

PR.

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

: CHA250043201

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

Patient Name : Mr.PRAMOD SINGH Visit No

Age/Gender : 42 Y/M Registration ON : 10/Mar/2025 03:04PM Lab No : 10140496 Sample Collected ON 10/Mar/2025 03:06PM Referred By : Dr.MANISH TANDON : 10/Mar/2025 03:06PM Sample Received ON Refer Lab/Hosp : CHARAK NA Report Generated ON : 10/Mar/2025 06: 16PM

. RANDOM, URINE C/S, URINE COM. EXMAMINATION, USG WHOLE ABDOMEN, DIGITAL 1 Doctor Advice

Test Name	Result	Unit	Bio. Ref. Range	Method
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	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	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







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P.R.

Visit No : CHA250043201

Registration ON : 10/Mar/2025 03:04PM

Sample Collected ON : 10/Mar/2025 03:06PM : 10/Mar/2025 03:22PM Sample Received ON

Report Generated ON : 10/Mar/2025 04:53PM

. RANDOM,URINE C/S,URINE COM. EXMAMINATION,USG WHOLE ABDOMEN,DIGITAL 1 Doctor Advice

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	121.8	mg/dl	70 - 170	Hexokinase









18:54:42

Patient Name : Mr.PRAMOD SINGH Visit No : CHA250043201

 Age/Gender
 : 42 Y/M
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 : 10/Mar/2025 03:04PM

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 : 10140496
 Sample Collected ON
 : 10/Mar/2025 03:04PM

Referred By : Dr.MANISH TANDON Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 10/Mar/2025 03:41PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size measures 168 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 not visualized (Post operative).
- **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.
- <u>Both kidneys</u> are normal in size and position. No hydronephrosis is seen. **A tiny concretion of size 2.5 mm is seen at mid pole of left kidney**. No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 100 x 44 mm in size. Left kidney measures 109 x 49 mm in size.
- **<u>Ureters</u>** Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> 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.
- <u>Prostate</u> is **enlarged in size**, **measures 29 x 41 x 39 mm with weight of 25gms** and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

- Mild hepatomegaly with fatty infiltration of liver grade-II.
- Tiny left renal concretion.
- Grade I prostatomegaly.

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Rachna



Patient Name

: Mr.PRAMOD SINGH

Age/Gender : 42 Y/M

Lab No : 10140496

Referred By : Dr.MANISH TANDON

Refer Lab/Hosp : CHARAK NA

Visit No : CHA250043201

Registration ON : 10/Mar/2025 03:04PM

Sample Collected ON : 10/Mar/2025 03:04PM

Sample Received ON

Report Generated ON : 10/Mar/2025 04:47PM

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 to be enlarged Hepatomegaly.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Rachna

*** End Of Report ***

