

PR.

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

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

Patient Name : Mr.BRIJESH Visit No : CHA250040652

Age/Gender : 23 Y/M Registration ON : 06/Mar/2025 03:03PM Lab No : 10137947 Sample Collected ON 06/Mar/2025 03:06PM Referred By : Dr.MANISH TANDON Sample Received ON : 06/Mar/2025 03:06PM Refer Lab/Hosp : CHARAK NA Report Generated ON 06/Mar/2025 05:05PM

Doctor Advice : RANDOM,URINE FOR KETONE,URINE C/S,URINE COM. EXMAMINATION,ABDOMEN ERECT AP,USG WHOLE ABDOMEN

Rio Ref Range	Method

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.015		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	1.0 gm/dl			
Ketones	Present (15		Absent	
	mg/dl)			
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	
URINE FOR KETONE				

URINE FOR KETONE

Present (15 mg/dl)

ABSENT





Many

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Doctor Advice RANDOM, URINE FOR KETONE, URINE C/S, URINE COM. EXMAMINATION, ABDOMEN ERECT AP, USG WHOLE ABDOMEN

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	281.6	mg/dl	70 - 170	Hexokinase









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 Sample Collected ON
 : 06/Mar/2025 03:03PM

Referred By : Dr.MANISH TANDON Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 06/Mar/2025 03:50PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size (~150mm) and shows mild inhomogenous 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.
- <u>Pancreas</u> is mildly atrophic in size. MPD is dilated. Multiple intra-ductal calculi are seen measuring upto approx 10mm s/o ? chronic pancreatitis. No parenchymal calcification is seen. No peripancreatic collection is seen.
- <u>Spleen</u> is normal 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 32 mm in size. Left kidney measures 83 x 39 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is *partially distended* with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

PR

- MILD HEPATOMEGALY WITH MILD INHOMOGENOUS ECHOTEXTURE OF LIVER PARENCHYMA.
- MILDLY ATROPHIC CHANGES IN PANCREAS WITH DILATED MAIN PANCREATIC DUCT WITH MULTIPLE INTRA-DUCTAL CALCULI S/O ? CHRONIC PANCREATITIS (ADV: FURTHER EVALUATION).

Clinical correlation is necessary.

(DR. R.K. SINGH, MD)

Transcribed by Gausiya



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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.
- Bizarre shaped radio opacity is seen in midline abdomen at T12-L2 level? pancreatic calcification .

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

