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|-----------------------|--|--------------------------|------------------------|
| NAME | : Mr. ADARSH BHARAT | | |
| AGE/ GENDER | : 52 YRS/MALE | PATIENT ID | : 1727418 |
| COLLECTED BY | : | REG. NO./LAB NO. | : 012501180033 |
| REFERRED BY | : | REGISTRATION DATE | : 18/Jan/2025 01:29 PM |
| BARCODE NO. | : 01524048 | COLLECTION DATE | : 18/Jan/2025 01:37PM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | REPORTING DATE | : 18/Jan/2025 02:50PM |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
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TUMOUR MARKER

PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL: 1.57 ng/mL 0.0 - 4.0
SERUM

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 |
| 2 nd Year | Every 4 Months |
| 3 rd 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



[Signature]

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

[Signature]

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY)





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*** End Of Report ***




 DR.VINAY CHOPRA
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