P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

NAME	**: Mr. BALJINDER SINGH**		
AGE/ GENDER	: 30 YRS/MALE	**PATIENT ID**	: 1726292
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 122501170008**
REFERRED BY	:	**REGISTRATION DATE**	: 17/Jan/2025 09:58 AM
BARCODE NO.	: 12506552	**COLLECTION DATE**	: 17/Jan/2025 09:59AM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE	**REPORTING DATE**	: 17/Jan/2025 05:48PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval

TUMOUR MARKER

ALPHA FETO PROTEIN (AFP): TUMOR MARKER

ALPHA FETO PROTEIN (AFP)	3.245	ng/mL	0.0 - 10.0
TUMOUR MARKER: SERUM			

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:

1. Alpha-fetoprotein (AFP) is a glycoprotein that is produced in early fetal life by the liver, GIT & yolk sac and by a variety of tumors including hepatocellular carcinoma, hepatoblastoma, and nonseminomatous germ cell tumors of the ovary and testis (eg, yolk sac and embryonal carcinoma). Most studies report elevated AFP concentrations in approximately 70% of patients with hepatocellular carcinoma. Elevated AFP concentrations are found in 50% to 70% of patients with non seminomatous testicular tumors.
2. It is a major component of fetal plasma, reaching a peak concentration of 3mg/mL at 12 weeks of gestation. Following birth, it clears from circulation, falling to 100 ng/ mL by 150 days and reaching adult values by end of 1 year.
3. AFP is elevated during pregnancy. Persistence of AFP in the mother following birth is a rare hereditary condition.
3. Neonates have markedly elevated AFP levels (>100,000 ng/mL) that rapidly fall to below 100 ng/mL by 150 days and gradually return to normal over their first year.
4. Concentrations of AFP above the reference range also have been found in serum of patients with benign liver disease (eg, viral hepatitis, cirrhosis), gastrointestinal tract tumors and, along with carcinoembryonic antigen in ataxia telangiectasia.

CAUTION:

1. It is not recommended to use this assay for the initial diagnosis of the above mentioned malignancies.
2. It is best used for monitoring of therapy and to look for relapse of malignancies that have been surgically excised or cleared with chemo/radiotherapy.
3. Failure of the AFP value to return to normal by approximately 1 month after surgery suggests the presence of residual tumor.
4. Elevation of AFP after remission suggests tumor recurrence; however, tumors originally producing AFP may recur without an increase in AFP.

NOTE:

A difference of > 20% between two measurements is considered to be medically significant. The assay is used only as an adjunct to diagnosis and monitoring/ diagnosis should be confirmed by other tests/procedures.

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Test Name	Value	Unit	Biological Reference interval

CANCER ANTIGEN 19.9 (CA 19.9): PANCREATIC CANCER MARKER

CANCER ANTIGEN (CA) -19.9: SERUM *by CMIA (CHEMILUMINESCENCE MICROPARTICLE IMMUNOASSAY)*	38.526	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)*	**1890^{H}**	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.

RECHEKED IN DILUTION

*** End Of Report ***

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