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NAME	**: Mr. GIAN CHAND CHAURASIA**		
AGE/ GENDER	: 76 YRS/MALE	**PATIENT ID**	: 1714043
COLLECTED BY	: SURJESH	**REG. NO./LAB NO.**	**: 012501180017**
REFERRED BY	:	**REGISTRATION DATE**	: 18/Jan/2025 09:34 AM
BARCODE NO.	: 01524032	**COLLECTION DATE**	: 18/Jan/2025 09:40AM
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HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCS) COUNT AND INDICES			
HAEMOGLOBIN (HB) *by CALORIMETRIC*	**8.7**^{L}	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	**2.77**^{L}	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**26.1**^{L}	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	94.2	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	31.3	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	33.3	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**18.8**^{H}	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	**66**^{H}	fL	35.0 - 56.0
MENTZERS INDEX *by CALCULATED*	34.01	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX *by CALCULATED*	63.71	RATIO	BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS (WBCS)			
TOTAL LEUCOCYTE COUNT (TLC) *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	9740	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) *by AUTOMATED 6 PART HEMATOLOGY ANALYZER*	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) % *by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER*	NIL	%	< 10 %

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Test Name	Value	Unit	Biological Reference interval
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	60	%	50 - 70
LYMPHOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	30	%	20 - 40
EOSINOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	3	%	1 - 6
MONOCYTES *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	7	%	2 - 12
BASOPHILS *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	0	%	0 - 1
ABSOLUTE LEUKOCYTES (WBC) COUNT			
ABSOLUTE NEUTROPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	5844	/cmm	2000 - 7500
ABSOLUTE LYMPHOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	2922	/cmm	800 - 4900
ABSOLUTE EOSINOPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	292	/cmm	40 - 440
ABSOLUTE MONOCYTE COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	682	/cmm	80 - 880
ABSOLUTE BASOPHIL COUNT *by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY*	0	/cmm	0 - 110
PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.			
PLATELET COUNT (PLT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	229000	/cmm	150000 - 450000
PLATELETCRIT (PCT) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	0.23	%	0.10 - 0.36
MEAN PLATELET VOLUME (MPV) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	10	fL	6.50 - 12.0
PLATELET LARGE CELL COUNT (P-LCC) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	66000	/cmm	30000 - 90000
PLATELET LARGE CELL RATIO (P-LCR) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	29	%	11.0 - 45.0
PLATELET DISTRIBUTION WIDTH (PDW) *by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE*	**17.2^{H}**	%	15.0 - 17.0

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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TUMOUR MARKER

CANCER ANTIGEN 19.9 (CA 19.9): PANCREATIC CANCER MARKER

CANCER ANTIGEN (CA) -19.9: SERUM *by CMIA (CHEMILUMINESCENCE MICROPARTICLE IMMUNOASSAY)*	0.398	U/mL	0.0 - 42.0

INTERPRETATION:

1.CA 19.9 isolated originally from colon cancer cell line has greatest utility in detecting pancreatic cancers and hence is the most useful circulating tumour marker for evaluating chronic pancreatic disorders.
2.The specificity and positive predictive value for cancers increase with higher CA 19.9 values.
3.Tumour size and histological grade affect the values, being higher in tumors > 3cms in diameter and in differentiated tumors.
4.High levels suggest tumour is unresectable. Used in conjunction with CT scan and other imaging modalities to decide about tumor resection.
5.Useful in predicting survival and recurrence after surgery. A persistent elevation following surgery may be indicative of occult metastasis or recurrence of disease.

INCREASED LEVELS ARE SEEN IN:

1.Pancreatic Cancer
2..Cancers of bile duct, stomach, colon and oesophagus
3.Some non-gastrointestinal cancers
4.Hepatomas
5.Non-malignant conditions like hepatitis, cirrhosis, acute cholangitis pancreatitis and cystic fibrosis.

NOTE:

1.CA 19.9 assay should be used as an adjunct with other diagnostic information in the management of pancreatic cancer.
2.The results obtained with different analytical techniques and different equipments cannot be used interchangeably due to difference in assay methods and reagent specificity.
3.In course of monitoring, the assay method preferably should not be changed

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Test Name	Value	Unit	Biological Reference interval

CARCINO EMBRYONIC ANTIGEN (CEA)

CARCINO EMBRYONIC ANTIGEN (CEA): SERUM *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	3.99	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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