Prisca 5.2.0.13

Date of report: 21/09/2024

| Patient data | | | | |
|--|-------------------|------------|---|-----------------------|
| Name | MRS. CHINKI YADAV | | Patient ID | |
| Birthday | | 15/03/2000 | Sample ID | 2409043700/NOD |
| Age at sample date | | 24.5 | Sample Date | re 20/09/2024 |
| Gestational age | | 11 + 2 | | |
| Correction factors | | | | |
| Fetuses | 1 | IVF | no | |
| Weight | 60 | diabetes | no | pregnancies |
| Smoker | no | Origin | Asian | |
| Biochemical data | | | Ultrasound data | |
| Parameter | Value | Corr. MoM | Gestational age 10 + 6 | |
| PAPP-A | 3.92 mIU/m | l 1.79 | Method CRL Robinson | |
| fb-hCG | 84.1 ng/ml | 1.63 | Scan date 17/09/2024 | |
| Risks at sampling date | | | Crown rump length in mm 42 | |
| Age risk | 1:936 | | Nuchal translucency MoM 0.48 | |
| Biochemical T21 risk | 1:5645 | | Nasal bone | |
| Combined trisomy 21 risk <1:10000 | | Sonographe | • • • | |
| Trisomy 13/18 + NT | | <1:10000 | | ns in measuring NT MD |
| KISK 1:10 | | | Trisomy 21 The calculated risk for Trisomy 21 (with nuchal | |
| 1:1000 1:10 | | | translucency) is below the cut off, which indicates a low risk. After the result of the Trisomy 21 test (with NT) it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy. The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician. Please note that risk calculations are statistical approaches and have no diagnostic value! The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)). The laboratory can not be hold responsible for their impact on the risk assessment! Calculated risks have no diagnostic value! | |
| The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk. | | | | |