

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist

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NAME : Mr. SURINDER SINGH

AGE/ GENDER : 60 YRS/MALE **PATIENT ID** : 1557874

COLLECTED BY REG. NO./LAB NO. :012407230040

REFERRED BY **REGISTRATION DATE** : 23/Jul/2024 10:48 AM BARCODE NO. :01513676 **COLLECTION DATE** : 23/Jul/2024 10:52AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 23/Jul/2024 01:40PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit **Biological Reference interval**

TUMOUR MARKER

ALPHA FETO PROTEIN (AFP): TUMOR MARKER

IU/mL ALPHA FETO PROTEIN (AFP) 2.41 **SMOKERS:** < 8.00 TUMOUR MARKER: SERUM NON SMOKERS: < 8.00

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

HEPATO CELLULAR

CARCINOMA:100.0->350.0

INTERPRETATION:

- 1. Alpha-fetoprotein (AFP) is a glycoprotein that is produced in early fetal life by the liver, GIT & yolk sac and by a variety of tumors including hepatocellular carcinoma, hepatoblastoma, and nonseminomatous germ cell tumors of the ovary and testis (eg, yolk sac and embryonal carcinoma). Most studies report elevated AFP concentrations are found in 50% to 70% of patients with non seminomatous testicular tumors.
- 2. It is a major component of fetal plasma, reaching a peak concentration of 3mg/mL at 12 weeks of gestation. Following birth, it clears from circulation, falling to 100 ng/ mL by 150 days and reaching adult values by end of 1 year.

 3. AFP is elevated during pregnancy. Persistence of AFP in the mother following birth is a rare hereditary condition.

 3. Neonate shave markedly elevated AFP levels (>100,000 ng/mL) that rapidly fall to below 100 ng/mL by 150 days and gradually return to normal

- over their first year
- 4. Concentrations of AFP above the reference range also have been found in serum of patients with benign liver disease (eg, viral hepatitis, cirrhosis), gastrointestinal tract tumors and, along with carcinoembryonic antigen in ataxia telangiectasia.

CAUTION:

- It is not recommended to use this assay for the initial diagnosis of the above mentioned malignancies.
 It is best used for monitoring of therapy and to look for relapse of malignancies that have been surgically excised or cleared with chemo/radiotherapy.
 3. Failure of the AFP value to return to normal by approximately 1 month after surgery suggests the presence of residual tumor.
- 4. Elevation of AFP after remission suggests tumor recurrence; however, tumors originally producing AFP may recur without an increase in AFP. NOTE:

A difference of > 20% between two measurements is considered to be medically significant. The assay is used only as an adjunct to diagnosis and monitoring/ diagnosis should be confirmed by other tests/procedures.

*** End Of Report ***



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