

**ADVANCE DIAGNOSTICS CENTRE**

C1-C2/17A, NEAR NIHARIKA TALKIES

KORBA- 495677

PH-09228333 MOBILE-9300888178

NAME : MR MOHAMMED IQBAL

66 Years / Male

Reg No. : 12835

Ref. By : SELF

Reg. Date : 02/06/2022 08:33PM

Address : OLD BUS STAND KORBA

Collected At : MedZone Center

INVESTIGATION REPORT**CLINICAL BIOCHEMISTRY**

| TEST | RESULT | UNIT | BIOLOGICAL REF RANGE | TEST METHOD |
|------|--------|------|----------------------|-------------|
|------|--------|------|----------------------|-------------|

PSA Total (Prostate Specific Antigen Total)

Sample Type : SERUM

| | | | | |
|---|--------|-------|--------------------------|--------|
| PSA Total (Prostate Specific Antigen Total) | : 3.11 | ng/ml | 0 - 4 Borderline-4-10 | E CLIA |
|---|--------|-------|--------------------------|--------|

REFERENCE 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) having a close structural relationship to the glandular kallikreins. It has the function of a serine proteinase. The proteolytic activity of PSA in blood is inhibited by the irreversible formation of complexes with protease inhibitors 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

--- End Of Report ---

Sample Registered On : 02/06/2022 08:33PM

Sample Received On : 02/06/2022 09:09PM

Home Collection

Report Released On : 03/06/2022 12:18PM

Sample Barcode : 

Checked By:tulesh

**Dr. VANDANA CHANDANI**