

Patient Name : Mr.SB SINGH	Visit No : CHA250040244
Age/Gender : 87 Y/M	Registration ON : 06/Mar/2025 09:12AM
Lab No : 10137539	Sample Collected ON : 06/Mar/2025 09:14AM
Referred By : Dr.ASHWANI SINGH **	Sample Received ON : 06/Mar/2025 09:14AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 10:50AM
Doctor Advice : NA+K+,CREATININE,UREA,PSA-TOTAL,URINE COM. EXMAMINATION,URINE C/S,FASTING,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

URINE EXAMINATION REPORT

Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.015		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	300 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	PRESENT IN TRACE			
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	Nil	/hpf	< 5/hpf	
Epithelial Cells	4-5	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]



Sharma

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

Patient Name : Mr.SB SINGH	Visit No : CHA250040244
Age/Gender : 87 Y/M	Registration ON : 06/Mar/2025 09:12AM
Lab No : 10137539	Sample Collected ON : 06/Mar/2025 09:14AM
Referred By : Dr.ASHWANI SINGH **	Sample Received ON : 06/Mar/2025 09:36AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 10:50AM
Doctor Advice : NA+K+,CREATININE,UREA,PSA-TOTAL,URINE COM. EXMAMINATION,URINE C/S,FASTING,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	151.9	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	35.00	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.90	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	0.60	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 ***



Sharma

Patient Name	: Mr.SB SINGH	Visit No	: CHA250040244
Age/Gender	: 87 Y/M	Registration ON	: 06/Mar/2025 10:09AM
Lab No	: 10137539	Sample Collected ON	: 06/Mar/2025 10:09AM
Referred By	: Dr.ASHWANI SINGH **	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 06/Mar/2025 10:47AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is normal in size, and shows homogenous 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. **Few tiny echogenic bright foci in gall bladder wall.** No calculus is seen.
- **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. Renal parenchymal echogenicity is increased .Few bilateral renal simple cortical cysts are seen measuring 10x10mm on right side and 29x28mm on left side. No calculus is seen. Cortico-medullary differentiation is attenuated. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 81 x 38 mm in size. Left kidney measures 96 x 43 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** 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.
- **Prostate** is enlarged in size measures 35 x 41 x 31 mm with weight of 24 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Pre void urine volume approx. 298cc.**
- **Post void residual urine volume of approx. 38c.**

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **FEW TINY ECHOGENIC BRIGHT FOCI IN GALL BLADDER WALL--? EARLY CHOLESTEROLISIS CHANGES . ADV: FOLLOW UP.**
- **FEW BILATERAL SIMPLE RENAL CORTICAL CYSTS [BOSNIAK TYPE -I] .**
- **BILATERAL MEDICAL RENAL DISEASE [GRADE I] .**
- **PROSTATOMEGALY GRADE I SIGNIFICANT POST VOID RESIDUAL URINE VOLUME .**

Clinical correlation is necessary.

[DR. R.K SINGH , MD]

transcribed by: anup

*** End Of Report ***

