

## ADVANCE DIAGNOSTICS CENTRE C1-C2/17A, NEAR NIHARIKA TALKIES KORBA- 495677 PH-09228333 MOBILE-9300888178

NAME	: MR KAILASH AGRAWAL	64	Years / Male	F	Reg No. : 10882
Ref. By	: SELF		Reg. Date	:	11/05/2022 08:55AM
Address	: House 489, Purana Dal Gali, Near Maruti Service	, KO	RBA, 49Collected At	t :	MedZone Center

## **INVESTIGATION REPORT**

## **CLINICAL BIOCHEMISTRY**

TEST	<u>RESULT</u>	<u>UNIT</u>	<b>BIOLOGICAL REF RANGE</b>	TEST METHOD					
PSA Total (Prostate Specific Antigen Total)									
Sample Type	: SERUM								
PSA Total (Prostate Specific Antigen Total)	: 0.800	ng/ml	0 - 4 Borderline-4-10	E CLIA					

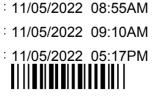
REFRENCE RANGE : Normal : < 4.0 ng/ml, Borderline : 4 - 10 ng/ml Increase with age : 40 - 49 years : 1.5 ng/ml, 50 - 59 years : 2.5ng/ml 60 - 69 years : 4.5 ng/ml, 70 - 79 years : 7.5 ng/ml

Prostate-specific antigen (PSA) is a glycoprotein (molecular weight 30,000-34,000 daltons) close having а structural relationship to the glandular kallikreins. It has the function of a serine proteinase. The proteolytic activity of PSA in blood inhibited of complexes with protease inhibitors is by the irreversible formation such as alpha-1-antichymo-trypsin, alpha-2-macroglobulin and other acute phase proteins. In addition to being present in these complexes, about 30% of the PSA present in blood is in the free form, but is proteolytically inactive. Elevated concentrations of PSA in serum are generally indicative of a patho-logic condition of the prostate (prostatitis, benign hyperplasia or carcinoma). As PSA is also present in para-urethral and anal glands, as well as in breast tissue or with breast cancer, low levels of PSA can also be detected in sera from women. PSA may still be detectable even after radical prostatectomy. The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. The steepness of the rate of fall in PSA down to no-longer detectable levels following radiotherapy, hormonal therapy or radical surgical removal of the prostate provides information on the success of therapy. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

METHOD: One-step sandwich and competitive FEIA

INSTRUMENT: TOSHO AIA-360 JAPAN

Sample Registered On Sample Received On Report Released On Sample Barcode :



--- End Of Report ---

Checked By:VIVEK

Dr. VANDANA CHANDANI