

Patient Name : Mr. BAQAR RAZA	Visit No : CHA250035188
Age/Gender : 62 Y/M	Registration ON : 27/Feb/2025 09: 25AM
<b>Lab No : 10132484</b>	Sample Collected ON : 27/Feb/2025 09: 29AM
Referred By : Dr. SAURABH AGARWAL	Sample Received ON : 27/Feb/2025 09: 29AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 10: 38AM
Doctor Advice : USG WHOLE ABDOMEN, URINE COM. EXMAMINATION, PSA-TOTAL, RANDOM, CREATININE	



Test Name	Result	Unit	Bio. Ref. Range	Method
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**URINE EXAMINATION REPORT**

Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	<b>1.015</b>		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
<b>MICROSCOPIC EXAMINATION</b>				
Pus cells / hpf	Nil	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

**CHARAK**

[Checked By]

Print.Date/Time: 27-02-2025 12:30:36

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

DR. NISHANT SHARMA PATHOLOGIST    DR. SHADAB PATHOLOGIST    Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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Referred By : Dr. SAURABH AGARWAL	Sample Received ON : 27/Feb/2025 09: 41AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 11: 04AM
Doctor Advice : USG WHOLE ABDOMEN, URINE COM. EXMAMINATION, PSA-TOTAL, RANDOM, CREATININE	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	89	mg/dl	70 - 170	Hexokinase
<b>SERUM CREATININE</b>				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>PSA-TOTAL</b>				
PROSTATE SPECIFIC ANTIGEN	0.55	ng/mL	0.2-4.0	CLIA

COMMENT : 1. Prostate specific antigen (PSA) is useful for diagnosis of disseminated CA prostate & its sequential 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 acid 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 prostatectomy or prostatic massage or digital pre rectal examination as it may result in transient elevation 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 \*\*\*



[Checked By]



*Sharma*

DR. NISHANT SHARMA DR. SHADAB DR. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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### **ULTRASOUND STUDY OF WHOLE ABDOMEN**

***Compromised scan due to excessive gaseous bowel shadow & patient fatty body habitus.***

- **Liver** is mildly enlarged in size (~ 174 mm) 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. No 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 100 x 46 mm in size. Left kidney measures 108 x 49 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is borderline enlarged in size, measures 33 x 34 x 37 mm with weight of 22gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Pre void urine volume approx 46cc.
- Post void residual urine volume approx 27 cc (insignificant).

### **OPINION:**

- **Mild hepatomegaly with fatty infiltration of liver grade-I.**
- **Borderline prostatomegaly.**

**Clinical correlation is necessary.**

**[DR. R. K. SINGH, MD]**

Transcribed By: Priyanka

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

