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

Patient Name	: Mr.DEEPAK KUMAR TANEJA	Visit No	: CHA250033810
Age/Gender	: 69 Y/M	Registration ON	: 25/Feb/2025 10:44AM
Lab No	**: 10131106**	Sample Collected ON	: 25/Feb/2025 10:46AM
Referred By	: Dr.RDSO LUCKNOW	Sample Received ON	: 25/Feb/2025 10:58AM
Refer Lab/Hosp	: RDSO LUCKNOW	Report Generated ON	: 25/Feb/2025 12:10PM
Doctor Advice	: USG WHOLE ABDOMEN,PSA-TOTAL		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	**16.6**	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 digital pre rectal examination as it may result intrasient levation of PSA value for few days.

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.

DONE BY;
Enhanced Chemiluminescence "VITROS ECI"

***** End Of Report *****

MC-2491

[Checked By]

Print.Date/Time: 25-02-2025 13:28:14

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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PR.

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** i**s mildly enlarged in size and shows increased echotexture of liver parenchyma.** No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen. No ascites is seen.
- **Both kidneys** are normal in size and position. **Mild to moderate hydronephrosis is seen.** No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 90 x 45 mm in size. Left kidney measures 104 x 43mm in size.
- **Ureters Both ureters are mild to moderately dilated.**
- **Urinary bladder** is normal in contour with **multiple floating internal echoes in lumen**. No calculus or mass lesion is seen. **UB wall is circumferential irregularly thickened (measures 6mm) with multiple indentations.**
- Bilateral seminal vesicles are seen normally.
- **Prostrate is enlarged in size, measures 43 x 41 x 30 mm with weight of 38gms** and shows homogenous echotexture of parenchyma. No mass lesion is seen. **Median lobe is enlarged and is bulging into base of bladder.**
- **Pre void urine volume approx 499cc.**
- **Post void residual urine volume approx. 198cc (significant).**

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **BILATERAL MILD TO MODERATE HYDROUTERONEPHROSIS ---CAUSE ----? CHRONIC CYSTITIS**
- **MULTIPLE FLOATING INTERNAL ECHOES IN U.B LUMEN WITH CIRCUMFERENTIAL IRREGULARLY THICKENED U.B WALL WITH MULTIPLE INDENTATIONS------? CHRONIC CYSTITIS...***Adv: urine r/m.*
- **PROSTATOMEGALY GRADE-II WITH MEDIAN LOBE ENLARGMENT WITH SIGNIFICANT PVRU...***Adv: SPSA*

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi

***** End Of Report *****