

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

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

NAME : Mr. BALRAJKHURANA  
AGE/ GENDER : 65 YRS/MALE  
COLLECTED BY :  
REFERRED BY :  
BARCODE NO. : A0465446  
CLIENT CODE. : KOS DIAGNOSTIC SHAHBAD  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT  
PATIENT ID : 1605983  
REG. NO./LAB NO. : 042409080001  
REGISTRATION DATE : 08/Sep/2024 08:48 AM  
COLLECTION DATE : 08/Sep/2024 11:20AM  
REPORTING DATE : 08/Sep/2024 01:08PM

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

## CLINICAL CHEMISTRY/BIOCHEMISTRY

### LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM by DIAZOTIZATION, SPECTROPHOTOMETRY	0.52	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM by DIAZO MODIFIED, SPECTROPHOTOMETRY	0.15	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM by CALCULATED, SPECTROPHOTOMETRY	0.37	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	23.2	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PYRIDOXAL PHOSPHATE	18.4	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	1.26	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL	84.87	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM by SZASZ, SPECTROPHOTOMETRY	12.7	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM by BIURET, SPECTROPHOTOMETRY	5.92 <sup>L</sup>	gm/dL	6.20 - 8.00
ALBUMIN: SERUM by BROMOCRESOL GREEN	3.65	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPECTROPHOTOMETRY	2.27 <sup>L</sup>	gm/dL	2.30 - 3.50
A : G RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	1.61	RATIO	1.00 - 2.00

#### INTERPRETATION

NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Reference Range.

USE:- Differential diagnosis of diseases of hepatobiliary system and pancreas.

#### INCREASED:

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0



DR. VINAY CHOPRA  
CONSULTANT PATHOLOGIST  
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR. YUGAM CHOPRA  
CONSULTANT PATHOLOGIST  
MBBS, MD (PATHOLOGY)



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

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

<b>NAME</b>	: Mr. BALRAJ KHURANA	<b>PATIENT ID</b>	: 1605983
<b>AGE/ GENDER</b>	: 65 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 042409080001
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 08/Sep/2024 08:48 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 08/Sep/2024 11:20AM
<b>BARCODE NO.</b>	: A0465446	<b>REPORTING DATE</b>	: 08/Sep/2024 01:08PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC SHAHBAD		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
INTRAHEPATIC CHOLESTATIS	> 1.5		
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)		

**DECREASED:**

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
2. Extra Hepatic cholestasis: 0.8 (normal or slightly decreased).

**PROGNOSTIC SIGNIFICANCE:**

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6



  
**DR. VINAY CHOPRA**  
 CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY & MICROBIOLOGY)

  
**DR. YUGAM CHOPRA**  
 CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY)



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

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

<b>NAME</b>	: Mr. BALRAJKHURANA	<b>PATIENT ID</b>	: 1605983
<b>AGE/ GENDER</b>	: 65 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 042409080001
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 08/Sep/2024 08:48 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 08/Sep/2024 11:20AM
<b>BARCODE NO.</b>	: A0465446	<b>REPORTING DATE</b>	: 08/Sep/2024 02:07PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC SHAHBAD		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

### TUMOUR MARKER

#### CANCER ANTIGEN 19.9 (CA 19.9): PANCREATIC CANCER MARKER

CANCER ANTIGEN (CA) -19.9: SERUM	1.788	U/mL	0.0 - 42.0
----------------------------------	-------	------	------------

by CMIA (CHEMILUMINESCENCE MICROPARTICLE IMMUNOASSAY)

#### 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



  
**DR.VINAY CHOPRA**  
 CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY & MICROBIOLOGY)

  
**DR.YUGAM CHOPRA**  
 CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY)



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

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

<b>NAME</b>	: Mr. BALRAJKHURANA	<b>PATIENT ID</b>	: 1605983
<b>AGE/ GENDER</b>	: 65 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 042409080001
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 08/Sep/2024 08:48 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 08/Sep/2024 11:20AM
<b>BARCODE NO.</b>	: A0465446	<b>REPORTING DATE</b>	: 08/Sep/2024 02:07PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC SHAHBAD		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

### CARCINO EMBRYONIC ANTIGEN (CEA)

CARCINO EMBRYONIC ANTIGEN (CEA): SERUM	0.52	ng/mL	< 5.0
--	------	-------	-------

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

#### INTERPRETATION:

1. Carcinoembryonic antigen (CEA) is a glycoprotein normally found in embryonic endodermal 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 \*\*\*



  
 DR.VINAY CHOPRA

CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY & MICROBIOLOGY)

  
 DR.YUGAM CHOPRA

CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY)

