

Patient Name : Mr. SANKATHA PRASAD PATHAK	Visit No : CHA250039513
Age/Gender : 70 Y/M	Registration ON : 05/Mar/2025 10:08AM
Lab No : 10136808	Sample Collected ON : 05/Mar/2025 10:12AM
Referred By : Dr. NIRUPAM PRAKASH	Sample Received ON : 05/Mar/2025 10:41AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 05/Mar/2025 11:28AM
Doctor Advice : CT LOWER ABDOMEN WITH CONTRAST, KIDNEY FUNCTION TEST - I, PSA-TOTAL	



Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	20.50	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	1.60	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
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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NCCT STUDY OF LOWER ABDOMEN

- **Right kidney** is normal in size and position. No hydronephrosis is seen. Partially exophytic hypodense cortical cyst measuring approx. 35 x 36mm is seen at lower pole. Tiny hyperdense calculus measuring approx. 2.2mm is seen at lower pole. Mild perinephric fat stranding is seen. Right kidney measures 100 x 49mm.
- **Left kidney** is normal in size and position. No hydronephrosis is seen. Hyperdense calyceal calculus measuring approx. 4mm is seen at lower pole. *Few foci of vascular calcification are also seen near renal sinus.* Exophytic hypodense cortical cyst measuring approx. 20 x 21mm is seen at lower pole. Few small hyperdense cortical cysts are seen, largest measuring approx. 7 x 9mm seen at lower pole. Left kidney measures 99 x 53mm.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with normal lumen. No calculus or mass lesion is seen. UB walls are not thickened
- Bilateral seminal vesicles are seen normally.
- **Prostate** is enlarged measures 50 x 45 x 46mm with volume of 53.8cc and shows foci of calcification.
- Few subcentimeteric mesenteric and retroperitoneal lymphnodes are seen.
- Degenerative changes are seen in visualized part of spine.

IMPRESSION:

- PROSTATOMEGALY.
- BILATERAL RENAL CORTICAL CYSTS AND BILATERAL SMALL RENAL CALCULI.

Clinical correlation is necessary.

[DR. JAYENDRA KR. ARYA, MD]

Transcribed by R R...

*** End Of Report ***

