Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME	**: Mr. SUNIL AGGARWAL**		
AGE/ GENDER	: 62 YRS/MALE	**PATIENT ID**	: 1711689
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012412300024**
REFERRED BY	:	**REGISTRATION DATE**	: 30/Dec/2024 12:27 PM
BARCODE NO.	: 01523212	**COLLECTION DATE**	: 30/Dec/2024 12:29PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 30/Dec/2024 01:56PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

HELICOBACTER PYLORI ANTIGEN DETECTION - STOOL

HELICOBACTER ANTIGEN DETECTION - STOOL *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	0.412	INDEX	NEGATIVE: <0.90 EQUIVOCAL: 0.90-1.10 POSITIVE: >=1.10

INTERPRETATION:

CLINICAL BACKGROUND:

H pylori infection is associated with peptic ulcer disease (duodenal and gastric) and chronic active gastritis. H pylori infection is also an independent risk factor for gastric cancer and primary malignant lymphoma of the stomach. However, many people who are infected with H. pylori may not show any symptoms of the disease.

NOTE:

1. It is a chemiluminescent Immunoassay (CLIA) for detection of Helicobacter pylori antigen in faecal samples and can be used for diagnosis, therapeutic monitoring and to assess eradication of H. pylori infection post treatment.
2. It is a qualitative test.
3. A positive result (antigen detected) is indicative of H pylori presence in stool sample.
4. A negative result does not exclude the possibility of Helicobacter pylori infection.
5. Assay results should be utilized in conjuction with other clinical and laoratory data to assist the clinician in making individual patient management decisions.
6. Antimicrobials,proton pump inhibitors and bismuth preparations are known to supress H.pylori and if ingested may give a false negative result.
7. Fecal specimens preserved in 10 % formalin,merthiolate formalin,sodium acetate formalin,or polyvinyl alchohol or specimens that are in transport media such as Cary Blair or C & S cannot be used.

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CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 30/Dec/2024 01:38PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

TUMOUR MARKER

PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL: SERUM	0.52	ng/mL	0.0 - 4.0

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:

NOTE:

1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding
4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels
5. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations
6. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, peri-urethral & anal glands, cells of male urethra & breast milk
7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity
8. The concentration of PSA in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

RECOMMENDED TESTING INTERVALS

1. Preoperatively (Baseline)
2. 2-4 Days Post operatively
3. Prior to discharge from hospital
4. Monthly Follow Up if levels are high and showing a rising trend

POST SURGERY	FREQUENCY OF TESTING
1st Year	Every 3 Months
2nd Year	Every 4 Months
3rd Year Onwards	Every 6 Months

CLINICAL USE:

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer

INCREASED LEVEL:

1. Prostate cancer
2. Benign Prostatic Hyperplasia
3. Prostatitis
4. Genitourinary infections

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Test Name	Value	Unit	Biological Reference interval

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Test Name	Value	Unit	Biological Reference interval

CLINICAL PATHOLOGY

STOOL FOR OCCULT BLOOD

OCCULT BLOOD *by IMMUNOCHROMATOGRAPHY*	NEGATIVE (-ve)		NEGATIVE (-ve)

*** End Of Report ***

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