


Patient Name : Mr. CHANDER PRAKASH	Reg No. : 3846/UHID23DL	Lab ID. : 3478/OPDPB23DL
Age / Gender : 60Y / Male	Date : 06-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected : 06-Sep-2023 09.17
Refd. By : Dr. .		Received : 06-Sep-2023 09.17
Sample Type : Serum	Sample ID : 232818	Report : 06-Sep-2023 20.19

TEST NAME	RESULT	UNIT	RANGE	METHOD
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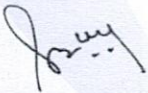
CLINICAL PATHOLOGY				
PSA TOTAL	0.60	ng/ml	0-4.1	

< 4.1
 0-40 yrs : < 1.4
 41-50 yrs : < 2.0
 51-60 yrs : < 3.1
 61-70 yrs : <4.1
 71-100 yrs : <4.4

COMMENTS: PSA levels can be also increased by prostate infection, irritation, benign prostatic hyperplasia (BPH) and recent ejaculation, producing a false positive result. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA.

However, the effect is clinically insignificant, since DRE causes the Most substantial increase in patients with PSA levels already elevated over 4.0 ng/mL . Most PSA in the blood is bound to serum proteins. A small amount is not protein bound and is called free PSA. In men with prostate cancer the ratio of free (unbound) PSA to total PSA is decreased. The risk of cancer increases if the free to total ratio is less than 25%. The lower the ratio the greater the probability of prostate cancer. Measuring the Ratio of free to total PSA appears to be particularly promising promising for eliminating unnecessary biopsies in men with PSA levels between 4 and 10 ng/mL. However , both and free PSA increase immediately after ejaculation, returning slowly to baseline levels within 24 Hours.

-----End of Report-----



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Lab Technician : chand



BOOK APPOINTMENT

