

Patient Name : MasterARABH	Visit No : CHA250039806
Age/Gender : 8 Y/M	Registration ON : 05/Mar/2025 01:09PM
Lab No : 10137101	Sample Collected ON : 05/Mar/2025 01:10PM
Referred By : Dr. KGMU	Sample Received ON : 05/Mar/2025 01:10PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 04:10PM
Doctor Advice : URINE C/S, URINE COM. EXMAMINATION, USG KUB	



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

Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		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	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	2-3	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

*** End Of Report ***

CHARAK

[Checked By]

Print.Date/Time: 05-03-2025 16:45:09

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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ULTRASOUND STUDY OF KUB

- **Right kidney** is normal in size and position. **Minimal 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 72 x 32 mm in size.
- **Left kidney** is normal in size and position. **Minimal hydronephrosis is seen.** No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Left kidney measures 72 x 39 mm in size.
- **Ureters** Both ureters are minimally dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. **UB wall is circumferential thickened measures 3.9 mm with trabeculation.**

IMPRESSION:

- **Bilateral minimal hydroureteronephrosis - Cause ? Chronic cystitis.**
- **Circumferential thickened UB wall with trabeculation - ? Chronic cystitis (ADV : Urine R/M).**

Clinical correlation is necessary.

(DR. R.K. SINGH, MD)

Transcribed by Rachna

*** End Of Report ***

