

NAME : MS ANJU SAHU

Ref. By : DR NIDHI SINGH

Address :

17 Years / Female Reg No. : 16943 Reg. Date : 13/07/2022 01:42PM

Collected At : MedZone Center

INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	<u>RESULT</u>	<u>UNIT</u>	BIOLOGICAL REF RANGE	TEST METHOD
CA125 - Ovarian Cancer marker				
Sample Type	: SERUM			
CA125 - Ovarian Cancer marker	: 27.9	IU/mL	< 35 : Normal > 35 : Elevated	CLIA

CA 125 belongs to the family of hybridoma-defined tumor markers. The values measured are defined by the use of the monoclonal antibody (MAb) OC 125. The antipeni determinant CA 125 is located on a high-molecular weight glycoprotein (200–1000 kD) isolated from cell culture or serum. The antigenic determinant CA 125 has a protein structure with associated carbohydrate sidechains. MAb OC 125 was obtained from lymphocytes from mice that had been immunized with OVCA (ovarian carcinoma cell line) 433, an adenocarcinoma cell line from the ovary. In the Cobas e411 test, OC 125 is used as a detection antibody. MAb M 11 is used as the capture antibody; this has beer employed in second-generation CA 125 assays since 1992. CA 125 is found in a high percentage of non-mucinous ovarian tumors of epithelial origin and can be detected in serum It does not occur on the surface epithelium of normal ovaries (adult and fetal). Ovarian carcinoma accounts for about 20% of gynecological tumors; the incidence is 15/100,000 CA 125 has been found in the amnion and in the coelomic epithelium; both of these tissues are of fetal origin. In tissues of adult origin, the presence of CA 125 has beer demonstrated in the epithelium of the oviduct, in the endometrium and in the endocervix. Elevated values are sometimes found in various benign gynecological diseases such as ovarian cysts, ovarian metaplasia, endometriosis, uterus myomatosus and cervicitis. Slight elevations of this marker may also occur in early pregnancy and in various benigr diseases (e.g. acute and chronic pancreatitis, benign gastrointestinal diseases, renal insufficiency, autoimmune diseases and others). Markedly elevated levels have been found ir benign liver diseases such as cirrhosis and hepatitis. Extreme elevations can occur in any kind of ascites due to malignant disease. Although the highest CA 125 values occur i patients suffering from ovarian carcinoma, clearly elevated values are also observed in malignancies of the endometrium, breast, gastrointestinal tract and various othe malignancies. Although CA 125 is a relatively unspecific marker, it is today the most important tumor marker for monitoring the therapy and progress of patients with serous ovarian carcinoma. At primary diagnosis the sensitivity of CA 125 depends on the FIGO stage (FIGO = Federation of Gynecology and Obstetrics); higher tumor stages are associated with higher CA 125 levels. The diagnostic sensitivity and specificity of the Elecsys Ca125 II test was calculated by comparing ovarian carcinoma patients at primary diagnosis (FIGO stage I to IV) with patients suffering from benign gynecological diseases. At a cutoff value of 65 U/ml, the overall sensitivity is 79% (at a low specificity of 82%). The cutoff level has to be raised if higher specificity is desired. The optimal clinical value is reached at 150 U/ml (sensitivity 69%, specificity 93%). If the cutoff is set at 95% specificity (190 U/ml) in accordance with the recommendations of van Dalen et al., a sensitivity of 63% is obtained.

METHOD: One-step sandwich and competitive FEIA

INSTRUMENT: TOSHO AIA-360 JAPAN



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INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	BIOLOGICAL REF RANGE	TEST METHOD	
TSH (Thyroid Stimulating Hormone)					
Sample Type	: SERUM				
TSH (Thyroid Stimulating Hormone)	: 1.58	μIU/mL	0.37 - 4.8 : Adults 0.46 - 8.1 : 1mon–5 Yrs 0.52 -16.0 : 1 – 30 Days	Fully Automated Roche E411 (ECL)	

Thyroid-stimulating hormone (TSH, thyrotropin) is a glycoprotein having a molecular weight of approx. 30,000 daltons and consisting of two subunits. The beta-subunit carries the TSH-specific immunological and biological information, whereas the alpha-chain carries species-specific information and has an identical amino acid sequence to the alpha-chains of LH, FSH and hCG. TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circardian secretion sequence. The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone formation and secretion; it also has a proliferative effect. The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH level. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. Roche Cobas TSH employs monoclonal antibodies specifically directed against human TSH. The antibodies labeled with ruthenium complex* consist of a chimeric construct from human and mouse-specific components. As a result, interfering effects due to HAMA (human anti-mouse antibodies) are largely eliminated.

METHOD: One-step sandwich and competitive FEIA

INSTRUMENT: TOSHO AIA-360 JAPAN

Report Released On Sample Barcode:	
Sample Received On	: 13/07/2022 01:44PM
Sample Registered On	: 13/07/2022 01:42PM

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Dr. VANDANA CHANDANI

Checked By:gopal