

Patient Name : Ms. ISHRAT HASAN	Visit No : CHA250043163
Age/Gender : 45 Y/F	Registration ON : 10/Mar/2025 02: 27PM
<b>Lab No : 10140458</b>	Sample Collected ON : 10/Mar/2025 02: 28PM
Referred By : Dr.MCF RAEBARELI	Sample Received ON : 10/Mar/2025 02: 41PM
Refer Lab/Hosp : MCF RAIBARELI	Report Generated ON : 10/Mar/2025 03: 46PM
Doctor Advice : CA-125,AFP,CEA,AMYLASE,LIPASE,CRP (Quantitative)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CRP-QUANTITATIVE</b>				
CRP-QUANTITATIVE TEST	15.9	MG/L	0.1 - 6	

Method: Immunoturbidimetric

( Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurement of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

**AMYLASE**

SERUM AMYLASE	62.4	U/L	20.0-80.00	Enzymatic
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Comments:

Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.  
amylase amylase amylase



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\*Patient Identity Has Not Been Verified. Not For Medicolegal

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LIPASE	57	U/L	Upto 60	colorimetric

**COMMENTS:**as, such as acute pancreatitis, chronic pancreatitis, and obstruction of the pancreatic duct. In acute pancreatitis serum lipase activity tends to become elevated & remains for about 7 - 10 days .Increased lipase activity rarely lasts longer than 14 days, and prolonged increases suggest a poor prognosis or the presence of a cyst. Serum lipase may also be elevated in patients with chronic pancreatitis, obstruction of the pancreatic duct and non pancreatic conditions including renal diseases, various abdominal diseases such as acute cholecystitis, intestinal obstruction or infarction, duodenal ulcer, and liver disease, as well as alcoholism & diabetic keto-acidosis & in patients who have undergone endoscopic r

Lipase measurements are used in the diagnosis and treatment of diseases of the pancre

etrograde cholangiopancreatography. Elevation of serum lipase activity in patients with mumps strongly suggests significant pancreatic as well as salivary gland involvement by the disease.....

**ALPHA-FETOPROTEIN (AFP)**

AFP	5.60	IU/ml	0.5 - 10.0
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**CA-125**

CA-125 Serum	22.7	U/ml	Less than - 36
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CARCINOEMBRYONIC ANTIGEN (CEA)</b>				
CARCINOEMBRYONIC ANTIGEN (CEA)	1.62	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.

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

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