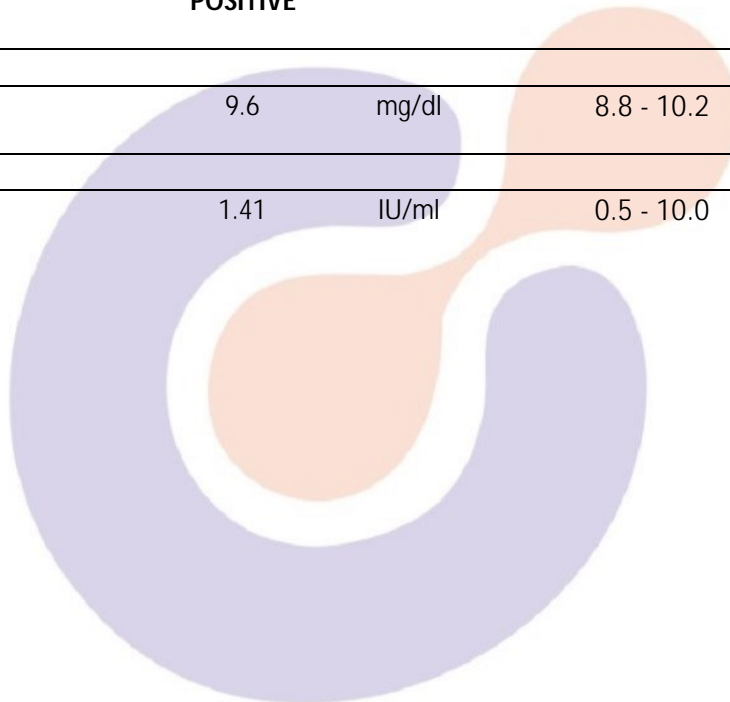


Patient Name : Ms.RICHA SINGH	Visit No : CHA250045731
Age/Gender : 20 Y/F	Registration ON : 15/Mar/2025 11:56AM
Lab No : 10143026	Sample Collected ON : 15/Mar/2025 12:00PM
Referred By : Dr.KGMU	Sample Received ON : 15/Mar/2025 12:09PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 12:58PM
Doctor Advice : CREATININE,UREA,LFT,CALCIUM,NA+K+,BLOOD GROUP,PT/PC/INR,CEA,BETA hCG,AFP	



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP				
Blood Group	"B"			
Rh (Anti -D)	POSITIVE			
SERUM CALCIUM				
CALCIUM	9.6	mg/dl	8.8 - 10.2	dapta / arsenazo III
ALPHA-FETOPROTEIN (AFP)				
AFP	1.41	IU/ml	0.5 - 10.0	



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PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
CARCINOEMBRYONIC ANTIGEN (CEA)				
CARCINOEMBRYONIC ANTIGEN (CEA)	1.80	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.KGMU	Sample Received ON : 15/Mar/2025 12:09PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 01:10PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
BETA HCG				
Beta HCG	0.33	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.

PT/PC/INR			
PROTHROMBIN TIME	14 Second	13 Second	Clotting Assay
Prothromin concentration	88 %	100 %	
INR (International Normalized Ratio)	1.10	1.0	

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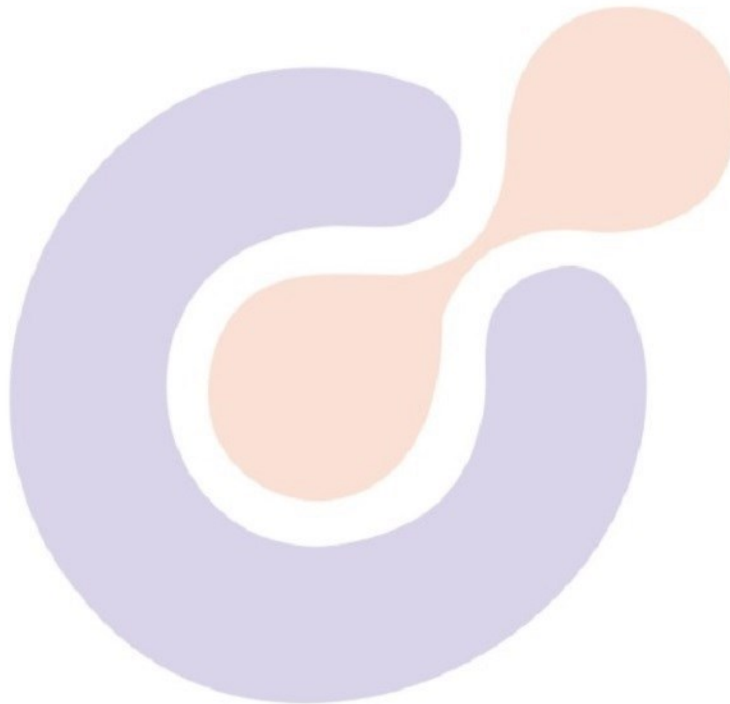
Sharma

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
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Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.5	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	24.00	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.41	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.21	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	99.70	U/L	30 - 120	PNPP, AMP Buffer
SGPT	18.5	U/L	5 - 40	UV without P5P
SGOT	28.6	U/L	5 - 40	UV without P5P

*** End Of Report ***

CHARAK



[Checked By]



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MD (MICROBIOLOGY)