



Name : **MRS. AKHTARUNNISA**  
 Age/Gender : **72YEARS/FEMALE**  
 Sample Type : **SERUM**  
 Ref By : **DR.SELF**  
 TypedBy : **Md Masud Ansari**

Bill Number : **M4388**  
 Bill Date : **05-Aug-2024 07:36 PM**  
 Sample Collection : **05-Aug-2024 07:51 PM**  
 Sample Received : **05-Aug-2024 07:52 PM**  
 Reporting Date : **07-Aug-2024 09:03 AM**

### **CARCINO EMBRYONIC ANTIGEN (CEA) SERUM**

<b>INVESTIGATION</b>	<b>RESULT</b>	<b>UNITS</b>	<b>NORMAL RANGE</b>
Carcino Embryonic Antigen (CEA) (Method: CLIA)	0.8	ng/mL	00 - 4

#### **Comment:**

CEA is increased in 75% of patients with carcinoma of endodermal origin (colon, stomach, pancreas, lung); in about one third of patients with small cell carcinoma of the lung and in about two thirds with non-small cell carcinoma of the lung. It is increased in 90% of all patients with solid tissue tumors, especially with metastases to the liver or lung. Increased concentrations are suggestive but not diagnostic of cancer.

CEA levels are used for monitoring colorectal cancer and selected other cancers such as medullary thyroid carcinoma, cancers of the rectum, lung, pancreas, stomach, and ovaries.

After complete removal of colon cancer, CEA should fall to normal in 6–12 weeks. Failure to decline to normal concentrations postoperatively suggests incomplete resection.

Prognosis is related to serum concentration at time of diagnosis. CEA concentrations 10 ng/mL suggests extensive disease and a poor prognosis. CEA is not useful in screening the general population for undetected cancers.

#### **LIMITATIONS:**

- False values are observed in heparinised patients. Human antimouse antibodies may cause increased values.
- CEA assay is not recommended as a screening procedure.

-----End of the Report-----



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**Authorized Signatory**



**LAB INCHARGE**