

Patient Name : Mr.SURENDRA PRATAP SINGH	Visit No : CHA250043607
Age/Gender : 53 Y/M	Registration ON : 11/Mar/2025 10:00AM
Lab No : 10140902	Sample Collected ON : 11/Mar/2025 10:01AM
Referred By : Dr.RDSO LUCKNOW	Sample Received ON : 11/Mar/2025 10:09AM
Refer Lab/Hosp : RDSO LUCKNOW	Report Generated ON : 11/Mar/2025 12:17PM
Doctor Advice : PSA-TOTAL,NA+K+,HBA1C (EDTA),USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	6.3	%	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 12:52:44

*Patient Identity Has Not Been Verified. Not For Medicolegal

Sharma

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	0.50	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 in transient elevation 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]



Sharma

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

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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size (~162mm) 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. **Bilateral renal parenchymal echogenicity is increased.** No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. **Scarring is seen at upper & mid poles of right kidney.** Right kidney measures 85 x 56 mm in size. Left kidney measures 96 x 46 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. **A small diverticulum is seen in left lateral wall of UB measuring approx 12 x 7.2mm.**
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Pre void urine volume approx 236cc.**
- **Post void residual urine volume approx 21cc.**

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I (ADV: LFT & FIBRO SCAN).**
- **BILATERAL INCREASED RENAL PARENCHYMAL ECHOGENICITY (ADV: RFT CORRELATION).**
- **RIGHT RENAL MID & UPPER POLES SCARRING.**
- **SMALL DIVERTICULUM IN LEFT LATERAL WALL OF UB.**

Clinical correlation is necessary.

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

Transcribed by Gausiya

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