~~03601~~

Bundelkhand Medical College Sagar

Sagar Madhya Pradesh

BMC

3161
C

OPD Slip

		Visit Date	
		Age/Gender	
	S/O RAGHUNANDAN	Patient Category	
		Mobile No.	
		Room No./Unit	Surgery Unit
		OPD Number	
MLC	No		
	Sagar Madhya Pradesh India		

Unit I
सोमवार
गुरुवार

H/O urinary retention
(foleys insertion)

- OT Profile
- USG-KUB
- urine R/C M/S.
- SPSA.

DRE :- Hard, immobile

? Ca. Prostate ? BPH.

- R/w reports
C/w

USG-KUB
18/3/25

Prostate Volume. - 148 cc

Prostatomegaly G-IV

moderate cystitis.

S. PSA → 7336.55 ng/ml.

Duration विवरण

IMPRESSION:

- Grade 4 prostatomegaly, with grade III intravesical protrusion of median lobe of prostate into the lumen of urinary bladder.
- Significant post void residual urine (700 cc)
- Mild bilateral hydronephrosis and hydroureteronephrosis
- Gaseous abdomen

DR. SUKRATI SHRIVASTAVA
MBBS,MD
CONSULTANT (RADIOLOGIST)
REG.No.-MP-24445

Please correlate clinically.

Dr. Sukrati Shrivastava (MD)

Consultant Radiologist

Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

CENTRAL CLINICAL LAB

Bundelkhand Medical College, Sagar

Shivaji Ward Till Road Sagar(M.P) - 470001

Order ID	240205891544M7	Received On	18/03/2025 10:15:39 AM
UHID	250500084036	Reported On	18/03/2025 12:43:53 PM
Name	VISHNU PRASAD VISHNU PRASAD	Ref. By	----------
Gender / Age	Male / 67 Yrs		
Sample	capillary method, EDTA whole blood, Fluoride Plasma, SERUM, Sodium citrate plasma, Urine		

Investigation	Observed Value	Unit	Biological Ref Interval
DEPARTMENT OF PATHOLOGY			
Complete Blood Count (CBC)	15.00	gm/dl	13.5 - 17.2
Hemoglobin	4.58	10^6/uL	4.3 - 5.8
RBC	7.83	10^3/uL	3.5 - 10
WBC/TLC	3.03	10^3/uL	0.9 - 5.2
Absolute Lymphocyte Count(LYMPH)	4.20	10^3/uL	0 - 0.2
Absolute Granulocyte Count (GRA)	7.70	%	3 - 15
Mid%	38.70	%	20 - 44
Lym%	53.60	%	50 - 70
Gran%	279.00	10^3/uL	150 - 450
Platelet Count	91.30	fL	83 - 98
MCV	32.60	Pg.	27 - 32.2
MCH	35.80	gm/dl	31.8 - 33.7
MCHC	45.40	fL	37 - 56
RDW-SD	15.10	%	11.5 - 14.5
RDW-CV	41.90	%	39.9 - 51
HCT	8.20	fL	8 - 12
MPV	15.90	fL	9 - 14
PDW	0.23	%	0.15 - 0.4
PCT	36.00	%	44 - 140
P-LCC		%	15 - 35

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Investigation	Observed Value	Unit	Biological Ref Interval
DEPARTMENT OF PATHOLOGY			
Activated partial thromboplastin time (APTT)	43.20	seconds	27 - 42.5

MNAPTT - 27.9 sec

Comments:

Partial Thromboplastin time (PTT / APTT) measures the proteins of the intrinsic coagulation pathway which consists of Factor XII, Prekallikrein, High molecular weight kininogen, Factors VIII, IX & XI. It also measures proteins of the common pathway namely factors II, V, X & Fibrinogen. PTT is prolonged when Factor VIII level is < 35-40% of normal and Factor XII & High molecular weight kininogen is < 10-15% of normal

PT(Prothrombin Time)			
Prothrombin Time Test	13.50	Seconds	11 - 16.5
Prothrombin Time INR	1.00	-	0.70 - 1.20

MNPT - 12.8

Comments:

International Normalized Ratio (INR) is the most recommended method for monitoring of oral anticoagulants.

The dose of anticoagulant can be adjusted between the limits by two parallel biological assays.

1. Prothrombin Time which explores the extrinsic coagulation pathway.

2. Activated Partial Thromboplastin Time which takes into account any effect of deficiencies induced by the drug on the intrinsic pathway.

3. Prothrombin Time may be increased in Liver disorders, treatment with oral anticoagulants, biliary obstruction, Vit K deficiency, hypervitaminosis A, DIC other drugs, diet and alcohol.

Bleeding Time, Clotting Time			
Bleeding time	2.15	minutes	1.0 - 5.0
Clotting Time(CT)	5.45	minutes	4.0 - 10.0
Urine Routine - pH, specific gravity, sugar, protein			
Color	Pale Yellow		Pale Yellow
Transparency	Clear		Clear
pH	6.0		4.50 - 8.00

Annexure C4: Laboratory Report at HCTS Confirmatory Facilities (SA-ICTC)

NATIONAL AIDS CONTROL ORGANIZATION

Laboratory Test Report form for HCTS Confirmatory facility

Name & Address of the SA-ICTC: RMRI, Sagar

Name: Surname [illegible] Middle name _____ First Name [illegible]

Gender: Male Female Transgender Age: 67 (years)

PID No.: GC/SAICTC/MP/SGR/04 03621 Lab ID No.: _____

Date & Time of Blood Drawn: 17/3/25 (DD/MM/YY) 10:50 (HH:MM)

Test Details:

- Specimen type used for testing (tick one): Serum / Plasma / Whole Blood
- Date & Time of specimen tested: 17/3/25 (DD/MM/YY) 10:50 (HH:MM)

Note:

- Column 2 and 3 to be filled only when HIV 1 & 2 antibody discriminatory test(s) used
- No cell has to be left blank; indicate as NA wherever not applicable

Column 1	Column 2	Column 3	Column 4
Name of the HIV kit	Reactive/ Nonreactive (R/NR) for HIV-1 antibodies	Reactive/ Nonreactive (R/NR) for HIV-2 antibodies	Reactive/ Nonreactive (R/NR) for HIV antibodies
Test I: Standard Q	NR	NR	NR
Test II:			
Test III:			

Interpretation of the result: Tick (✓) relevant

तीन माह बाद पुनः जाँच कराएं

- [✓] Specimen is negative for HIV antibodies
- [ ] Specimen is positive for HIV-1 antibodies
- [ ] *Specimen is positive for HIV antibodies (HIV-1 and HIV-2; or HIV-2 alone)
- [ ] Specimen is indeterminate for HIV antibodies. Collect fresh sample in 2 weeks

Confirmation of HIV 2 sero-status at identified referral laboratory through ART centers

Name & Signature
Laboratory technician

Name & Signature
Laboratory In-charge

BDC
Bundelkhand Diagnostic Centre
Imaging
Beyond
Imagination

PT. NAME MR – VISHNU PRASAD AGE/SEX- 67 YRS/M

REF DR.- JITENDRA SARAF DATE-13.03.2025

ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and echotexture. No focal lesion is seen. No intrahepatic biliary radicle dilatation seen. The portal vein and CBD appear normal.

Gall bladder is well distended with normal wall thickness. No calculus or sludge is seen.

Pancreas appears normal in size and echotexture. No focal lesion is seen.

Spleen appears normal in size and echotexture. No focal lesion is seen.

Both kidneys appear normal in size, shape & echotexture. They show good cortico-medullary differentiation. There is no calculus seen on either side.

Mild fullness noted in bilateral pelvi-calyceal system with mildly dilated entire length of both ureter, likely secondary to bladder outlet obstruction.

The urinary bladder is overly distended. Wall thickness appears normal. No mass lesion or calculus is seen.

(prevoid - 866 cc post void-700 cc) Significant

Prostate is significantly enlarged measuring approx- 68 x 64 x 59 mm in size (volume approx- 133 cc) , with approx 28 mm intravesical protrusion of its median lobe, into the lumen of urinary bladder. It shows normal shape and echotexture. No obvious focal lesion is seen on present transabdominal study.

Visualized bowel loops appear normal in thickness and shows normal peristalsis.

Excessive bowel gases seen in abdomen.

There is no ascites.

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Gender / Age	Male / 67 Yrs		
Sample	capillary method, EDTA whole blood, Fluoride Plasma, SERUM, Sodium citrate plasma, Urine		

Investigation	Observed Value	Unit	Biological Ref Interval
DEPARTMENT OF BIOCHEMISTRY			
Serum electrolyte (sodium,potassium,chloride)			
CHLORIDE	103.00	mmol/L	92 - 110
POTASSIUM	4.00	mmol/L	3.5 - 5.1
SODIUM	140.00	mmol/L	136 - 146
Total Bilirubin	0.50	mg/dL	0.3 - 1.2
Direct Bilirubin	0.08	mg/dL	0 - 0.2
SGOT - AST	32.00	U/L	0 - 50
SGPT - ALT	13.70	U/L	0 - 50
Total Protein	7.30	gm/dL	6.4 - 8.3
Albumin	3.80	gm/dL	3.5 - 5.2
Serum alkaline phosphatase - ALP	30.10	U/L	30 - 120
Glucose - Random	79.40	mg/dL	70 - 150