

AMAR NURSING HOME

BILARIYAGANJ ROAD, HEERAPATTI, AZAMGARH

265241
Ph: (05462)-209091
Mob: 6393506040



डा० स्वस्ति सिंह

एम०बी०बी०एस०, डी०जी०ओ०
एफ आई सी ओ जी, एफ आई ए एम एस
स्त्री एवं प्रसूति रोग विशेषज्ञ
डिप्लोमा इन आब्स गाइनी आल्ट्रासाउण्ड

Dr. G. FLAM S
Gynaecologist
MB in Obs Gynae
Ultra Sound

16

Name: मधु निपाठी

Age: 30

DL: 13/8/2020

Temp 36.8°C

G, P-0-0
NIPY
- in dark
near gynaec

Am. 4 am -

LI photo
LMP - 16 APR
BP - 110/70
WT - 55 KG
O2 - 96
PR - 88

telwa
Amey. 3 am
Proven 300 ml

TIFFA
20 am

Amey. 1 am 1805

Mobair 28 am

Open 2 hr
Dinner OP 805

Onelene

Murphdi
Bicalis

Time * Morning 10 am. to 3 pm. * Sunday Morning 10 am. to 2 pm.

RECIPIENT'S NAME: 31, पहाकालीन चिकित्सा 28 घंटे उपलब्ध

Murphdi

11
12/19/2020

Temp 36.7°C

Ann. 5-10
10/12/2020

U1P610
2MP-16APR
BP- 110/80
WT - 56 kg
02.99
PR-94

lella

YIFFA
WML

A Oudem 805.
~~Amari~~

Macfela ple
Bicentis 1a
maepre 2L 4

Domai 00 1hu
Molice 15 arb

Omgy 102 805 r

Chu (

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Dr. Swasti Singh
M.B.B.S. D.G.O., F.I.C.O.G., F.I.A.M.S
Obstetrician & Gynaecologist
Diploma in Obs Gynaec
Ultra Sound



डा० स्वस्ति सिंह
एम०बी०बी०एस०, डी०जी०ओ०,
एफ०आई०सी०ओ०जी०, एफ०आई०ए०एम०एस०
स्त्री एव प्रसूति रोग विशेषज्ञ
डिप्लोमा इन आम्स गाइनी आल्ट्रासाउण्ड

Name: सुखसिपाठी

Age: 36

DL: 3/10/2020

Gipoto
LMP - 16 APR

Am 5 1/2 a

TEMP:.....35.9.C
PULSE:.....103
RES:.....16
B.P:.....110/70
WT:.....60.Kg
SPO2:.....92

(No a.c.t.)
Cm Uter

Adv. ... Zidney / sachin

Or Carnation Oil

Teewai
Doppler
skin

Meprogen 300 mg L

Mefopolen L

Bicalis 1mg

a.c.t.
on / back

Omy SOS
meprol 2 mg

(Femini SOS)

Time * Morning 10 am. to 3 pm. * Sunday Morning 10 am. to 2 pm.

अनामिका लीन विकिता २४ घन्टे उपलब्ध

THARV

DIAGNOSTIC CENTRE

Name: Mrs. MADHU TRIPATHI

Visit Date And Time : 15/07/2020

Ref By : Dr. SWASTI SINGH [HEERAPA

Age : 30 Years

Reg No : 73225

Ref. Lab/Hosp:

Sex : Female

LAB No : 2020/07/1688/A

ULTRASOUND OBSTRECTICS

LMP: 16/04/2020

Uterus is bulky in size with normal shape and echotexture.

A single live intrauterine fetus is noted with oval shape gestational sac. Internal os is seen closed.

CRL is 57.6 mm corresponding to 12 weeks 2 days.

NT is 1.85 mm.

NB is 3.37 mm corresponding to 13 weeks 3 days.

Foetal heart rate is 174 beats / minute, regular.

Yolk sac is seen.

Amniotic fluid is adequate.

Cervix is normal.

Both ovaries are normal in size, shape and echotexture.

IMPRESSION:

Single live intrauterine fetus with gestational age corresponding to 12 wks 2 days.

EDD by USG ~ 25/01/2021

EDD by LMP ~ 21/01/2021

E CHOWKI

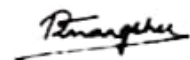
Mrs. MADHU TRIPATHI
 : 281213585 Age: 30 Years Gender: Female
 Status : P Ref By : Dr. SWASTI SINGH (DGO)
 Collected : 16/7/2020 9:07:00AM
 Received : 16/7/2020 9:55:07AM
 Reported : 19/7/2020 4:53:12PM
 Report Status : Final

Test Name Results Units Blo. Ref. Interval

translucency, Nasal bone visualization and biochemical tests (Combined test) increases the detection rate of Down syndrome to 85% at the same false positive rate.

Comments

First trimester screening for Prenatal disorders (Trisomy 21, 18 & 13) is essential to identify those women at sufficient risk for a congenital anomaly in the fetus to warrant further evaluation and followup. For Open neural tube defects, second trimester screening before 20 weeks is recommended. These are screening procedures which cannot discriminate all affected pregnancies from all unaffected pregnancies. Screening cutoffs are established by using MoM values that maximize the detection rate and minimize false positives.



Dr Himangshu Mazumdar
 MD, Biochemistry
 Senior Consultant - Clinical Chemistry
 & Biochemical Genetics
 NRL - Dr Lal PathLabs Ltd



Dr Kamal Modi
 MD, Biochemistry
 Consultant Biochemist
 NRL - Dr Lal PathLabs Ltd



Dr Nirmi Karisal
 MD, Biochemistry
 National Head - Clinical Chemistry &
 Biochemical Genetics
 NRL - Dr Lal PathLabs Ltd

—End of report—

IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted.*All test results are dependent on the quality of the sample received by the Laboratory.
 *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.*Test results may show interlaboratory variations.*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).*Test results are not valid for medico legal purposes.*Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
 (#) Sample drawn from outside source.

RECEIVED NOTE TO PRO
 AN DUAL CAMERA

MATERNAL SERUM SCREEN 2 RESULTS

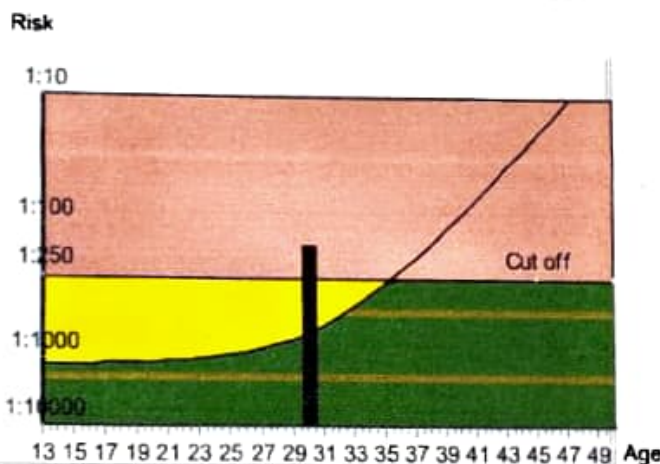
By MADHU TRIPATHI		Race	Asian
Lab. No.	281213585	Diabetes	no
Date of Birth	10/06/90	Weight	60 kg
Age at Sample Date	30.1 Years	Twins	No
		IVF	no
		Smoking	no
		Previous Trisomy 21 pregnancies	unknown
		Sampling Date	15/07/20

Measured Serum Values, Corrected MOM's and Risk Evaluation

Analyte	Value	Unit	Corr. MOM's
PAPP-A	2.0	mIU/ml	0.60
Free B HCG	142.0	ng/ml	3.24

Ultrasound Data

Ultrasound Date	15/07/20	Nuchal Translucency	1.85 mm
CRL	57.6 mm	NT MoM's	1.22 MoM
Gestational Age by CRL	12 + 1	Nasal Bone	present
Gestation age on the day of serum taking	12 + 1	Measured by	DR. ATUL



Risk at sampling date

Trisomy 21 + NT risk (Biochemical + NT) 1:135
Trisomy 21 (Biochemical) 1:66
Trisomy 13/18 + NT (Biochemical + NT) <1:10000
Age Risk 1:629

TRISOMY 21 SCREENING

SCREEN POSITIVE

The calculated risk for Trisomy 21 (with nuchal translucency) is above the cut off, which indicates an increased risk.

After the result of the Trisomy 21 test (with NT) it is expected that among 135 women with the same data, there is one woman with a trisomy 21 pregnancy and 134 women with not affected pregnancies.

The free beta HCG level is high.

The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.

TRISOMY 18 SCREENING

SCREEN NEGATIVE

The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.

Note: The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diag 18:511-523(1998)).

COMMENTS:

Advice: Genetic Counselling

DR. NIMMI KANSAL

AUTHORIZED BY

PRISCA 5.2.0.13

Dr. Lal Pathlabs Pvt. Ltd.

Page 3 of 3

Report Reading Intended For: 19 Jul 2020

DUAL CAMERA

Below Cut Off, but above Age Risk

Above cut off

If test results are alarming, client is advised to contact the laboratory immediately for possible remedial action.
Tests conducted at National Reference Lab, New Delhi, a CAP (7171001), NABL (MC-2113) and ISO (FS 60471) accredited laboratory.

CHOWKI

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 Collected : 16/7/2020 9:07:00AM
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 Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
MATERNAL SERUM SCREEN 2; DUAL TEST @ (CLIA)			
HCG, Free Beta	142.00	ng/mL	
PAPP-A	1.99	mIU/L	

Interpretation

WEEKS OF GESTATION	HCG, FREE BETA MEDIANS (ng/ml)	PAPP-A MEDIANS (mIU/ml)
9	74.75	0.90
10	59.99	1.40
11	48.14	2.19
12	38.64	3.42
13	31.01	5.34
NON PREGNANT	< 2.00	

DISORDER	SCREEN POSITIVE CUT OFF
Trisomy 21 (Down)	1:250
Trisomy 18/13	1:100

Note

- Statistical evaluation has been done using CE marked PRISCA 5 software.
- 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).
- The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound), maternal weight, race, insulin dependent Diabetes, multiple gestation, IVF (Date of Birth of Donor, if applicable), smoking & previous history of Down syndrome. **Accurate availability of this data for Risk Calculation is critical.**
- Ideally all pregnant women should be screened for Prenatal disorders irrespective of maternal age. The test is valid between 9-13.6 weeks of gestation, but ideal sampling time is between 10-13 weeks gestation.
- First trimester detection rate of Down syndrome is 60% with a false positive rate of 5%. A combination of Nuchal

