

Patient 012112090033: REKHA

PATIENT ID: 12112180018	LAST NAME: -	FIRST NAME: REKHA	BIRTH DATE: 12-02-1993
ETHNICITY: Asian	PHONE NO. 1: -	ADDRESS 1: -	CITY: -

Pregnancy, Calculated EDD: 27/04/2022 (MAEDD: 29.38)

MAEDD: 29.38	CALCULATED EDD: 02-07-2022	GEST. DATE: 25-09-2021	SELECTED GEST. METHOD: CRL
LMP DATE: -	SMOKING STATUS: Non smoker	INSULIN DEP. DIABETIC: No	NO. OF FETUSES: 2
MONOZYGOUS: No	CHORIONICITY: Dichorionic	DIABETES TYPE II: No	INSULIN TREATMENT FOR TYPE II DIABETES: -
HEIGHT [CM]: -	MATERNAL WEIGHT [KG]: 56.8	CHRONIC HYPERTENSION: -	SYSTEMIC LUPUS ERYTHEMATOSUS: -
CONCEPTION METHOD: Spontaneous	MOTHER OF PATIENT HAD PRE-ECLAMPSIA: -	PREV. PREG. PRE-ECLAMPSIA: -	
ASSISTANCE METHOD: -	TRANSFER DATE: -	EGG EXTRACTION DATE: -	EGG DONOR DOB: -
AGE AT EXTRACTION: -	PAST T21 - DOWN'S SYNDROME: No	PAST T18 - EDWARDS' SYNDROME: No	PAST T13 - PATAU'S SYNDROME: No
RISK ASSESSED: At term	SCREENING PROTOCOL: Screening_4.0		

Ultrasound

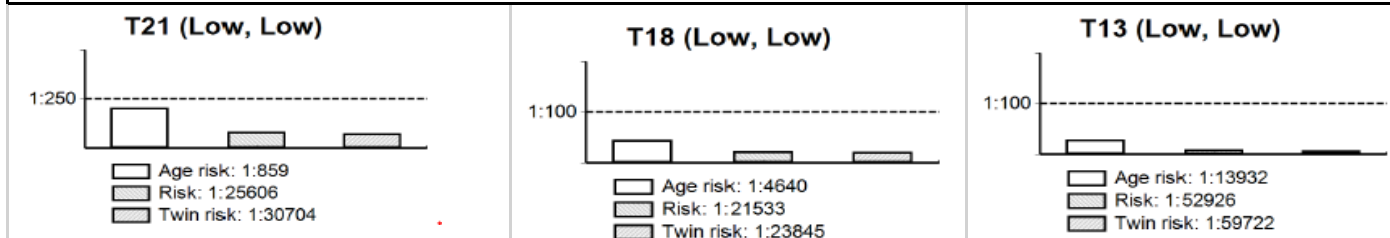
SCAN DATE: 17-12-2021	CRL: 53	BPD: -	HC: -
GEST. AT ULTRASOUND DATE (W + D) 11 w 6 d	CRL (#2): 51	BPD (#2): -	HC (#2): -
GEST. AT MANUAL ENTRY (W + D): 0 w 0 d	WEIGHT [KG]: 56.8		

Tests

TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
hCGb	12112180018	17-12-2021	11 w 6 d	43.0	ng/mL	0.49	56.8
PAPP-A	12112180018	17-12-2021	11 w 6 d	3970	mU/L	0.81	56.8
NB	-	17-12-2021	11 w 6 d	Present	-	-	56.8
NB2	-	17-12-2021	11 w 6 d	Present	-	-	56.8
NT	-	17-12-2021	11 w 6 d	1.52	mm	1.28	56.8
NT2	-	17-12-2021	11 w 6 d	1.42	mm	1.25	56.8

Risks, Risk assessed: At term

RISK NAME: T21	RISK RESULT: Low	RISK: 1:25606	TWIN RISK RESULT: Low	TWIN RISK: 1:30704	AGE RISK: 1:859	CUT-OFF: 1:250
RISK NAME: T18	RISK RESULT: Low	RISK: 1:21533	TWIN RISK RESULT: Low	TWIN RISK: 1:23845	AGE RISK: 1:4640	CUT-OFF: 1:100
RISK NAME: T13	RISK RESULT: Low	RISK: 1:52926	TWIN RISK RESULT: Low	TWIN RISK: 1:59722	AGE RISK: 1:13932	CUT-OFF: 1:100



PLEASE NOTE:

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 confirmed by ultrasound before further action is taken. It must be clearly understood that the results represent 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 result does not exclude the possibility of Down's syndrome or other abnormalities, as the risk assessment does not detect all affected pregnancies. The company strongly recommends that only NT values from qualified experts are utilized to provide a 1st trimester risk. These results were analyzed with LifeCycle software from PerkinElmer Life and Analytical Sciences.