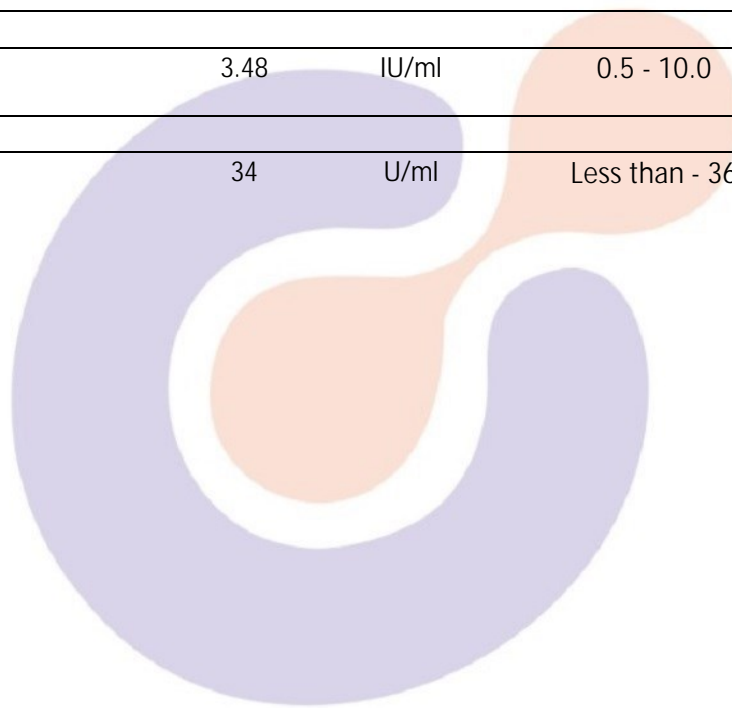


Patient Name : Ms.ANSHU GUPTA	Visit No : CHA250044987
Age/Gender : 50 Y/F	Registration ON : 13/Mar/2025 09:01AM
Lab No : 10142282	Sample Collected ON : 13/Mar/2025 09:03AM
Referred By : Dr.NEHA MAINI GUPTA**	Sample Received ON : 13/Mar/2025 09:18AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 10:35AM
Doctor Advice : INHIBIN A,BETA hCG,LDH,CA 19-9,AFP,CEA,CA-125	



Test Name	Result	Unit	Bio. Ref. Range	Method
LDH				
LDH Lactate Dehydrogenase	272.00	U/L	140-280	Pyruvate to lactate
ALPHA-FETOPROTEIN (AFP)				
AFP	3.48	IU/ml	0.5 - 10.0	
CA-125				
CA-125 Serum	34	U/ml	Less than - 36	



CHARAK

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Print.Date/Time: 13-03-2025 11:11:54

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Sharma

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
CARCINOEMBRYONIC ANTIGEN (CEA)				
CARCINOEMBRYONIC ANTIGEN (CEA)	1.70	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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Referred By : Dr.NEHA MAINI GUPTA**	Sample Received ON : 13/Mar/2025 09:18AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 10:38AM
Doctor Advice : INHIBIN A,BETA hCG,LDH,CA 19-9,AFP,CEA,CA-125	



Test Name	Result	Unit	Bio. Ref. Range	Method
BETA HCG				
Beta HCG	2.2	mIU/mL	0.10 - 2.90	CLIA

Weeks of Pregnancy	Ranges HCG mIU/ml (5-95th percentile)
3	5.8 -71.2
4	9.50 -750
5	217 - 7138
6	158 - 31795
7	3697- 163563
8	32065 - 149571
9	63803 - 151410
10	46509 - 186977
12	27832 - 210612
14	13950 - 62530
15	12039 - 70971
16	9040 - 56451
17	8175 - 55868
18	8099 - 58176

COMMENTS:

This assay is capable of detecting whole molecule (intact) HCG as well as free β -HCG subunits. For diagnostic purposes, HCG results should always be used in conjunction with clinical findings and other tests. If the HCG levels are inconsistent with clinical impressions, results should be confirmed by an alternate HCG method. Low levels of HCG can occur in apparently healthy, non pregnant subjects. β -HCG values double approximately every 48 hrs in a normal pregnancy; patients with very low levels should be resampled and retested after 48 hrs. Specimens tested as positive during initial days after conception may later be negative due to natural termination of pregnancy. Natural termination occurs in 31% of overall pregnancies. Falsely depressed or falsely elevated results may occur due to presence of interfering substances (such as heterophilic antibodies, non-specific proteins, or HCG like substances).

In men, Increased levels of b-HCG are associated with testicular cancer and should be correlated with other findings.

INHIBIN A				
Inhibin A	2.60	pg/ml		CLIA

*** End Of Report ***



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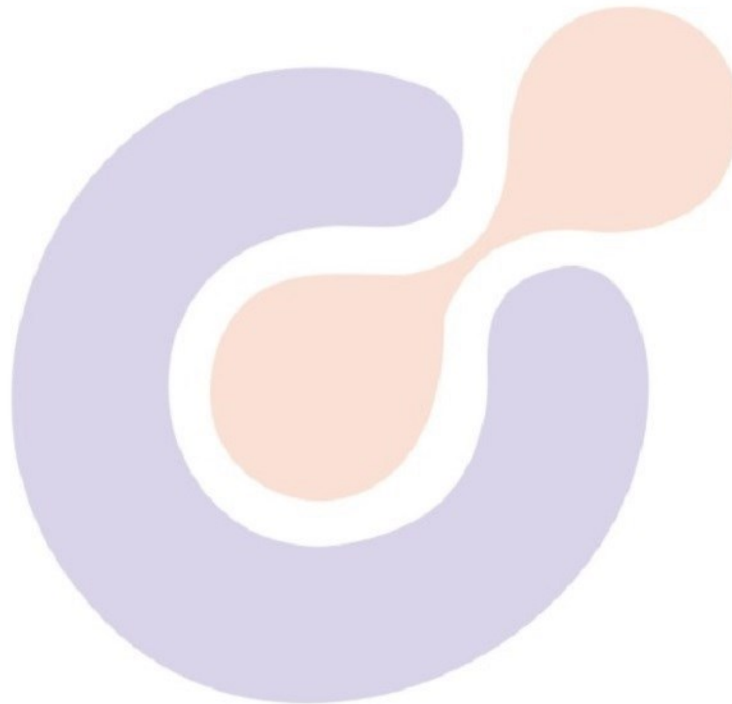
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Test Name	Result	Unit	Bio. Ref. Range	Method
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CHARAK

[Checked By]

Print.Date/Time: 13-03-2025 11:12:00

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