

The calculated risk for Trisomy 13/18 (with NT) is <1:10000,

which indicates a low risk

\*Free Home Sample Collection 9999 778 778



risk assessment! Calculated risks have no diagnostic values

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Date of Report 27-08-2024 PRISCA 5.2.0.13

					PRISCA	5.2.0.13
Patient Data						
Name MRS. RENU W/.O KAMAL KU.				Patient ID		12408250126
Birthday	24-04-1994					11998784
Age at Sample date 30.3				Sample Date		25-08-2024
Gestational age 12+1						
Correction factors						
Fetuses	1	IVF		unknown	Previous trisomy 21	unknown
Weight in kg	58.2 Diabetes		NO	Pregnancies Pregnancies	unknown	
Smoker	NO	Origin		Asian		
Biochemical Data		<u> </u>		Ultrasound Da	ata	
Parameter	Value		Corr Mom	Gestational age	estational age 12+	
PAPP-A	5.4	mIU/ml	1.11	Method		CRL (<>Robinson)
fb-hCG	112.8	ng/ml	2.71	Scan date		24-08-2024
Risks at sampling date				Crown rump length in mm 54		
Age Risk			1:610	Nuchal translucency MoM		0.98
Biochemical T21 risk			1:414	Nasal bone		PRESENT
Combined trisomy 21 ris	sk		1:1743	Sonographer		DR. RAKHI
Trisomy 13/18 + NT			<1:10000	Qualifications	in measuring NT	MBBS
Risk 1:10				Down's Syndr	ome Risk (Trisomy 21	Screening)
1:10 1:100 1:250 Cut off				The calculated risk for Trisomy 21(with NT) is below the cut off, which represents a low risk.  After the result of the Trisomy 21 test (with NT) it is expected that among 1743 women with the same data, there is one woman with a trisomy 21 pregnancy and 1742 women with not affecteed pregnancies. The free beta HCG level is high.		
1:1000 1:10000 13 15 17 19 21 23 25 2 Trisomy 13/18+NT	27 29 31 33 somy 13/18 0			information pro the risk calculati diagnostic value! The patient con done according 1998).	risk by PRISCA depends of vided by the referring physions are statistical aapproat!  The property of the prope	rsician. Please note that ches and have no  NT measurement was renat Diagn 18:511-523;