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292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

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

Patient Name : Mr.RAJGRIHI Visit No : CHA250037637

Age/Gender : 67 Y/M Registration ON : 02/Mar/2025 11:52AM Lab No : 10134932 Sample Collected ON 02/Mar/2025 11:55AM Referred By : Dr.CHARAK HOSPITAL AND RESEA Sample Received ON : 02/Mar/2025 11:55AM Refer Lab/Hosp : CHARAK NA Report Generated ON 02/Mar/2025 02:03PM

Doctor Advice : NA+K+,CREATININE,RANDOM,DLC,TLC,URINE C/S,URINE COM. EXMAMINATION,USG WHOLE ABDOMEN

lest Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	10 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	PRESENT		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	PR <mark>ESENT</mark>		Absent	
NITRITE	Absent Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	12-15	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	7-8		< 3/hpf	

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. NA+K+,CREATININE,RANDOM,DLC,TLC,URINE C/S,URINE COM. EXMAMINATION,USG WHOLE ABDOMEN Doctor Advice

Test Name	Result	Unit	Bio. Ref. Range	Method
TLC				
TOTAL LEUCOCYTES COUNT	18500	/cmm	4000 - 10000	Flocytrometry
DLC				
NEUTROPHIL	86	%	40 - 75	Flowcytrometry
LYMPHOCYTE	12	%	20-40	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	1	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
BLOOD SUGAR RANDOM		7		
BLOOD SUGAR RANDOM	1 <mark>38.3</mark>	mg/dl	70 - 170	Hexokinase
NA+K+		7		
SODIUM Serum	<mark>136.0</mark>	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	0.90	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic

*** End Of Report ***

CHARAK





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 : 67 Y/M
 Registration ON
 : 02/Mar/2025 11:52AM

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 : 10134932
 Sample Collected ON
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Referred By : Dr.CHARAK HOSPITAL AND RESEARC Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 02/Mar/2025 01:41PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size and shows mild coarse echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- <u>Gall bladder</u> 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 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 borderline enlarged in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen. No ascites is seen.
- <u>Both kidneys</u> 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 85 x 39 mm in size. Left kidney measures 99 x 39 mm in size.
- **<u>Ureters</u>** Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- <u>Prostrate</u> is borderline enlarged in size, measures 40 x 27 x 35 mm with weight of 20gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Pre void urine volume approx 53cc.
- Post void residual urine volume approx. 30cc.
- \bullet A defect of size~6.8mm in midline central anterior abdominal wall in supra-umbilical region through which omentum fat as content is seen.

OPINION:

- MILD HEPATOMEGALY WITH MILD COARSE ECHOTEXTURE OF LIVER PARENCHYMA WITH BORDERLINE SPLENOMEGALY
- BORDERLINE PROSTATOMEGALY.
- MIDLINE CENTRAL ANTERIOR ABDOMINAL WALL DEFECT IN SUPRA-UMBILICAL REGION---HERNIA.

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi

