	Low
Hydrops fetalis	Normal	High	Low
Turner Syndrome	Normal	High	Low

- **Disclaimer:The test results mentioned here should be interpreted in view of clinical situation of patient blood sample.In case of any suspicion regarding any parameter, repeat test with fresh sample essential to conclude. As per company policy, Sample storage is only for 24hrs after that recheck will not be possible."This test is done by Red Drop Diagnostics pvt Ltd" Patients history may be demanded in some cases/tests.Abbrevation use L for low and H for high.**

*** End of Report ***

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CONSULTANT PATHOLOGIST
MBBS,MD(PATHOLOGY)

Result Enter By: RAVINDER DAHIYA, Approved by: Dr Chitra Chauhan

Red Drop Diagnostic

Preaccu 1.17.9.2

Print Date£º 2024-12-17

Examiner:

Audit Doctor£º

Basic Information

Name:	PRIYA	Sample NO.:	20241217000:
Birthdate:	1999-09-16	Patient ID:	D47490R
Age at birth:	25.73 Year	Sample Date:	2024-12-16
Telephone:		Sample GA:	14+6

Correction Info

Twins:	No	Diabetes:	No	Previous T21:	No
Weight:	69.00 Kg	IVF:	No	Nasal bone:	Exist
Smoke:	No	Race:	Asian		

Test items

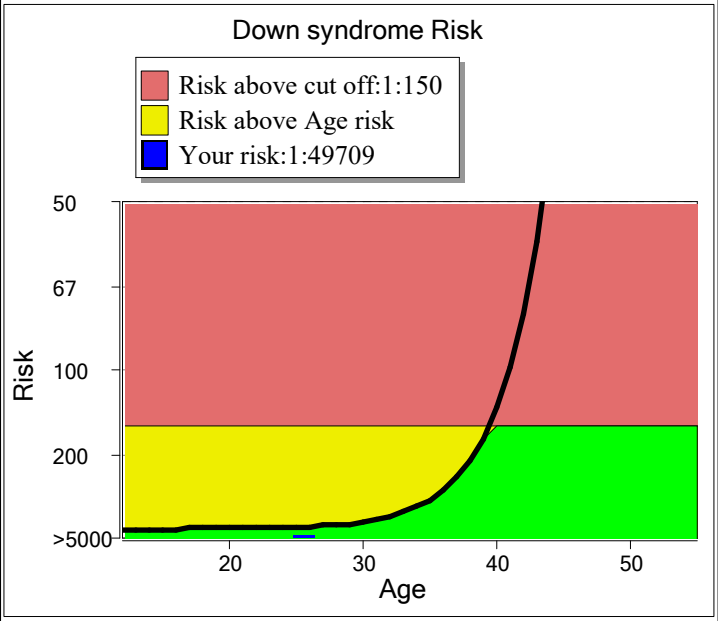
Item abbr	Result	MOM
AFP	42.80 IU/ml	2.33
FE3	0.60 ng/ml	0.82
free-ß-HCG	17.10 ng/ml	0.88

Ultrasound data

Scan GA:	13+2	
GA calc method:	CRL Robinson	
Scan Date:	2024-12-05	
CRL length:	71.40	mm
NT length:	1.50	mm
BPD :	--	mm

Detect Risk

Age Risk£º	1:1337
Trisomy 21 risk	1:49709
Trisomy 18 risk	1:576009
NTD Risk£º	Negative



Clinical advice

*The basic information on the basis of Down's risk assessment in this report is provided at the time of your onsite. When you get this report , please first check whether your relevant information is correct. If there is any discrepancy, please contact your doctor in time, so as to feedback us the correct information and documents, then obtain the correct report.

*The high risk and borderline risk of trisomy 21 or trisomy 18 requires further interventional prenatal diagnosis (from fetuses such as villus, amniotic fluid, cord blood, etc.); high risk of neural tube defect (NTD), please go to ultrasound prenatal diagnosis qualified hospitals use ultrasound to

*The risk of NTD is only calculated at 14-22 weeks.

*The screening result with low risk only shows that the chance of this kind of congenital abnormality in your fetus is less , and the possibility of this kind of abnormality or other abnormalities cannot be completely ruled out. Please consult a doctor in time after you get the report, and the doctor will follow your Risks and other conditions (whether you are older than 35 years old, whether you have had more than one child with other deformities, or have other diseases such as tumors) are comprehensively considered to suggest whether you need to take further examination to confirm the diagnosis.

Diagnostic results with less risk

Sign£º

This report is only responsible for the samples tested, for the reference of doctors, not as a diagnosis certificate