

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

**Dr. Yugam Chopra**  
 MD (Pathology)  
 CEO & Consultant Pathologist

<b>NAME</b>	: Mrs. SUDESH SETHI	<b>PATIENT ID</b>	: 1728557
<b>AGE/ GENDER</b>	: 84 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012501200029
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 20/Jan/2025 11:40 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 20/Jan/2025 11:42AM
<b>BARCODE NO.</b>	: 01524130	<b>REPORTING DATE</b>	: 20/Jan/2025 05:51PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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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)	<b>10373.48<sup>H</sup></b>	U/mL	0.00 - 41.0
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#### 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

\*\*Also rechecked in dilution.

\*\*\* End Of Report \*\*\*



  
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