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|----------------|----------------------------------------------------|---------------------|-----------------------|
| Patient Name | : Mr. RAJESH KUMAR | Visit No | : CHA250036259 |
| Age/Gender | : 62 Y/M | Registration ON | : 28/Feb/2025 01:44PM |
| Lab No | : 10133555 | Sample Collected ON | : 28/Feb/2025 01:47PM |
| Referred By | : Dr. NIRUPAM PRAKASH | Sample Received ON | : 28/Feb/2025 02:07PM |
| Refer Lab/Hosp | : CGHS (BILLING) | Report Generated ON | : 28/Feb/2025 03:05PM |
| Doctor Advice | : CA 19-9,CEA,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR | | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------------|--------------|------|-----------------|-------------|
| CBC+ESR (COMPLETE BLOOD COUNT) | | | | |
| Erythrocyte Sedimentation Rate ESR | 28.00 | | 0 - 20 | Westergreen |



CHARAK

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Print.Date/Time: 28-02-2025 17:04:36

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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| Referred By : Dr. NIRUPAM PRAKASH | Sample Received ON : 28/Feb/2025 01:58PM |
| Refer Lab/Hosp : CGHS (BILLING) | Report Generated ON : 28/Feb/2025 04:27PM |
| Doctor Advice : CA 19-9,CEA,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------------|--------|-------|-----------------|--------|
| CARCINOEMBRYONIC ANTIGEN (CEA) | | | | |
| CARCINOEMBRYONIC ANTIGEN (CEA) | 3.94 | ng/ml | 0.00 - 4.50 | |

By. Electrochemiluminescence Immunoassay (ECLIA)

COMMENTS : CEA was first presented as a specific antigen for adenocarcinoma of the colon. More recent studies have demonstrated CEA presence in a variety of malignancies, particularly those involving ectodermal tissue of gastrointestinal or pulmonary origin. Small amounts have also been demonstrated in secretion of the colonic mucosa. Additionally, CEA like substances have been reported in normal bile from non-icteric patients.

CEA testing can have significant value in the monitoring of cancer patients. Persistent elevation in circulating CEA following treatment is strongly indicative of occult metastatic and / or residual disease. Also a persistent rising CEA value may be associated with progressive malignant disease or poor therapeutic response. A declining CEA value is generally indicative of favorable prognosis and good response to treatment. Measurement of CEA has been shown to be clinically relevant in the follow-up management of patients with colorectal, breast, lung, prostatic, pancreatic, ovarian, & a variety of other carcinomas suggest that the preoperative CEA level has prognostic significance. CEA testing is not recommended as a screening procedure to detect cancer in the general population, however, use of the CEA test as an adjunctive test in the prognosis & management of cancer patients has been widely accepted.

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DR. SHADAB
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DR. ADITI D AGARWAL
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------------|---------|---------|-----------------|--------------------------|
| CBC+ESR (COMPLETE BLOOD COUNT) | | | | |
| Hb | 15.5 | g/dl | 12 - 15 | Non Cyanide |
| R.B.C. COUNT | 4.70 | mil/cmm | 3.8 - 4.8 | Electrical Impedence |
| PCV | 47.5 | % | 36 - 45 | Pulse height detection |
| MCV | 101.7 | fL | 80 - 96 | calculated |
| MCH | 33.2 | pg | 27 - 33 | Calculated |
| MCHC | 32.6 | g/dL | 30 - 36 | Calculated |
| RDW | 13.1 | % | 11 - 15 | RBC histogram derivation |
| RETIC | 1.0 % | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 8300 | /cmm | 4000 - 10000 | Flocytometry |
| DIFFERENTIAL LEUCOCYTE COUNT | | | | |
| NEUTROPHIL | 59 | % | 40 - 75 | Flowcytometry |
| LYMPHOCYTE | 27 | % | 20-40 | Flowcytometry |
| EOSINOPHIL | 10 | % | 1 - 6 | Flowcytometry |
| MONOCYTE | 4 | % | 2 - 10 | Flowcytometry |
| BASOPHIL | 0 | % | 00 - 01 | Flowcytometry |
| PLATELET COUNT | 135,000 | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 140000 | /cmm | 150000 - 450000 | Microscopy . |
| Mentzer Index | 22 | | | |
| Peripheral Blood Picture | : | | | |

Red blood cells are macrocytic .WBCs show mild eosinophilia. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



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| Referred By : Dr. NIRUPAM PRAKASH | Sample Received ON : 28/Feb/2025 01:58PM |
| Refer Lab/Hosp : CGHS (BILLING) | Report Generated ON : 28/Feb/2025 03:15PM |
| Doctor Advice : CA 19-9,CEA,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--------------------------------|--------|-------|-----------------|------------------|
| LIVER FUNCTION TEST | | | | |
| TOTAL BILIRUBIN | 0.63 | mg/dl | 0.4 - 1.1 | Diazonium Ion |
| CONJUGATED (D. Bilirubin) | 0.11 | mg/dL | 0.00-0.30 | Diazotization |
| UNCONJUGATED (I.D. Bilirubin) | 0.52 | mg/dL | 0.1 - 1.0 | Calculated |
| ALK PHOS | 119.10 | U/L | 30 - 120 | PNPP, AMP Buffer |
| SGPT | 23.0 | U/L | 5 - 40 | UV without P5P |
| SGOT | 29.0 | U/L | 5 - 40 | UV without P5P |

KIDNEY FUNCTION TEST - I

Sample Type : SERUM

| | | | | |
|-----------------|-------|-------|-------------|--------------------------|
| BLOOD UREA | 32.10 | mg/dl | 15 - 45 | Urease, UV, Serum |
| CREATININE | 0.80 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |
| SODIUM Serum | 136.0 | MEq/L | 135 - 155 | ISE Direct |
| POTASSIUM Serum | 3.6 | MEq/L | 3.5 - 5.5 | ISE Direct |

*** End Of Report ***

CHARAK



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MC-2491 Print.Date/Time: 28-02-2025 17:04:46

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