Diagnostic Report

MC-5716

PATIENT NAME : [redacted]

REF. DOCTOR : DR. [redacted]

CODE/NAME & ADDRESS : [redacted]

ACCESSION NO : [redacted]
PATIENT ID : [redacted]
CLIENT PATIENT ID:
ABHA NO :

AGE/SEX : 72 Years Male
DRAWN :
RECEIVED : 17/10/2024 10:28:15
REPORTED : 17/10/2024 17:28:52

Test Report Status **Final**	Results	Biological Reference Interval	Units

SPECIALISED CHEMISTRY - TUMOR MARKER

CARCINO EMBRYONIC ANTIGEN, SERUM

CARCINO EMBRYONIC ANTIGEN	**9.9 High**	Non- smokers < or = 3.8 Smokers < or = 5.5	ng/mL

METHOD : ELECTROCHEMILUMINESCENCE IMMUNO ASSAY

Interpretation(s)
CARCINO EMBRYONIC ANTIGEN, SERUM-Carcinoembryonic antigen (CEA) is a glycoprotein and belongs to a group of tumor markers referred to as oncofetal proteins. Increased serum CEA levels have been detected in persons with primary colorectal cancer and in patients with other malignancies including cancers of the gastrointestinal tract, breast, lungs, ovaries, prostate, liver and pancreas. Elevated serum CEA levels have also been detected in patients with non-malignant disease, especially patients who are older or in smokers. CEA levels are not useful in screening the general population for undetected cancers. However, CEA levels provide important information about patient prognosis, recurrence of tumors after surgical removal and effectiveness of therapy. Serial CEA levels are useful in monitoring the course of disease. CEA levels generally fall to normal or near normal levels within 1 to 4 months after surgical removal of cancerous tissue. A rise in CEA levels may be the first indication of recurrence and may precede physical signs and symptoms. Serial CEA levels are also useful in assessing the effectiveness of therapy or possible metastasis. CEA is a useful tool for monitoring and managing cancer therapy and provides the clinician with additional information about patient prognosis.The concentration of CEA in a given specimen, as determined by assays from different manufacturers, can vary due to differences in assay methods and reagent specificity. Values obtained with different assay method cannot be used interchangeably.Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.

CEA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations.Recommended follow up on same platform as patient result can vary due to differences in assay method and reagent specificity.

****End Of Report****
Please visit www.agilusdiagnostics.com for related Test Information for this accession

Name	:		**Age**	:	**75 Years**
Lab No.	:		**Gender**	:	**Male**
Ref By	:	**Self**	**Reported**	:	**10/2/2025 4:07:45PM**
Collected	:	**10/2/2025 9:00:00AM**	**Report Status**	:	**Final**
A/c Status	:	**P**	**Processed at**	:	
Collected at	:	**SCO-48. AMAR MARKET. SECTO NAL. Ph**			

Test Report

Test Name	Results	Units	Bio. Ref. Interval
CEA; CARCINO EMBRYONIC ANTIGEN, SERUM (CLIA)	5.11	ng/mL	

Interpretation

REFERENCE GROUP	REFERENCE RANGE IN ng/mL
Non Smokers	< 3.00
Smokers	< 5.00

Note

1. This test is not recommended for cancer screening in the general population.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. Patients with confirmed carcinoma may show normal pre-treatment CEA levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
4. Persistently elevated CEA levels are usually indicative of progressive malignant disease and poor therapeutic response.
5. The concentration of CEA in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

Clinical Use

- Monitoring patients with Colorectal, Gastrointestinal, Lung & Breast carcinoma
- Diagnosis of occult metastatic disease and / or residual disease

DISEASE	PERCENTAGE POSITIVITY OF CEA
Colorectal cancer	70
Lung cancer	45
Gastric cancer	50
Breast cancer	40
Pancreatic cancer	55
Ovarian cancer	25
Uterine cancer	40
Cirrhosis	45
Pulmonary emphysema	30

Name	:		**Age**	:	**75 Years**
Lab No.	:		**Gender**	:	**Male**
Ref By	:	**Self**	**Reported**	:	**10/2/2025 4:07:45PM**
Collected	:	**10/2/2025 9:00:00AM**	**Report Status**	:	**Final**
A/c Status	:	**P**	**Processed at**	:	
Collected at	:				

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Rectal polyps	5		
Benign breast disease	15		
Ulcerative colitis	15		

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory.•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician .•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations.•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico legal purposes.•This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner /Doctor.•The report does not need physical signature.

(#) Sample drawn from outside source.

ediately for possible remedial action.