

Patient Name : Mr.KAMRAN SIDDIQE	Visit No : CHA250042194
Age/Gender : 60 Y/M	Registration ON : 09/Mar/2025 07:53AM
Lab No : 10139489	Sample Collected ON : 09/Mar/2025 07:55AM
Referred By : Dr.SAURABH AGARWAL	Sample Received ON : 09/Mar/2025 07:55AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 09/Mar/2025 10:38AM
Doctor Advice : URIC ACID,USG WHOLE ABDOMEN,URINE COM. EXMAMINATION,URINE C/S,PSA-TOTAL,HBA1C (EDTA),RANDOM,CREATININE	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	6.8	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by the Gold Standard Reference method, ie: HPLC Technology (High performance Liquid Chromatography D10) from Bio-Rad Laboratories. USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

URIC ACID

Sample Type : SERUM

SERUM URIC ACID	8.6	mg/dL	2.40 - 5.70	Uricase, Colorimetric
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CHARAK

[Checked By]

Print.Date/Time: 09-03-2025 13:08:19

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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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	100 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	1.0 gm/dl			
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	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	255	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	1.40	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 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 ***



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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size measures 170 mm and shows increased 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 partially distended, visualized portion appears normal. No calculus / mass lesion is seen. GB walls are not thickened.
- **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 mildly enlarged in size measures 127 mm and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Right kidney** is **not visualized – Small atrophic / Absent / Ectopic.**
- **Left kidney** is normal in size and position. **Renal parenchymal echogenicity is increased (grade I)** with maintained cortico-medullary differentiation. No hydronephrosis is seen. No calculus or mass lesion is seen. Parenchymal thickness is normal. No scarring is seen. Left kidney measures 122 x 60 mm in size.
- **Ureter** Left ureter is not dilated. Left UVJ is 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 45 x 29 x 34 mm with weight of 24gms** and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Pre void urine volume approx. 204 cc.**
- **Post void residual urine volume approx. 27 cc.**

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **MILD SPLENOMEGALY.**
- **NON VISUALIZATION OF RIGHT KIDNEY - SMALL ATROPHIC / ABSENT / ECTOPIC.**
- **LEFT SIDE GRADE I INCREASED RENAL PARENCHYMAL ECHOGENICITY.**
- **GRADE I PROSTATOMEGALY.**

ADV : LFT & RFT CORRELATION.

Clinical correlation is necessary.

(DR. K.K. SINGH, RADIOLOGIST)

(DR. R.K. SINGH, MD)

Transcribed by Anoop



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