biosytech
MEDICAL LABORATORY

BML462771

Laboratory Investigation Report

Name	:	Ms. MAYSAA MAYEZ	**Ref No.**	:	44054
DOB	:	01/01/1978	**Sample No.**	:	2409473098
Age / Gender	:	46 Y / Female	**Collected**	:	06/09/2024 22:00
Referred by	:	DR.MOHAMMED M HAMED HASHISH	**Registered**	:	07/09/2024 17:50
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	07/09/2024 20:41

TUMOUR MARKER

Test	Result	Flag	Unit	Reference Range	Methodology
AFP (ALPHA FETO PROTEIN, SERUM)	< 2.18		ng/mL	</=7.0 AFP Values in Maternal serum: Gestation (Median 14 WEEKS 27.9 15 WEEKS 30.9 16 WEEKS 36.1 17 WEEKS 40.4 18 WEEKS 48.3 19 WEEKS 54.8 Source: Roche IFU.	ECLIA

INTERPRETATION NOTES :

1. The primary malignancies associated with AFP elevations are hepatocellular carcinoma and non-seminomatous germ cell tumors. Other gastrointestinal cancers like gastric, pancreatic occasionally cause elevations of AFP. Multiple benign disorders like cirrhosis, viral hepatitis, pregnancy are associated with AFP elevations. Level above which benign disease is considered unlikely is 500 ng/ml.
2. Range for newborns is not established, however neonates have elevated AFP levels (>100,000 ng/mL)(conversion 1 IU/ml x 1.21 = 1 ng/ml) that rapidly fall to below 100 ng/mL by 150 days & gradually return to normal by one year.

The measured value of a patient's sample can vary depending on the testing procedure used. If there is a change in the assay procedure used while monitoring therapy, then the values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods.

Ref - Tsuchida Y et al: Evaluation of alpha-fetoprotein in early infancy. J Ped Surg 1978 April;13(2):155-162 .

Sample Type : Serum

End of Report

Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

HALEEM HAKKIM
Laboratory Technician
Printed on: 08/09/2024 08:45

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TUMOUR MARKER

Test	Result	Flag	Unit	Reference Range	Methodology
CA 125	14.9		U/mL	< 35 Please note change in method and reference range. Source: Roche IFU.	ECLIA

INTERPRETATION NOTES :

1. CA 125 is a glycoprotein normally expressed in coelomic epithelium, which lines body cavities and envelopes the ovaries.
2. CA 125 levels are elevated in about 85 percent of women with ovarian cancer (especially serous epithelial tumours), but in only 50 percent of those with stage I disease.
3. Multiple benign disorders like Menstruation, pregnancy, fibroids, ovarian cysts, pelvic inflammation, cirrhosis, ascites, pleural and pericardial effusions, endometriosis also are associated with CA 125 elevations.
4. Levels above which benign diseases are considered unlikely are 200U/ml in premenopausal & 35 u/ml for postmenopausal women.

The measured value of a patient's sample can vary depending on the testing procedure used. If there is a change in the assay procedure used while monitoring therapy, then the values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods.

Reference :

L.Perkin. et.al. Serum Tumor Markers. American family physicians Sep. 2003 vol.68 no.

Associated Test:

HE4 assay is a new test which also can be used for therapeutic monitoring as well as for risk stratification of harboring Epithelial Ovarian Cancer (ROMA value) in early stages.

CEA (CARCINO EMBRYONIC ANTIGEN)	< 3.33	ng/mL	Non-Smoker: <3.8 Smoker: <5.5 Please note change in method and reference range. Source: Roche IFU.	ECLIA

INTERPRETATION NOTES :

1. CEA (Carcinoembryonic Antigen), is an oncofetal glycoprotein and is expressed in normal mucosal cells and over expressed
2. in adenocarcinoma, especially colorectal cancer.
3. CEA is used as a marker for monitoring colorectal and gastrointestinal carcinoma and is raised in carcinoma of lung, breast, liver, pancreas, prostate, stomach and, ovary.
4. Benign conditions which can elevate CEA include smoking, hepatic diseases, infections, inflammatory bowel disease, trauma, collagen vascular disease, renal disorders, pancreatitis, cirrhosis of the liver and peptic ulcer, hypothyroidism, chemotheraphy, and radiation. Although values are usually less than 10 ng/mL.
5. CEA is not an effective screening test for hidden (occult cancer since early tumors do not cause significant blood elevations.
6. A single test result is difficult to evaluate, but a number of tests, done weeks apart, shows trends in disease progression or regression.

The measured value of a patient's sample can vary depending on the testing procedure used. If there is a change in the assay procedure used while monitoring therapy, then the values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods.

Reference:

Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

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HALEEM HAKKIM
Laboratory Technician

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L.Perkin. et.al. Serum Tumor Markers. American family physicians sep. 2003 vol.68 no.6

Associated test:
FDP DR-70 is a non-invasive blood test available for monitoring Colorectal Cancer therapy & assessing Posttherapy recurrence.

Sample Type : Serum

End of Report

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