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Passport No : LABORATORY TEST REPORT					
Patient Information	Sample Information	Client/Location Information			
Name : Lyubochka Svetka	Lab ld : 02232160XXXX	Client Name : Sterling Accuris Buddy			
Sex/Age : <b>Male / 41 Y</b> 01-Feb-1982	Registration on : 20-Feb-2023 09:10 Collected at : non SAWPI	Location :			
Ref. ld : Ref. By :	Collected at : non SAWPL  Collected on : 20-Feb-2023 08:53  Sample Type : Serum	Approved on : 20-Feb-2023 11:38 Status : Final Printed On : 28-Feb-2023 10:26 Process At : 1. NRL SAWPL Gujarat Ahmedabad Paldi			

# **Immunoassay**

Test	Result	Unit	Biological Ref. Interval
PSA-Prostate Specific Antigen, Total	0.573	ng/mL	0 - 4

PSA is a glycoprotein that is expresses by both normal and neoplastic prostate tissue and is prostate tissue specific and not prostate cancer specific. PSA is constantly expressed in nearly all prastate cancers, although its level of expression on a percell basis is lower than in normal prostate epithelium. The absolute value of serum PSA is useful for determining the extent of prostate cancer and assessing the response to prostate cancer treatment; its use as a screening method to detect prostate cancer is also common.

## Interpretation

#### Increased in

- Prostate disease (Cancer, Prostatitis, Benign prostatic hyperplasia, Acute urinary retention)
- Manipulations (Cystoscopy, Needle biopsy, Radiation therapy, Indwelling catheter, Prostatic massage)
- Transurethral resection
- Prostatic ischemia

### Decreased in

- Castration
- Prostatectomy
- Radiation therapy
- Ejaculation withi 24 48 hours
- 5-alpha-reductase inhibitor reduces PSA by 50% after 6 months in men without cancer

## Limitations

- PSA has been recommended by the American Cancer Society for use in conjunction with a DRE for early detection of prostate cancer starting at the age of 50 years for men with at least 10 year life expectancy
- PSA levels that are measured repeatedly over time may vary because of biologic variability where the true PSA level in a given man is different on different measurements.
- A change in PSA of >30% in man with a PSA initially below 2.0 ng/mL was likely to indicate a true change beyond normal random variation.

D:0

Dr. Sanjeev Shah Dr. Yash Shah Dr. Purvish Darji MD(Path) MD Path MD Path

> Page 14 of 19 This is an Electronically Authenticated Report. # Referred Test





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# **Immunoassay**

Test	Result	Unit	Biological Ref. Interval
lgĘ	H <b>492.30</b>	IU/mL	0 - 87

IgE mediates allergic and hypersensitivity reactions. There is a significant overlap in total IgE between allergic and nonallergic individuals. **Interpretation:** 

- Increased In
  - Atopic diseases
    - Exogenous asthama in approximately 60% of patients
    - Hay fever in approximately 30% of patients and Atopic eczema
  - · Influenced by type of allergen, duration of stimulation. Presence of symptoms, and hyposensitization treatment
  - · Parasitic diseases (e.g. ascariasis, visceral larva migrans, hookworm disease, schistosomiasis, Echinococcus infestation)
  - Monoclonal IgE myeloma

### - Decreased In

- Hereditary deficiencies
- Acquired immunodeficiency
- Ataxia-telangiectasis
- Non-IgE myeloma

# Limitations:

- A normal level of IgE in serum does not eliminate the possibility of allergic disease.
- Serum total IgE levels for the majority of individuals with IgE-mediated disease can be expected to be elevated compared to the reference range for healthy adults. However, not all allergic patients exhibit elevated serum total IgE levels.
- Since not all atopic reactions are IgE-mediated, a total IgE result in the reference range should always be interpreted in light of other clinical
- Heterophilic antibodies in human serum can react with the immunoglobulins included in the assay components causing interference with in vitro immunoassays.

<u>P.O</u>

Dr. Purvish Darji

Dr. Sanjeev Shah

This is an Electronically Authenticated Report.

Dr.Yash Shah

MD(Path)

MD Path

MD Path

# Referred Test

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