

PR.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

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Patient Name : Ms.JAITUN Visit No : CHA250044402

32.00

Age/Gender : 74 Y/F Registration ON : 12/Mar/2025 09:57AM Lab No Sample Collected ON : 10141697 : 12/Mar/2025 09:58AM Referred By : Dr.CAPF Sample Received ON : 12/Mar/2025 10:18AM

Refer Lab/Hosp : CAPF (GC) BILLING Report Generated ON : 12/Mar/2025 11:43AM

USG WHOLE ABDOMEN, CA 19-9, CEA, LFT, KIDNEY FUNCTION TEST - I, CBC+ESR Doctor Advice :



Westergreen

Test Name	Result	Unit	Bio. Ref. Range	Method	
CBC+ESR (COMPLETE BLOOD COUNT)					







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Doctor Advice : USG WHOLE ABDOMEN, 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)	1.50	ng/ml	0.00 - 4.50		

By.Electrochemiluminescence Immunoassay (ECLIA)

COMMENTS: CEA was first presented as a specific antigen for adenocarcinom of the colon. More recent studied hav 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 substance have been reported in normal bile from non-icteric patients.

CEA testing can hav 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 lavel 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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CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	11.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.70	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	36.8	%	36 - 45	Pulse hieght
				detection
MCV	99.7	fL	80 - 96	calculated
MCH	32.2	pg	27 - 33	Calculated
MCHC	32.3	g/dL	30 - 36	Calculated
RDW	12.9	%	11 - 15	RBC histogram
				derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8830	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	64	%	40 - 75	Flowcytrometry
LYMPHOCYTE	27	%	20-40	Flowcytrometry
EOSINOPHIL	4	%	1 - 6	Flowcytrometry
MONOCYTE	5	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	146,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	160,000	/cmm	150000 - 450000	Microscopy.
Mentzer Index	27		A 1.7	
Peripheral Blood Picture	GH			

Red blood cells show cytopenia + with normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.





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: CAPF (GC) BILLING

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: 12/Mar/2025 12:26PM

Test Name	Result	Unit	Bio. Ref. Range	Method	
LIVER FUNCTION TEST					
TOTAL BILIRUBIN	0.88	mg/dl	0.4 - 1.1	Diazonium Ion	
CONJUGATED (D. Bilirubin)	0.18	mg/dL	0.00-0.30	Diazotization	
UNCONJUGATED (I.D. Bilirubin)	0.70	mg/dL	0.1 - 1.0	Calculated	
ALK PHOS	90.10	U/L	30 - 120	PNPP, AMP Buffer	
SGPT	14.0	U/L	5 - 40	UV without P5P	
SGOT	25.0	U/L	5 - 40	UV without P5P	
KIDNEY FUNCTION TEST - I					
Sample Type : SERUM					
BLOOD UREA	18.40	mg/dl	15 - 45	Urease, UV, Serum	
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic	
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct	
POTASSIUM Serum	3.6	MEq/L	3.5 - 5.5	ISE Direct	

*** End Of Report ***

CHARAK





