

PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

NAME : Mr. SURAJ BHAN

AGE/ GENDER : 64 YRS/MALE **PATIENT ID** : 1751749

COLLECTED BY REG. NO./LAB NO. : 122502100022

REFERRED BY **REGISTRATION DATE** : 10/Feb/2025 02:33 PM BARCODE NO. **COLLECTION DATE** : 10/Feb/2025 02:41PM : 12506936 CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 10/Feb/2025 10:05PM

CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

Value Unit **Biological Reference interval Test Name**

TUMOUR MARKER

PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL: 21.33^{H} 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
- Monthly Follow I In if levels are high and showing a rising trend

4. Monthly Follow op it 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



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

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■ 0171-2532620, 8222896961 ■ pkrjainhealthcare@gmail.com

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End Of Report *



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