

Patient Name : Mr.ANEES AHMAD	Visit No : CHA250039826
Age/Gender : 52 Y/M	Registration ON : 05/Mar/2025 01: 17PM
Lab No : 10137121	Sample Collected ON : 05/Mar/2025 01: 21PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 05/Mar/2025 01: 21PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 04: 10PM
Doctor Advice : PSA-TOTAL,RANDOM,LFT,CBC (WHOLE BLOOD),URINE C/S,URINE COM. EXMAMINATION,ABDOMEN ERECT AP	



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	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		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	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]

Print.Date/Time: 05-03-2025 16:45:18

*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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Referred By : Dr.MANISH TANDON	Sample Received ON : 05/Mar/2025 01: 38PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 03: 15PM
Doctor Advice : PSA-TOTAL,RANDOM,LFT,CBC (WHOLE BLOOD),URINE C/S,URINE COM. EXMAMINATION,ABDOMEN ERECT AP	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	46.6	%	36 - 45	Pulse hieght detection
MCV	93.8	fL	80 - 96	calculated
MCH	29.0	pg	27 - 33	Calculated
MCHC	30.9	g/dL	30 - 36	Calculated
RDW	13.4	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7460	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	67	%	40 - 75	Flowcytometry
LYMPHOCYTES	28	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	111,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	140000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,998	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,089	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	75	/cmm	20-500	Calculated
Absolute Monocytes Count	298	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic . Platelets are just adequate with giant form . No immature cells or parasite seen.



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Referred By : Dr.MANISH TANDON Sample Received ON : 05/Mar/2025 01: 36PM
Refer Lab/Hosp : CHARAK NA Report Generated ON : 05/Mar/2025 02: 58PM
Doctor Advice : PSA-TOTAL,RANDOM,LFT,CBC (WHOLE BLOOD),URINE C/S,URINE COM. EXMAMINATION,ABDOMEN ERECT AP



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	187.3	mg/dl	70 - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	1.20	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.40	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.80	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	154.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	24.3	U/L	5 - 40	UV without P5P
SGOT	27.3	U/L	5 - 40	UV without P5P
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	0.29	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 ***



[Checked By]



Sham

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

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SKIAGRAM ABDOMEN (ERECT) AP VIEW

- No free gas is seen under both dome of diaphragm.
- No abnormal air fluid levels are seen.
- Soft tissue shadow of liver appears enlarged? Hepatomegaly

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

