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CMO Reg. No. RMEE 2445133 NABLReg. No.MC-2491 Certificate No. MIS-2023-0218

: Mr.MAHMOOD HAIDER RIZVI Patient Name

Age/Gender : 55 Y/M

Lab No : 10135033

Referred By : SELF

PR.

Refer Lab/Hosp : CHARAK NA Doctor Advice : PSA-TOTAL

Visit No : CHA250037738

Registration ON : 02/Mar/2025 02:06PM

Sample Collected ON : 02/Mar/2025 02:08PM

Sample Received ON : 02/Mar/2025 02:25PM

Report Generated ON : 02/Mar/2025 03:12PM

Test Name	Result	Unit	Bio. Ref. Range	Method
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	0.56	ng/mL	0.2-4.0	CLIA

COMMENT: 1. Prostate specific antigen (PSA) is useful for diagnosis of disseminated CA prostate & its equential measurement is the most sensitive measure of monitoring treatment of disseminated CA prostate with its shorter half life (half life of 2.2 days only) it is superior to prostatic acis phosphatase(PAP). PSA is elevated in nearly all patients with stage D carcinoma whereas PAP is elevated in only 45 % of patient. Mild PSA elevation are also reported in some patients of BHP. 2. Blood samples should be obtained before prostate biopsy or prostatecomy or prostatic massage or

NOTE: - PSA values obtained in different types of PSA assay methods cannot be used interchangeably as the PSA value in a given sample varies with assays from different manufactures due to difference in assay methodology and reagent specificity. If in the course of monitoring a patient the assay method used for determination is changed, additional sequential testing should be carried out to confirm baseline value.

digital pre rectal examination as it may result intrasient levation of PSA value for few days.

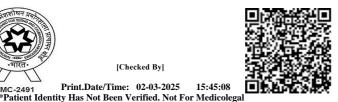
DONE BY:

Enhanced Chemiluminescence "VITROS ECI"

*** End Of Report ***

CHARAK





DR. ADITI D AGARWAL

PATHOLOGIST