Dr. Vinay Chopra
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NAME	**: Mrs. MOHINI**		
AGE/ GENDER	: 52 YRS/FEMALE	**PATIENT ID**	: 1724412
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012501150030**
REFERRED BY	:	**REGISTRATION DATE**	: 15/Jan/2025 01:20 PM
BARCODE NO.	: 01523913	**COLLECTION DATE**	: 15/Jan/2025 01:21PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 15/Jan/2025 03:24PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

TUMOUR MARKER

CARCINO EMBRYONIC ANTIGEN (CEA)

CARCINO EMBRYONIC ANTIGEN (CEA): SERUM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	2.09	ng/mL	< 5.0

INTERPRETATION:

1. Carcinoembryonic antigen (CEA) is a glycoprotein normally found in embryonic entodermal epithelium.
2. Increased levels may be found in patients with primary colorectal cancer or other malignancies including medullary thyroid carcinoma and breast, gastrointestinal tract, liver, lung, ovarian, pancreatic, and prostatic cancers.
3. Serial monitoring of CEA should begin prior to initiation of cancer therapy to verify post therapy decrease in concentration and to establish a baseline for evaluating possible recurrence. Levels generally return to normal within 1 to 4 months after removal of cancerous tissue.

CLINICAL SIGNIFICANCE:

1. Monitoring colorectal cancer and selected other cancers such as medullary thyroid carcinoma
2. May be useful in assessing the effectiveness of chemotherapy or radiation treatment.

NOTE:

1. Carcinoembryonic antigen levels should not be used for screening of the general population for undetected cancers.
2. Grossly elevated carcino-embryonic antigen (CEA) concentrations (>20 ng/mL) in a patient with compatible symptoms are strongly suggestive of the presence of cancer and also suggest metastasis.
3. Most healthy subjects (97%) have values < or =3.0 ng/mL.
4. After removal of a colorectal tumor, the serum CEA concentration should return to normal by 6 weeks, unless there is residual tumor.
5. Increases in test values over time in a patient with a history of cancer suggest tumor recurrence.

*** End Of Report ***

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