

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. B RAVIBABU	Age /Sex : 43 Y(s)/Male
Ref By : Dr.GENERAL PHYSICIAN	UMR No : UMR81411
Bill Date : 29-Dec-22 08:30 am	Bill No : BIL142338
Lab No : 142338	Result No : RES375305
Samp.Coll : 29-Dec-22 08:43 am	Auth. Tim : 29-Dec-2022 12:41 pm
Reported On : 29-Dec-22 12:41 pm	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
PROSTATE SPECIFIC ANTIGEN(PSA)	: 0.76 ng/ml	< 4.0 ng/ml	CLIA

Interpretation : Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.

PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

--- End Of Report ---

PHH8588

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Lab No : BIO/22/12/1672	Result No : RES375280
Samp.Coll : 29-Dec-22 08:43 am	Auth. Tim : 29-Dec-2022 12:41 pm
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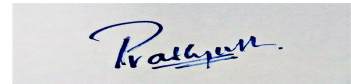
THYROID PROFILE

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
T3-Free (Tri-iodothyronine-Free) :	3.4 pg/mL	2.0 - 4.2 pg/mL	C L I A
T4-Free (Thyroxine - Free) :	12.6 pg/ml	8.9 - 17.2 pg/ml	C L I A
TSH(Thyroid Stimulating Hormone). :	1.5 μ IU/ml	0.3 - 4.5 μ IU/ml	C L I A

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