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Mr. Dummy

Age / Sex : 28 YRS / M

Referred by : Dr. Sachin Patil (MBBS)

Reg. no. : 1092

1092

Registered on : 18/11/2024 05:26 PM

Collected on : 18/11/2024
Received on : 18/11/2024

Reported on : 18/11/2024 05:26 PM



SEROLOGY & IMMUNOLOGY

TEST	VALUE	UNIT	REFERENCE
TOTAL PSA	3.7	ng/mL	< 4 ng/mL

Physiological basis

PSA is a glycoprotein produced by cells of the prostatic ductal epithelium and is present in the serum of all men. It is absent from the serum of women.

Interpretation

Increased in: Prostate carcinoma (sensitivity ~20%; specificity ~60–70% at a 4.0 ng/mL cutoff), biochemical recurrence after localized treatment, benign prostatic hypertrophy (BPH), prostatitis.

Decreased in: Metastatic prostate carcinoma treated with antiandrogen therapy, postprostatectomy, 5α-reductase inhibitor therapy.

Comments

PSA is used both for the early detection of prostate cancer and as a tumor marker to assess response and monitor recurrence of treated prostate cancer.

There is still no consensus on whether PSA measurement should be used as a screening test for early detection of prostate cancer. A decrease in mortality rates resulting from use for cancer screening is unproven, and the risks of early therapy are significant. As a result, the United States Preventive Services Task Force discourages use of the test for healthy men in all age groups.

The PSA nadir (the lowest PSA level achieved after therapeutic intervention) appears to correlate with the likelihood of remaining disease free. Three consecutive PSA rises are interpreted as an indicator of treatment (biochemical) failure.

PSA is often increased in BPH, and the positive predictive value in healthy older men is low. Use of the free/total PSA ratio or the complex PSA test and prostate volume can improve the diagnostic accuracy for prostate cancer.

~~~ End of report ~~~

Jaco Saller

Mr. Sachin Sharma
DMLT, Lab Incharge

Page 1 of 1

**Dr. A. K. Asthana**MBBS, MD Pathologist

### NOT VALID FOR MEDICO LEGAL PURPOSE

Work timings: Monday to Sunday, 8 am to 8 pm