

: CGHS (BILLING)

Refer Lab/Hosp

PR.

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

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

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

Report Generated ON

Patient Name : Mr. NATHU RAM Visit No : CHA250042740

Age/Gender : 71 Y O M O D /M Registration ON : 10/Mar/2025 09:12AM Lab No Sample Collected ON : 10140035 : 10/Mar/2025 09:38AM Referred By : Dr.KRISHNA KUMAR MITRA (CGHS Sample Received ON : 10/Mar/2025 09:38AM

URINE COM. EXMAMINATION, PSA-TOTAL, USG WHOLE ABDOMEN Doctor Advice



: 10/Mar/2025 10:41AM

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	Light yellow	1	Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.005		1.005 - 1.025	
pH-Urine	Alkaline (7.5)		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	A <mark>bsent</mark>		Absent	
NITRITE	Absent Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Nil	/hpf	< 5/hpf	
Epithelial Cells	2-3	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK





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

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100. Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

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

Patient Name : Mr. NATHU RAM Visit No : CHA250042740

Age/Gender Registration ON : 71 Y O M O D /M : 10/Mar/2025 09:12AM Sample Collected ON Lab No : 10/Mar/2025 09:38AM : 10140035 Referred By Sample Received ON : 10/Mar/2025 10:05AM : Dr.KRISHNA KUMAR MITRA (CGHS Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 10/Mar/2025 11:19AM

Doctor Advice : URINE COM. EXMAMINATION, PSA-TOTAL, USG WHOLE ABDOMEN

Test Name	Result	Unit	Bio. Ref. Range	Method	
PSA-TOTAL					
PROSTATE SPECIFIC ANTIGEN	0.40	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:

PR.

Enhanced Chemiluminescence "VITROS ECI"

*** End Of Report ***

CHARAK





Tham

Patient Name : Mr. NATHU RAM Visit No : CHA250042740

 Age/Gender
 : 71 Y O M O D /M
 Registration ON
 : 10/Mar/2025 09:12AM

 Lab No
 : 10140035
 Sample Collected ON
 : 10/Mar/2025 09:12AM

Referred By : Dr. KRISHNA KUMAR MITRA (CGHS) Sample Received ON

Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 10/Mar/2025 11:01AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size (~ 172 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.
- <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.
- **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.
- <u>Both kidneys</u> are normal in size and position. No hydronephrosis is seen. Tiny concretion measures ~ 2.8 mm is seen in lower pole of right kidney. No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 98 x 45 mm in size. Left kidney measures 92 x 50 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 enlarged in size, measures 36 x 45 x 39 mm with weight of 34gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Post void residual urine volume approx 10 cc.

OPINION:

- Mild hepatomegaly with fatty infiltration of liver grade-I.
- Grade-I prostatomegaly.

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Priyanka

*** End Of Report ***

