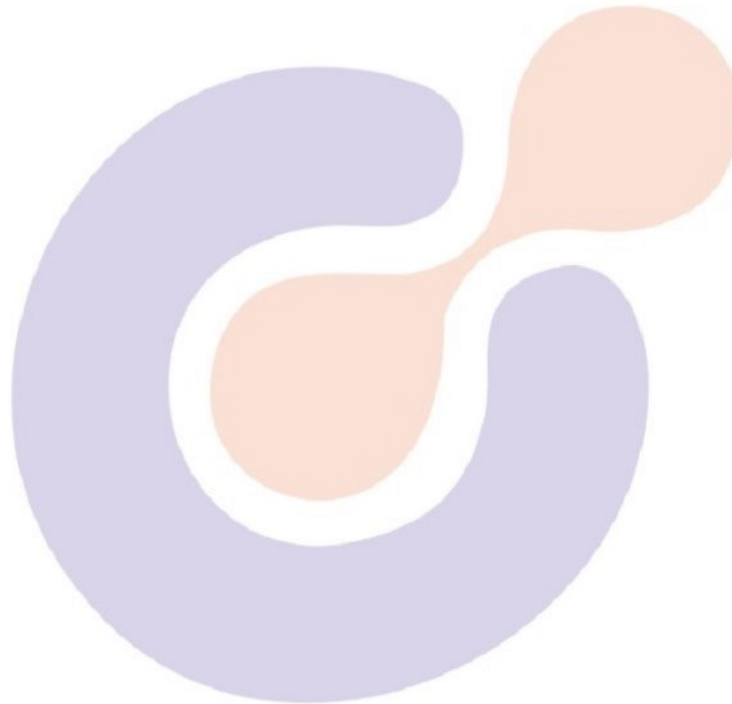


| | |
|---|---|
| Patient Name : Mr. SANTOSH KUMAR AGARWAL | Visit No : CHA250043495 |
| Age/Gender : 50 Y 3 M 3 D/M | Registration ON : 11/Mar/2025 08:01AM |
| Lab No : 10140790 | Sample Collected ON : 11/Mar/2025 08:03AM |
| Referred By : Dr. DINESH KUMAR BIND | Sample Received ON : 11/Mar/2025 09:29AM |
| Refer Lab/Hosp : CGHS (DEBIT) | Report Generated ON : 11/Mar/2025 10:57AM |
| Doctor Advice : USG WHOLE ABDOMEN, CRP (Quantitative), 25 OH vit. D, PROLACTIN, TESTOSTERONE, LH, PSA-TOTAL, URINE COM. EXAMINATION, HBA1C (EDTA), FASTING, LIPID-PROFILE, LFT, KIDNEY FUNCTION TEST - I, CBC+ESR | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------------|--------|------|-----------------|-------------|
| CBC+ESR (COMPLETE BLOOD COUNT) | | | | |
| Erythrocyte Sedimentation Rate ESR | 4.00 | | 0 - 20 | Westergreen |



CHARAK

[Checked By]

Print.Date/Time: 11-03-2025 14:48:58

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

| | |
|--|---|
| Patient Name : Mr. SANTOSH KUMAR AGARWAL | Visit No : CHA250043495 |
| Age/Gender : 50 Y 3 M 3 D/M | Registration ON : 11/Mar/2025 08:01AM |
| Lab No : 10140790 | Sample Collected ON : 11/Mar/2025 08:03AM |
| Referred By : Dr. DINESH KUMAR BIND | Sample Received ON : 11/Mar/2025 08:03AM |
| Refer Lab/Hosp : CGHS (DEBIT) | Report Generated ON : 11/Mar/2025 02:09PM |
| Doctor Advice : USG WHOLE ABDOMEN, CRP (Quantitative), 25 OH vit. D, PROLACTIN, TESTOSTERONE, LH, PSA-TOTAL, URINE COM. EXMAMINATION, HBA1C (EDTA), FASTING, LIPID-PROFILE, LFT, KIDNEY FUNCTION TEST - I, CBC+ESR | |



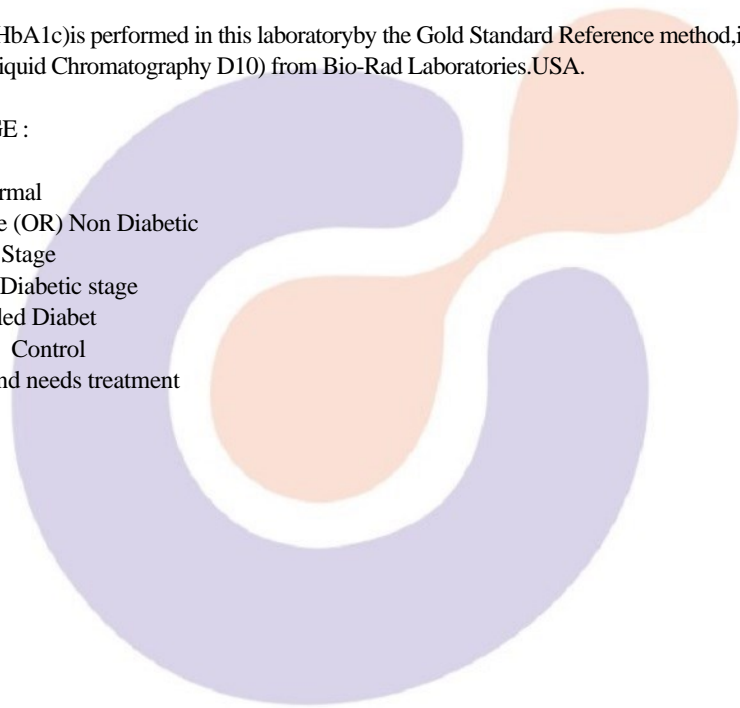
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------|------------|------|-----------------|-------------|
| HBA1C | | | | |
| Glycosylated Hemoglobin (HbA1c) | 8.7 | % | 4 - 5.7 | HPLC (EDTA) |

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 |



CHARAK

[Checked By]

Print.Date/Time: 11-03-2025 14:49:03

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

| | |
|--|---|
| Patient Name : Mr. SANTOSH KUMAR AGARWAL | Visit No : CHA250043495 |
| Age/Gender : 50 Y 3 M 3 D/M | Registration ON : 11/Mar/2025 08:01AM |
| Lab No : 10140790 | Sample Collected ON : 11/Mar/2025 08:03AM |
| Referred By : Dr. DINESH KUMAR BIND | Sample Received ON : 11/Mar/2025 08:03AM |
| Refer Lab/Hosp : CGHS (DEBIT) | Report Generated ON : 11/Mar/2025 02:09PM |
| Doctor Advice : USG WHOLE ABDOMEN, CRP (Quantitative), 25 OH vit. D, PROLACTIN, TESTOSTERONE, LH, PSA-TOTAL, URINE COM. EXMAMINATION, HBA1C (EDTA), FASTING, LIPID-PROFILE, LFT, KIDNEY FUNCTION TEST - I, CBC+ESR | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------|--------|------|-----------------|--------|
| CRP-QUANTITATIVE | | | | |
| CRP-QUANTITATIVE TEST | 0.46 | MG/L | 0.1 - 6 | |

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders. CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours. The measurement of CRP represents a useful laboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

| Level | Risk |
|---------|---------|
| <1.0 | Low |
| 1.0-3.0 | Average |
| >3.0 | High |

All reports to be clinically corelated

LIPID-PROFILE

| | | | |
|-----------------------|------|-------|------------|
| Cholesterol/HDL Ratio | 3.26 | Ratio | Calculated |
| LDL / HDL RATIO | 0.99 | Ratio | Calculated |

Desirable / low risk - 0.5 -3.0
Low/ Moderate risk - 3.0-6.0
Elevated / High risk - >6.0
Desirable / low risk - 0.5 -3.0
Low/ Moderate risk - 3.0-6.0
Elevated / High risk - > 6.0

[Checked By]

Print.Date/Time: 11-03-2025 14:49:04

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

| | |
|--|---|
| Patient Name : Mr. SANTOSH KUMAR AGARWAL | Visit No : CHA250043495 |
| Age/Gender : 50 Y 3 M 3 D/M | Registration ON : 11/Mar/2025 08:01AM |
| Lab No : 10140790 | Sample Collected ON : 11/Mar/2025 08:03AM |
| Referred By : Dr. DINESH KUMAR BIND | Sample Received ON : 11/Mar/2025 08:03AM |
| Refer Lab/Hosp : CGHS (DEBIT) | Report Generated ON : 11/Mar/2025 02:09PM |
| Doctor Advice : USG WHOLE ABDOMEN, CRP (Quantitative), 25 OH vit. D, PROLACTIN, TESTOSTERONE, LH, PSA-TOTAL, URINE COM. EXMAMINATION, HBA1C (EDTA), FASTING, LIPID-PROFILE, LFT, KIDNEY FUNCTION TEST - I, CBC+ESR | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------------------|--------|-------|-----------------|--------|
| 25 OH vit. D | | | | |
| 25 Hydroxy Vitamin D | 14.62 | ng/ml | ECLIA | |
| Deficiency < 10 | | | | |
| Insufficiency 10 - 30 | | | | |
| Sufficiency 30 - 100 | | | | |
| Toxicity > 100 | | | | |

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY (Cobas e 411, Unicel DxI600, vitros ECI)

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 | 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 | Occasional | /hpf | 0 - 5 | |
| RBC / hpf | Nil | | < 3/hpf | |

[Checked By]

Print.Date/Time: 11-03-2025 14:49:05

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

Patient Name : Mr. SANTOSH KUMAR AGARWAL Visit No : CHA250043495
Age/Gender : 50 Y 3 M 3 D/M Registration ON : 11/Mar/2025 08:01AM
Lab No : 10140790 Sample Collected ON : 11/Mar/2025 08:03AM
Referred By : Dr. DINESH KUMAR BIND Sample Received ON : 11/Mar/2025 09:29AM
Refer Lab/Hosp : CGHS (DEBIT) Report Generated ON : 11/Mar/2025 10:57AM
Doctor Advice : USG WHOLE ABDOMEN, CRP (Quantitative), 25 OH vit. D, PROLACTIN, TESTOSTERONE, LH, PSA-TOTAL, URINE COM. EXMAMINATION, HBA1C (EDTA), FASTING, LIPID-PROFILE, LFT, KIDNEY FUNCTION TEST - I, CBC+ESR



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------------|--------------|---------|-----------------|--------------------------|
| CBC+ESR (COMPLETE BLOOD COUNT) | | | | |
| Hb | 16.3 | g/dl | 12 - 15 | Non Cyanide |
| R.B.C. COUNT | 5.30 | mil/cmm | 3.8 - 4.8 | Electrical Impedence |
| PCV | 47.6 | % | 36 - 45 | Pulse hieght detection |
| MCV | 90.2 | fL | 80 - 96 | calculated |
| MCH | 30.9 | pg | 27 - 33 | Calculated |
| MCHC | 34.2 | g/dL | 30 - 36 | Calculated |
| RDW | 14.6 | % | 11 - 15 | RBC histogram derivation |
| RETIC | 0.8 % | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 12090 | /cmm | 4000 - 10000 | Flocytometry |
| DIFFERENTIAL LEUCOCYTE COUNT | | | | |
| NEUTROPHIL | 77 | % | 40 - 75 | Flowcytometry |
| LYMPHOCYTE | 19 | % | 20-40 | Flowcytometry |
| EOSINOPHIL | 1 | % | 1 - 6 | Flowcytometry |
| MONOCYTE | 3 | % | 2 - 10 | Flowcytometry |
| BASOPHIL | 0 | % | 00 - 01 | Flowcytometry |
| PLATELET COUNT | 191,000 | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 191000 | /cmm | 150000 - 450000 | Microscopy . |
| Mentzer Index | 17 | | | |
| Peripheral Blood Picture | : | | | |

Red blood cells are normocytic normochromic. WBCs show neutrophilic leucocytosis. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



Sham

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

| | |
|--|---|
| Patient Name : Mr. SANTOSH KUMAR AGARWAL | Visit No : CHA250043495 |
| Age/Gender : 50 Y 3 M 3 D/M | Registration ON : 11/Mar/2025 08:01AM |
| Lab No : 10140790 | Sample Collected ON : 11/Mar/2025 08:03AM |
| Referred By : Dr. DINESH KUMAR BIND | Sample Received ON : 11/Mar/2025 09:25AM |
| Refer Lab/Hosp : CGHS (DEBIT) | Report Generated ON : 11/Mar/2025 11:34AM |
| Doctor Advice : USG WHOLE ABDOMEN, CRP (Quantitative), 25 OH vit. D, PROLACTIN, TESTOSTERONE, LH, PSA-TOTAL, URINE COM. EXMAMINATION, HBA1C (EDTA), FASTING, LIPID-PROFILE, LFT, KIDNEY FUNCTION TEST - I, CBC+ESR | |



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

FASTING

| | | | | |
|---------------------|--------------|-------|----------|------------|
| Blood Sugar Fasting | 180.2 | mg/dl | 70 - 110 | Hexokinase |
|---------------------|--------------|-------|----------|------------|

LIVER FUNCTION TEST

| | | | | |
|--------------------------------|-------------|-------|-----------|------------------|
| TOTAL BILIRUBIN | 1.32 | mg/dl | 0.4 - 1.1 | Diazonium Ion |
| CONJUGATED (D. Bilirubin) | 0.27 | mg/dL | 0.00-0.30 | Diazotization |
| UNCONJUGATED (I.D. Bilirubin) | 1.05 | mg/dL | 0.1 - 1.0 | Calculated |
| ALK PHOS | 97.50 | U/L | 30 - 120 | PNPP, AMP Buffer |
| SGPT | 39.0 | U/L | 5 - 40 | UV without P5P |
| SGOT | 28.0 | U/L | 5 - 40 | UV without P5P |

LIPID-PROFILE

| | | | | |
|-------------------|---------------|-------|---|----------------------------|
| TOTAL CHOLESTEROL | 105.70 | mg/dL | Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >/=240 mg/dl | CHOD-PAP |
| TRIGLYCERIDES | 206.50 | mg/dL | Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >/=500 mg/dl | Serum, Enzymatic, endpoint |
| H D L CHOLESTEROL | 32.40 | mg/dL | 30-70 mg/dl | CHER-CHOD-PAP |
| L D L CHOLESTEROL | 32.00 | mg/dL | Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl | CO-PAP |
| VLDL | 41.30 | mg/dL | 10 - 40 | Calculated |

KIDNEY FUNCTION TEST - I

Sample Type : SERUM

| | | | | |
|-----------------|-------|-------|-------------|--------------------------|
| BLOOD UREA | 29.50 | mg/dl | 15 - 45 | Urease, UV, Serum |
| CREATININE | 0.70 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |
| SODIUM Serum | 136.0 | MEq/L | 135 - 155 | ISE Direct |
| POTASSIUM Serum | 4.2 | MEq/L | 3.5 - 5.5 | ISE Direct |



[Checked By]



Sham

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

| | |
|---|---|
| Patient Name : Mr.SANTOSH KUMAR AGARWAL | Visit No : CHA250043495 |
| Age/Gender : 50 Y 3 M 3 D/M | Registration ON : 11/Mar/2025 08:01AM |
| Lab No : 10140790 | Sample Collected ON : 11/Mar/2025 08:03AM |
| Referred By : Dr.DINESH KUMAR BIND | Sample Received ON : 11/Mar/2025 09:25AM |
| Refer Lab/Hosp : CGHS (DEBIT) | Report Generated ON : 11/Mar/2025 11:34AM |
| Doctor Advice : USG WHOLE ABDOMEN,CRP (Quantitative),25 OH vit. D,PROLACTIN,TESTOSTERONE,LH,PSA-TOTAL,URINE COM. EXMAMINATION,HBA1C (EDTA),FASTING,LIPID-PROFILE,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------|--------|--------|--|--------|
| LH | | | | |
| LUTEINIZING HORMONE | 6.20 | mlU/ml | 20-70 years: 1.5-9.3 ~> 70 years: 3.1-34.6 ~Children:< 0.1-6.0 | |
| PROLACTIN | | | | |
| PROLACTIN Serum | 10.1 | ng/ml | 2.64 - 13.130 | CLIA |
| TESTOSTERONE | | | | |
| TESTOSTERONE Serum | 2.30 | ng/ml | 2.8 - 8.0 | CLIA |
| PSA-TOTAL | | | | |
| PROSTATE SPECIFIC ANTIGEN | 0.8 | 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;
Enhanced Chemiluminescence "VITROS ECI"

*** End Of Report ***



[Checked By]



Sham

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

Patient Name : Mr.SANTOSH KUMAR AGARWAL Visit No : CHA250043495
Age/Gender : 50 Y 3 M 3 D/M Registration ON : 11/Mar/2025 08:01AM
Lab No : 10140790 Sample Collected ON : 11/Mar/2025 08:01AM
Referred By : Dr.DINESH KUMAR BIND Sample Received ON :
Refer Lab/Hosp : CGHS (DEBIT) Report Generated ON : 11/Mar/2025 09:11AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size (~167mm) 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 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** 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. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 108 x 45 mm in size. Left kidney measures 100 x 54 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 42 x 37 x 31 mm with weight of 26gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

- MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.
- PROSTATOMEGALY GRADE-I.

Clinical correlation is necessary.

([DR. R. K. SINGH, MD])

Transcribed by Gausiya

*** End Of Report ***

