



**Ms. EVELYN VORSAH**

PID NO: P36180015617

Age: 58 Year(s) Sex: Female

**Reference:**

Sample Collected At:  
GILEAD MEDICAL & DENTAL CENTER  
HOUSE NO BALB NO C896/3,KANDA  
HIGHWAY NORTH RIDGE,ACCRA-  
14911.  
014911

**VID: 36180116247**

Registered On:

28/09/2018 05:53 PM

Collected On:

28/09/2018

Reported On:

09/10/2018 05:30 PM

**Investigation**

**CA-125 (Cancer Antigen-125)**

(Serum)

**Observed Value**

6.41

**Unit**

U/mL

**Biological Reference Interval**

0-36

**Interpretation :**

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.

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

**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.

**Mr. David Adjei Adu**  
Bsc.Biomedical Scientists



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SUBSPECIALTY PATHOLOGY

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Dermatopathology  
Gastrointestinal Pathology  
Genitourinary Pathology  
Gynecologic Pathology  
Head & Neck Pathology  
Hematolymphoid Pathology  
Hepatobiliary Pathology  
Neuropathology  
Paediatric & Perinatal Pathology  
Renal Pathology  
Soft tissue Pathology  
Transplant Pathology (Renal & Hepatic)

Senior Consultant &  
Vice President Operations

Dr Kirti Chadha

Global Reference Laboratory Faculty

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Dr Vikas Kavishwar  
Dr Sushma Gurwale  
Dr Barodawala S.M

Consultants  
Dr Kunjal Lila  
Dr Tejal Shah  
Dr Shital Munde  
Dr Aditi Raj  
Dr Ramrao Nilkanthe

PAP SMEAR EXAMINATION

Case Summary

CASE NO.	18 ML G - 14038
SPECIMEN	CONVENTIONAL PAP SMEAR
DIAGNOSIS	Negative For Intraepithelial Lesion or Malignancy (NILM)
ADVICE / COMMENT	Reactive cellular changes associated with inflammation. Kindly repeat PAP smear examination after treatment of local inflammation.

Clinical Notes -  
Gross Examination Received one unstained smear (Evelyn)

MICROSCOPIC EXAMINATION

Specimen Adequacy satisfactory for evaluation;endocervical/transformation  
zone component present.

Superficial cells Present  
Intermediate cells Present  
Deep parabasal/ Basal cells -  
Parabasal cells Present  
Metaplastic squamous cells Present  
Endocervical cells Present  
Others -  
Inflammation Severe

ORGANISMS

Doderlein bacilli -  
Trichomonas Vaginitis -  
Fungal organisms -  
Others -  
EPITHELIAL CELL ABNORMALITIES Not Detected  
GLANDULAR CELLS -  
SQUAMOUS CELLS -

**Note :**

"Cervical cytology is a screening test and has associated false negative and false positive results.  
Regular sampling and follow up is recommended".

**Processing Method :** Manual. **Staining :** Papanicolaou method

**Dr. Aditi Raj**  
DCP ,M.D (Pathology),  
Associate Consultant Pathologist



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**Clinical Application :**



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1. The smears are reported using the Bethesda System for Reporting Cervical Cytology (2014)
2. New Cervical Cancer Screening Recommendations from the U.S. Preventive Services Task Force and the American Cancer Society/American Society for Colposcopy and Cervical Pathology/American Society for Clinical Pathology. *March 15, 2012, issue of Annals of Internal Medicine*

Population	USPSTF	ACS/ASCCP/ASCP
Younger than 21 years	Recommends against screening. Grade: D recommendation.	Women should not be screened regardless of the age of sexual initiation or other risk factors.
21–29 years	Recommends screening with cytology every 3 years. Grade: A recommendation.	Screening with cytology alone every 3 years is recommended.
30–65 years	Recommends screening with cytology every 3 years or for women who want to lengthen the screening interval, screening with a combination of cytology and HPV testing every 5 years. Grade: A recommendation.	Screening with cytology and HPV testing ("co-testing") every 5 years (preferred) or cytology alone every 3 years (acceptable) is recommended.
Older than 65 years	Recommends against screening women who have had adequate prior screening and are not otherwise at high risk for cervical cancer. Grade: D recommendation.	Women with evidence of adequate negative prior screening and no history of CIN2+ within the last 20 years should not be screened. Screening should not be resumed for any reason, even if a woman reports having a new sexual partner.
After hysterectomy	Recommends against screening in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous	Women of any age following a hysterectomy with removal of the cervix who have no history of CIN2+ should not be screened for vaginal cancer.

**Dr. Aditi Raj**

DCP ,M.D (Pathology),  
Page 3 of 4 Associate Consultant Pathologist



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	lesion (ie, CIN 2 or 3) or cervical cancer. Grade: D recommendation	Evidence of adequate negative prior screening is not required. Screening should not be resumed for any reason, including if a woman reports having a new sexual partner.
HPV vaccinated	Women who have been vaccinated should continue to be screened.	Recommended screening practices should not change on the basis of HPV vaccination status.

-- End of Report --

**Dr. Aditi Raj**  
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Associate Consultant Pathologist