



EZ GENDER : 32 YRS/FEMALE PATIENT ID : 1680875 DILECTED BY : REG. NO./LAB NO. : 012411240038 SFERRED BY : REGISTRATION DATE : 24/Nov/2024 11:41 AM ARCODE NO. : 01521371 COLLECTION DATE : 24/Nov/2024 11:41 AM ARCODE NO. : 01521371 COLLECTION DATE : 24/Nov/2024 11:44AM JENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE : 24/Nov/2024 01:16PM JENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT ESST Name Value Unit Biological Reference interval ESST Name Value 0.0.0 - 35.0 90 CMA (CHEMILUMMESCENCE MICROPARTICLE MINOASSAY TEMPERTATION: CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER ANCER ANTIGEN (CA) -125: SERUM 24.5 U/mL 0.0 - 35.0 90 CMA (CHEMILUMMESCENCE MICROPARTICLE MINOASSAY TERPERTATION: CANCER ANTIGEN 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, ritonem, pleura, pericardium, colon, kidney, stomach). Sorum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in ear sease stages. The average reported sensitivities are 50% for stage 1 and 90% for stage 11 on groater. Elevated server CA 125 levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancreati ng, colon, stomach, biliary tract, uterine, fallopian tube, breast, and endometrial carcinoma. Fredicting recurrent ovarian cancer or intra-periloneal tumor. In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL after Predicting recurrent ovarian cancer or intra-periloneal tumor. In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL after Predicting recurrent ovarian cancer or intra-periloneal tumor. In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL after Predicting recurrent ovarian cancer or intra-periloneal tumor. In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL after Predicting recurrent ovarian cancer or intra-periloneal tumor. In monitoring	MD (Pathology & Microbiology) Chairman & Consultant Pathologist ThD (Pathology) CEO & Consultant Pathologist VAME : Mrs. KAMNA AGE/ GENDER : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : : <						
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TUMOUR MARKER CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER ANCER ANTIGEN (CA) -125: SERUM 24.5 U/mL 0.0 - 35.0 Synthesize and colspan="2">OV MARKER MUCER ANTIGEN (CA) -125: SERUM 24.5 U/mL 0.0 - 35.0 Synthesize and colspan="2">Synthesize and colspan="2">OV MARKER MUNDASSAY) TERPERTATION: Cancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, eritoneum, pleura, pericardium, colon, kidney, stomach). Serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in ear sease stages. The average reported sensitivities are 50% for stage 1 and 90% for stage 1 or greater. Elevated serum CA 125 levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancreating, colon, stomach, biliary tract, uterine, fallopian tube, breast, and endometrial carcinoma. Similar Cancer antigen 125 (CA 125) >35 U/mL after Publicing surgery and chemotherapy indicate that residual disease is likely (>95% accuracy). However, normal levels do not rule-out recurrence A persistently rising CA 125 walue suggers progressive malignant disease and poor therapeutic response. Physiologic half-life CA 125 is approximately 5 d	TUMOUR MARKER CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER ANCER ANTIGEN (CA) -125: SERUM 24.5 U/mL 0.0 - 35.0 by CMIA (CHEMILUMINESCENCE MICROPARTICLE MUNOASSAY) Uml 0.0 - 35.0 VTENEM 24.5 U/mL 0.0 - 35.0 MUNOASSAY) UTENEMTIONE: Cancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube eritoneum, pleura, pericardium, colon, kidney, stomach). Serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in expressed serum CA 125 levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancree ing, colon, stomach, biliary tract, uterine, fallopian tube, breast, and endometrial carcinoma. GRIFCANCE: Evaluating patients' response to cancer therapy, especially for ovarian carcinoma. Predicting for A125 value suggests progressive mallomor. In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL af e-bulking surgery and chemotherapy indicate that residual disease is likely (>95% accuracy). However, normal levels do not rule-out recurrer A persistently rising CA 125 supproximately 5 days. In patitents with advanced disease-free survival.	LIENT ADDRESS	: 6349/1, NICHOLSON ROAD), AMBALA CANTT			
CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER ANCER ANTIGEN (CA) -125: SERUM Q4.5 U/mL 0.0 - 35.0 Wind (CHEMILUMINESCENCE MICROPARTICLE MURCER ANTIGEN (CA) -125: SERUM 24.5 U/mL 0.0 - 35.0 Wind (CHEMILUMINESCENCE MICROPARTICLE MURCER ANTIGEN (CA) 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, ritoneum, pleura, pericardium, colon, kidney, stomach). Serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in ear sease stages. The average reported sensitivities are 50% for stage I and 90% for stage II or greater. Elevated serum CA 125 levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancreating, colon, stomach, biliary tract, uterine, fallopian tube, breast, and endometrial carcinomas. CMIFCANCE: Predicting recurrent ovarian cancer or intra-peritoneal tumor. In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL after bound in greater with advanced disease is likely (>95% accuracy). However, normal levels do not rule-out recurrence A persistently rising CA 125 value suggests progressive malignant disease and poor therapeutic response. Predicting recurrent ovarian cancer or intra-peritoneal tumor. In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL after b	CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER ANCER ANTIGEN (CA) -125: SERUM 24.5 U/mL 0.0 - 35.0 by CMIA (CHEMILLUMINESCENCE MICROPARTICLE MUNDASSAY) ITERPRETATION: Cancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube reitoneum, pleura, pericardium, colon, kidney, stomach). Serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in esease stages. The average reported sensitivities are 50% for stage I and 90% for stage II or greater. Elevated serum CA 125 levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancre ng, colon, stomach, biliary tract, uterine, fallopian tube, breast, and endometrial carcinoma. CMIECANCE: Evaluating patients' response to cancer therapy, especially for ovarian carcinoma Predicting recurrent ovarian cancer or intra-peritoneal tumor. In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL af e-bulking surgery and chemotherapy indicate that residual disease is likely (>55% accuracy). However, normal levels do not rule-out recurre A persistently rising CA 125 value suggests progressive malignant disease and poor therapeutic response. Physiologic half-life of CA 125 is approximately 5 days. In patients with advanced di	est Name		Value	Unit	Biological Reference	e interval
Cancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, ritoneum, pleura, pericardium, colon, kidney, stomach). Serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in ear sease stages. The average reported sensitivities are 50% for stage I and 90% for stage II or greater. Elevated serum CA 125 levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancreating, colon, stomach, billary tract, uterine, fallopian tube, breast, and endometrial carcinomas. GNIFICANCE: Evaluating patients' response to cancer therapy, especially for ovarian carcinoma Predicting recurrent ovarian cancer or intra-peritoneal tumor. In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL after-bulking surgery and chemotherapy indicate that residual disease is likely (>95% accuracy). However, normal levels do not rule-out recurrence A persistently rising CA 125 is approximately 5 days. In patients with advanced disease who have undergone cyto-reductive surgery and are on chemotherapy, a prolonged half-life (>20 days) may associated with a shortened disease-free survival. OTE: CA 125 levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant sease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures It is not recommended to the initial diagnosis of ovarian cancer. Ca 125 levels . Hence this assay, regardless of level, should not be interpreted as absolut	Cancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube eritoneum, pleura, pericardium, colon, kidney, stomach). Serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in e sease stages. The average reported sensitivities are 50% for stage I and 90% for stage II or greater. Elevated serum CA 125 levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancre ng, colon, stomach, biliary tract, uterine, fallopian tube, breast, and endometrial carcinomas. GNIFICANCE: Evaluating patients' response to cancer therapy, especially for ovarian carcinoma Predicting recurrent ovarian cancer or intra-peritoneal tumor.In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL af a-bulking surgery and chemotherapy indicate that residual disease is likely (>95% accuracy). However, normal levels do not rule-out recurrent A persistently rising CA 125 value suggests progressive malignant disease and poor therapeutic response. Physiologic half-life of CA 125 is approximately 5 days. In patients with advanced disease-free survival. OTE: <i>CA 125 levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant sease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures It is not recommende seaters for the initial diagnosis of ovarian cancer. <i>Falsely Elevated serum CA 125 levels have been reported in individuals with a variety of nonmalignant conditions including: cirrhosis, hepatitis, ndometriosis, first trimester pregnancy, ovarian carcer.</i></i>	MUNOASSAY)	IESCENCE MICROPARTICLE				
		Cancer antigen 12 beritoneum, pleura, Serum CA 125 is e lisease stages. The a Elevated serum C/ ung, colon, stomach IGNIFICANCE: Evaluating patient Predicting recurre le-bulking surgery a A persistently risin Physiologic half-li In patients with ac patients with ac patients with ac seassociated with a IOTE: CA 125 levels. Her ise this test for the ir Falsely Elevated se endometriosis, first tr	pericardium, colon, kidney, stor levated in approximately 80% c werage reported sensitivities ar A 125 levels have been reported biliary tract, uterine, fallopiar s' response to cancer therapy, nt ovarian cancer or intra-peritund chemotherapy indicate that big CA 125 value suggests progre fe of CA 125 is approximately 5 livanced disease who have unde shortened disease-free surviva the this assay, regardless of level, lue should be used in conjunction itial diagnosis of ovarian cancer. rum CA 125 levels have been rep	mach). of women with advanced e e 50% for stage I and 90% d in individuals with a varie n tube, breast, and endome especially for ovarian carc oneal tumor. In monitoring residual disease is likely (> essive malignant disease ar days. gone cyto-reductive surge al. , should not be interpreted a n with findings from clinical ported in individuals with a v	pithelial ovarian ca for stage II or greate ety of nonovarian m etrial carcinomas. inoma studies, elevations 95% accuracy). How nd poor therapeutic ery and are on chem as absolute evidence evaluation and othe variety of nonmalign	ncer, but assay sensitivity is subop er. alignancies including cervical, live of cancer antigen 125 (CA 125) >38 vever, normal levels do not rule-ou response. otherapy, a prolonged half-life (>2 e for the presence or absence of mal er diagnostic procedures It is not rec ant conditions including: cirrhosis, f	otimal in earl er, pancreatio 5 U/mL after ut recurrence 20 days) may lignant commended t hepatitis,

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