NAME	: Mrs. PERFUL JAIN		
AGE/ GENDER	: 68 YRS/FEMALE	**PATIENT ID**	: 1235732
COLLECTED BY	:	**REG. NO./LAB NO.**	: 122411090011
REFERRED BY	:	**REGISTRATION DATE**	: 09/Nov/2024 09:14 AM
BARCODE NO.	: 12505549	**COLLECTION DATE**	: 09/Nov/2024 03:06PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	**REPORTING DATE**	: 09/Nov/2024 12:32PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY
HAEMOGLOBIN (HB)

Test Name	Value	Unit	Biological Reference interval
HAEMOGLOBIN (HB) *by CALORIMETRIC*	11.7^L	gm/dL	12.0 - 16.0

INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

ANEMIA (DECRESED HAEMOGLOBIN):
1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
2) Nutritional deficiency (iron, vitamin B12, folate)
3) Bone marrow problems (replacement of bone marrow by cancer)
4) Suppression by red blood cell synthesis by chemotherapy drugs
5) Kidney failure
6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

POLYCYTHEMIA (INCREASED HAEMOGLOBIN):
1) People in higher altitudes (Physiological)
2) Smoking (Secondary Polycythemia)
3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
4) Advanced lung disease (for example, emphysema)
5) Certain tumors
6) A disorder of the bone marrow known as polycythemia rubra vera,
7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

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Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY
URIC ACID

Test Name	Value	Unit	Biological Reference interval
URIC ACID: SERUM *by URICASE - OXIDASE PEROXIDASE*	4.49	mg/dL	2.50 - 6.80

<u>INTERPRETATION:-</u>

1.GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint.

2.Uric Acid is the end product of purine metabolism . Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation.

INCREASED:-

(A).DUE TO INCREASED PRODUCTION:-

1.Idiopathic primary gout.

2.Excessive dietary purines (organ meats,legumes,anchovies, etc).

3.Cytolytic treatment of malignancies especially leukemais & lymphomas.

4.Polycythemai vera & myeloid metaplasia.

5.Psoriasis.

6.Sickle cell anaemia etc.

(B).DUE TO DECREASED EXCREATION (BY KIDNEYS)

1.Alcohol ingestion.

2.Thiazide diuretics.

3.Lactic acidosis.

4.Aspirin ingestion (less than 2 grams per day).

5.Diabetic ketoacidosis or starvation.

6.Renal failure due to any cause etc.

DECREASED:-

(A).DUE TO DIETARY DEFICIENCY

1.Dietary deficiency of Zinc, Iron and molybdenum.

2.Fanconi syndrome & Wilsons disease.

3.Multiple sclerosis .

4.Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

(B).DUE TO INCREASED EXCREATION

1.Drugs:-Probenecid , sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosterroids and ACTH, anti-coagulants and estrogens etc.

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Test Name	Value	Unit	Biological Reference interval

TUMOUR MARKER

CANCER ANTIGEN 125 (CA 125): OVARIAN CANCER MARKER

CANCER ANTIGEN (CA) -125: SERUM	30.8	U/mL	0.0 - 35.0

by CMIA (CHEMILUMINESCENCE MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:
1. Cancer antigen 125 (CA 125) is a glycoprotein antigen normally expressed in tissues derived from coelomic epithelia (ovary, fallopian tube, peritoneum, pleura, pericardium, colon, kidney, stomach).
2. Serum CA 125 is elevated in approximately 80% of women with advanced epithelial ovarian cancer, but assay sensitivity is suboptimal in early disease stages. The average reported sensitivities are 50% for stage I and 90% for stage II or greater.
3. Elevated serum CA 125 levels have been reported in individuals with a variety of nonovarian malignancies including cervical, liver, pancreatic, lung, colon, stomach, biliary tract, uterine, fallopian tube, breast, and endometrial carcinomas.

SIGNIFICANCE:
1. Evaluating patients' response to cancer therapy, especially for ovarian carcinoma
2. Predicting recurrent ovarian cancer or intra-peritoneal tumor.In monitoring studies, elevations of cancer antigen 125 (CA 125) >35 U/mL after de-bulking surgery and chemotherapy indicate that residual disease is likely (>95% accuracy). However, normal levels do not rule-out recurrence.
3. A persistently rising CA 125 value suggests progressive malignant disease and poor therapeutic response.
4. Physiologic half-life of CA 125 is approximately 5 days.
5. In patients with advanced disease who have undergone cyto-reductive surgery and are on chemotherapy, a prolonged half-life (>20 days) may be associated with a shortened disease-free survival.

NOTE:
1. CA 125 levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures It is not recommended to use this test for the initial diagnosis of ovarian cancer.
2. Falsely Elevated serum CA 125 levels have been reported in individuals with a variety of nonmalignant conditions including: cirrhosis, hepatitis, endometriosis, first trimester pregnancy, ovarian cysts, and pelvic inflammatory disease. Elevated levels during the menstrual cycle also have been reported.

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P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

☎ 0171-2532620, 8222896961   ✉ pkrjainhealthcare@gmail.com

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Test Name	Value	Unit	Biological Reference interval

CANCER ANTIGEN 15.3 (CA 15.3): BREAST CANCER MARKER

CANCER ANTIGEN (CA) - 15.3: SERUM	30.651	U/ml	0 - 35

by CMIA (CHEMILUMINESCENCE MICROPARTICLE IMMUNOASSAY)

INTERPRETATION
1. This test is not recommended to screen Breast cancer in the general population.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. Patients with confirmed Breast cancer may show normal pre-treatment CA 15.3 levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.

CLINICAL USE
1. An aid in the management of Breast cancer patients. It Is useful in monitoring therapy and progression in Metastatic Breast cancer patients. A significant increase in levels must be at least 25% that correlates with disease progression in 90% of the patients. A decrease of at least 25% in levels correlates with regression of the disease in 78% of patients
2. Predict recurrence in patients with stage II / III Breast carcinoma.

DISEASE	PERCENTAGE POSITIVITY OF CA 15.3
PRIMARY BREAST CANCER	23
METASTATIC BREAST CANCER	69
PANCREATIC CANCER	80
LUNG CANCER	71
OVARIAN CANCER	64
COLORECTAL CANCER	63
LIVER CANCER	28
BENIGN LIVER DISEASE	42
BENIGN BREAST DISEASE	16

*** End Of Report ***

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