

**Dr. Vinay Chopra**  
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 Chairman & Consultant Pathologist

**Dr. Yugam Chopra**  
 MD (Pathology)  
 CEO & Consultant Pathologist

|                       |  |                          |                        |
|-----------------------|--|--------------------------|------------------------|
| <b>NAME</b>           | : Mrs. PRAVALIKA                       | <b>PATIENT ID</b>        | : 1673473              |
| <b>AGE/ GENDER</b>    | : 23 YRS/FEMALE                        | <b>REG. NO./LAB NO.</b>  | : 012411160038         |
| <b>COLLECTED BY</b>   | :                                      | <b>REGISTRATION DATE</b> | : 16/Nov/2024 11:08 AM |
| <b>REFERRED BY</b>    | : LOOMBA HOSPITAL (AMBALA CANTT)       | <b>COLLECTION DATE</b>   | : 16/Nov/2024 01:01PM  |
| <b>BARCODE NO.</b>    | : 01520914                             | <b>REPORTING DATE</b>    | : 16/Nov/2024 01:55PM  |
| <b>CLIENT CODE.</b>   | : KOS DIAGNOSTIC LAB                   |                          |                        |
| <b>CLIENT ADDRESS</b> | : 6349/1, NICHOLSON ROAD, AMBALA CANTT |                          |                        |

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

**HAEMATOLOGY**  
**COMPLETE BLOOD COUNT (CBC)**

**RED BLOOD CELLS (RBCS) COUNT AND INDICES**

|   |                         |              |  |
|---|-------------------------|--------------|--|
| HAEMOGLOBIN (HB)<br><i>by CALORIMETRIC</i>  | 13.3                    | gm/dL        | 12.0 - 16.0  |
| RED BLOOD CELL (RBC) COUNT<br><i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDEANCE</i>             | <b>5.3<sup>H</sup></b>  | Millions/cmm | 3.50 - 5.00  |
| PACKED CELL VOLUME (PCV)<br><i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>                 | 41.9                    | %            | 37.0 - 50.0  |
| MEAN CORPUSCULAR VOLUME (MCV)<br><i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>            | <b>79<sup>L</sup></b>   | fL           | 80.0 - 100.0   |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH)<br><i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>       | <b>25.1<sup>L</sup></b> | pg           | 27.0 - 34.0  |
| MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC)<br><i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | <b>31.8<sup>L</sup></b> | g/dL         | 32.0 - 36.0  |
| RED CELL DISTRIBUTION WIDTH (RDW-CV)<br><i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>     | 14                      | %            | 11.00 - 16.00  |
| RED CELL DISTRIBUTION WIDTH (RDW-SD)<br><i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i>     | 41.2                    | fL           | 35.0 - 56.0  |
| MENTZERS INDEX<br><i>by CALCULATED</i>  | 14.91                   | RATIO        | BETA THALASSEMIA TRAIT: < 13.0<br>IRON DEFICIENCY ANEMIA: >13.0  |
| GREEN & KING INDEX<br><i>by CALCULATED</i>  | 20.87                   | RATIO        | BETA THALASSEMIA TRAIT:<= 65.0<br>IRON DEFICIENCY ANEMIA: > 65.0 |

**WHITE BLOOD CELLS (WBCS)**

|  |      |      |              |
|--|------|------|--------------|
| TOTAL LEUCOCYTE COUNT (TLC)<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>          | 6100 | /cmm | 4000 - 11000 |
| NUCLEATED RED BLOOD CELLS (nRBCS)<br><i>by AUTOMATED 6 PART HEMATOLOGY ANALYZER</i>          | NIL  |      | 0.00 - 20.00 |
| NUCLEATED RED BLOOD CELLS (nRBCS) %<br><i>by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER</i> | NIL  | %    | < 10 %       |



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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|---|--------|------|-------------------------------|
| <b><u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u></b>  |        |      |                               |
| NEUTROPHILS<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>                         | 63     | %    | 50 - 70                       |
| LYMPHOCYTES<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>                         | 30     | %    | 20 - 40                       |
| EOSINOPHILS<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>                         | 1      | %    | 1 - 6                         |
| MONOCYTES<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>                           | 6      | %    | 2 - 12                        |
| BASOPHILS<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>                           | 0      | %    | 0 - 1                         |
| <b><u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u></b>   |        |      |                               |
| ABSOLUTE NEUTROPHIL COUNT<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>           | 3843   | /cmm | 2000 - 7500                   |
| ABSOLUTE LYMPHOCYTE COUNT<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>           | 1830   | /cmm | 800 - 4900                    |
| ABSOLUTE EOSINOPHIL COUNT<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>           | 61     | /cmm | 40 - 440                      |
| ABSOLUTE MONOCYTE COUNT<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>             | 366    | /cmm | 80 - 880                      |
| ABSOLUTE BASOPHIL COUNT<br><i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>             | 0      | /cmm | 0 - 110                       |
| <b><u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u></b>                              |        |      |                               |
| PLATELET COUNT (PLT)<br><i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>              | 195000 | /cmm | 150000 - 450000               |
| PLATELETCRIT (PCT)<br><i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>                | 0.23   | %    | 0.10 - 0.36                   |
| MEAN PLATELET VOLUME (MPV)<br><i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>        | 12     | fL   | 6.50 - 12.0                   |
| PLATELET LARGE CELL COUNT (P-LCC)<br><i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 76000  | /cmm | 30000 - 90000                 |
| PLATELET LARGE CELL RATIO (P-LCR)<br><i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 39.1   | %    | 11.0 - 45.0                   |
| PLATELET DISTRIBUTION WIDTH (PDW)<br><i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i> | 16.1   | %    | 15.0 - 17.0                   |
| NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD  |        |      |                               |



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**KOS Diagnostic Lab**  
(A Unit of KOS Healthcare)



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| <b>BARCODE NO.</b>    | : 01520914                             | <b>REPORTING DATE</b>    | : 16/Nov/2024 02:06PM  |
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|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|


**BLOOD GROUP (ABO) AND RH FACTOR TYPING**

**ABO GROUP**  
 by SLIDE AGGLUTINATION  
**RH FACTOR TYPE**  
 by SLIDE AGGLUTINATION

B  
 POSITIVE



  
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| <b>CLIENT CODE.</b>   | : KOS DIAGNOSTIC LAB                   |                          |                        |
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|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

**CLINICAL CHEMISTRY/BIOCHEMISTRY**

**GLUCOSE RANDOM (R)**

|  |       |       |  |
|--|-------|-------|--|
| GLUCOSE RANDOM (R): PLASMA<br><i>by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)</i> | 69.96 | mg/dL | NORMAL: < 140.00<br>PREDIABETIC: 140.0 - 200.0<br>DIABETIC: > OR = 200.0 |
|--|-------|-------|--|

**INTERPRETATION**

**IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:**

1. A random plasma glucose level below 140 mg/dl is considered normal.
2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A random glucose level of above 200 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.



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### ENDOCRINOLOGY

#### THYROID FUNCTION TEST: TOTAL

|   |       |        |              |
|---|-------|--------|--------------|
| TRIIODOTHYRONINE (T3): SERUM<br><i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>   | 1.025 | ng/mL  | 0.35 - 1.93  |
| THYROXINE (T4): SERUM<br><i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>  | 10.23 | µg/dL  | 4.87 - 12.60 |
| THYROID STIMULATING HORMONE (TSH): SERUM<br><i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i><br>3rd GENERATION, ULTRASENSITIVE | 1.536 | µIU/mL | 0.35 - 5.50  |

#### INTERPRETATION:

TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations. TSH stimulates the production and secretion of the metabolically active hormones, thyroxine (T4) and triiodothyronine (T3). Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.


| CLINICAL CONDITION           | T3                    | T4                    | TSH                             |
|------------------------------|-----------------------|-----------------------|---------------------------------|
| Primary Hypothyroidism:      | Reduced               | Reduced               | Increased (Significantly)       |
| Subclinical Hypothyroidism:  | Normal or Low Normal  | Normal or Low Normal  | High                            |
| Primary Hyperthyroidism:     | Increased             | Increased             | Reduced (at times undetectable) |
| Subclinical Hyperthyroidism: | Normal or High Normal | Normal or High Normal | Reduced                         |


#### LIMITATIONS:-

- T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser extent albumin and Thyroid binding Pre Albumin so conditions in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, anabolic steroids and glucocorticoids may falsely affect the T3 and T4 levels and may cause false thyroid values for thyroid function tests.
- Normal levels of T4 can also be seen in Hyperthyroid patients with :T3 Thyrotoxicosis, Decreased binding capacity due to hypoproteinemia or ingestion of certain drugs (e.g.: phenytoin , salicylates).
- Serum T4 levels in neonates and infants are higher than values in the normal adult , due to the increased concentration of TBG in neonate serum.
- TSH may be normal in central hypothyroidism , recent rapid correction of hyperthyroidism or hypothyroidism , pregnancy , phenytoin therapy.

| TRIIODOTHYRONINE (T3) |                          | THYROXINE (T4)    |                           | THYROID STIMULATING HORMONE (TSH) |                           |
|-----------------------|--------------------------|-------------------|---------------------------|-----------------------------------|---------------------------|
| Age                   | Refferance Range (ng/mL) | Age               | Refferance Range ( µg/dL) | Age                               | Reference Range ( µIU/mL) |
| 0 - 7 Days            | 0.20 - 2.65              | 0 - 7 Days        | 5.90 – 18.58              | 0 - 7 Days                        | 2.43 - 24.3               |
| 7 Days - 3 Months     | 0.36 - 2.59              | 7 Days - 3 Months | 6.39 - 17.66              | 7 Days - 3 Months                 | 0.58 - 11.00              |
| 3 - 6 Months          | 0.51 - 2.52              | 3 - 6 Months      | 6.75 – 17.04              | 3 Days – 6 Months                 | 0.70 - 8.40               |
| 6 - 12 Months         | 0.74 - 2.40              | 6 - 12 Months     | 7.10 – 16.16              | 6 – 12 Months                     | 0.70 - 7.00               |



  
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|---|---------------|---------------------|-------------------------------|
| 1 - 10 Years  | 0.92 - 2.28   | 1 - 10 Years        | 6.00 - 13.80                  |
| 11- 19 Years  | 0.35 - 1.93   | 11 - 19 Years       | 4.87- 13.20                   |
| > 20 years (Adults)   | 0.35 - 1.93   | > 20 Years (Adults) | 4.87 - 12.60                  |
| RECOMMENDATIONS OF TSH LEVELS DURING PREGNANCY ( $\mu$ IU/mL) |               |                     |                               |
|   | 1st Trimester |                     | 0.10 - 2.50                   |
|   | 2nd Trimester |                     | 0.20 - 3.00                   |
|   | 3rd Trimester |                     | 0.30 - 4.10                   |


**INCREASED TSH LEVELS:**


- 1.Primary or untreated hypothyroidism may vary from 3 times to more than 100 times normal depending upon degree of hypofunction.
- 2.Hypothyroid patients receiving insufficient thyroid replacement therapy.
- 3.Hashimotos thyroiditis
- 4.DRUGS: Amphetamines, iodine containing agents & dopamine antagonist.
- 5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge

**DECREASED TSH LEVELS:**

- 1.Toxic multi-nodular goiter & Thyroiditis.
- 2.Over replacement of thyroid hormone in treatment of hypothyroidism.
- 3.Autonomously functioning Thyroid adenoma
- 4.Secondary pituitary or hypothalamic hypothyroidism
- 5.Acute psychiatric illness
- 6.Severe dehydration.
- 7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.
- 8.Pregnancy: 1st and 2nd Trimester



  
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**IMMUNOPATHOLOGY/SEROLOGY**

**HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL**

|   |                |      |                                      |
|---|----------------|------|--------------------------------------|
| HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM<br><i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i>    | 0.06           | S/CO | NEGATIVE: < 1.00<br>POSITIVE: > 1.00 |
| HEPATITIS C ANTIBODY (HCV) TOTAL<br>RESULT<br><i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i> | NON - REACTIVE |      |                                      |

**INTERPRETATION:-**


| RESULT (INDEX) | REMARKS  |
|----------------|--|
| < 1.00         | NON - REACTIVE/NOT - DETECTED                        |
| > =1.00        | REACTIVE/ASYMPTOMATIC/INFECTIVE STATE/CARRIER STATE. |


Hepatitis C (HCV) is an RNA virus of Favivirus group transmitted via blood transfusions, transplantation, injection drug abusers, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10 % of new cases show sexual transmission. As compared to HAV & HBV , chronic infection with HCV occurs in 85 % of infected individuals. In high risk population, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25 %.

- USES:**
- Indicator of past or present infection, but does not differentiate between Acute/ Chronic/Resolved Infection.
  - Routine screening of low and high prevalence population including blood donors.

- NOTE:**
- False positive results are seen in Auto-immune disease, Rheumatoid Factor, HYpergammaglobulinemia, Paraproteinemia, Passive antibody transfer, Anti-idiotypes and Anti-superoxide dismutase.
  - False negative results are seen in early Acute infection, Immunosuppression and Immuno—incompetence.
  - HCV-RNA PCR recommended in all reactive results to differentiate between past and present infection.



  
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| <b>AGE/ GENDER</b>    | : 23 YRS/FEMALE                        | <b>REG. NO./LAB NO.</b>  | : <b>012411160038</b>  |
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| <b>REFERRED BY</b>    | : LOOMBA HOSPITAL (AMBALA CANTT)       | <b>COLLECTION DATE</b>   | : 16/Nov/2024 01:01PM  |
| <b>BARCODE NO.</b>    | : 01520914                             | <b>REPORTING DATE</b>    | : 16/Nov/2024 03:02PM  |
| <b>CLIENT CODE.</b>   | : KOS DIAGNOSTIC LAB                   |                          |                        |
| <b>CLIENT ADDRESS</b> | : 6349/1, NICHOLSON ROAD, AMBALA CANTT |                          |                        |

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

**ANTI HUMAN IMMUNODEFICIENCY VIRUS (HIV) DUO ULTRA WITH (P-24 ANTIGEN DETECTION)**

|   |                |      |                                      |
|---|----------------|------|--------------------------------------|
| HIV 1/2 AND P24 ANTIGEN: SERUM<br><i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i> | 0.13           | S/CO | NEGATIVE: < 1.00<br>POSITIVE: > 1.00 |
| HIV 1/2 AND P24 ANTIGEN RESULT<br><i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i> | NON - REACTIVE |      |                                      |

**INTERPRETATION:-**

| RESULT (INDEX) | REMARKS                |
|----------------|------------------------|
| < 1.00         | NON - REACTIVE         |
| > = 1.00       | PROVISIONALLY REACTIVE |

Non-Reactive result implies that antibodies to HIV 1/ 2 have not been detected in the sample . This means that patient has either not been exposed to HIV 1/ 2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non Reactive result does not exclude the possibility of exposure or infection with HIV 1/ 2.

**RECOMMENDATIONS:**

1. Results to be clinically correlated
2. Rarely falsenegativity/positivity may occur.



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| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

**HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA**

|  |                |      |                                    |
|--|----------------|------|------------------------------------|
| HEPATITIS B SURFACE ANTIGEN (HBsAg):<br>SERUM<br><i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i> | 0.22           | S/CO | NEGATIVE: < 1.0<br>POSITIVE: > 1.0 |
| HEPATITIS B SURFACE ANTIGEN (HBsAg)<br>RESULT<br><i>by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)</i> | NON - REACTIVE |      |                                    |

**INTERPRETATION:**

| RESULT IN INDEX VALUE | REMARKS        |
|-----------------------|----------------|
| < 1.30                | NEGATIVE (-ve) |
| >=1.30                | POSITIVE (+ve) |

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infection of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2 % normal adolescent and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80 % neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.



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| <b>BARCODE NO.</b>    | : 01520914                             | <b>REPORTING DATE</b>    | : 16/Nov/2024 01:54PM  |
| <b>CLIENT CODE.</b>   | : KOS DIAGNOSTIC LAB                   |                          |                        |
| <b>CLIENT ADDRESS</b> | : 6349/1, NICHOLSON ROAD, AMBALA CANTT |                          |                        |

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

**VDRL**

|  |              |  |              |
|--|--------------|--|--------------|
| VDRL<br><i>by IMMUNOCHROMATOGRAPHY</i> | NON REACTIVE |  | NON REACTIVE |
|--|--------------|--|--------------|

**INTERPRETATION:**

- Does not become positive until 7 - 10 days after appearance of chancre.
- High titer (>1:16) - active disease.**
- Low titer (<1:8) - biological falsepositive test in 90% cases or due to late or late latent syphilis.**
- Treatment of primary syphilis causes progressive decline to negative VDRL within 2 years.
- Rising titer (4X) indicates relapse, reinfection, or treatment failure and need for retreatment.
- May be nonreactive in early primary, late latent, and late syphilis (approx. 25% of cases).
- Reactive and weakly reactive tests should always be confirmed with FTA-ABS (fluorescent treponemal antibody absorption test).**

**SHORT TERM FALSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCUR IN:**

- Acute viral illnesses (e.g., hepatitis, measles, infectious mononucleosis)
- M. pneumoniae; Chlamydia; Malaria infection.
- Some immunizations
- Pregnancy (rare)

**LONG TERM FALSE POSITIVE TEST RESULTS (>6 MONTHS DURATION) MAY OCCUR IN:**

- Serious underlying disease e.g., collagen vascular diseases, leprosy, malignancy.
- Intravenous drug users.
- Rheumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.
- <10 % of patients older than age 70 years.
- Patients taking some anti-hypertensive drugs.



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| <b>CLIENT ADDRESS</b> | : 6349/1, NICHOLSON ROAD, AMBALA CANTT |                          |                        |

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

**CLINICAL PATHOLOGY**

**URINE ROUTINE & MICROSCOPIC EXAMINATION**

**PHYSICAL EXAMINATION**

|   |              |    |               |
|---|--------------|----|---------------|
| QUANTITY RECEIVED                                 | 10           | ml |               |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> |              |    |               |
| COLOUR  | AMBER YELLOW |    | PALE YELLOW   |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> |              |    |               |
| TRANSPARANCY                                      | CLEAR        |    | CLEAR         |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> |              |    |               |
| SPECIFIC GRAVITY                                  | <=1.005      |    | 1.002 - 1.030 |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i> |              |    |               |

**CHEMICAL EXAMINATION**

|  |                |       |                |
|--|----------------|-------|----------------|
| REACTION   | ACIDIC         |       |                |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>  |                |       |                |
| PROTEIN  | Negative       |       | NEGATIVE (-ve) |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>  |                |       |                |
| SUGAR  | Negative       |       | NEGATIVE (-ve) |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>  |                |       |                |
| pH   | <=5.0          |       | 5.0 - 7.5      |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>  |                |       |                |
| BILIRUBIN  | Negative       |       | NEGATIVE (-ve) |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>  |                |       |                |
| NITRITE  | Negative       |       | NEGATIVE (-ve) |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.</i> |                |       |                |
| UROBILINOGEN                                       | Normal         | EU/dL | 0.2 - 1.0      |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>  |                |       |                |
| KETONE BODIES                                      | Negative       |       | NEGATIVE (-ve) |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>  |                |       |                |
| BLOOD  | Negative       |       | NEGATIVE (-ve) |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>  |                |       |                |
| ASCORBIC ACID                                      | NEGATIVE (-ve) |       | NEGATIVE (-ve) |
| <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>  |                |       |                |

**MICROSCOPIC EXAMINATION**

|                        |                |      |       |
|------------------------|----------------|------|-------|
| RED BLOOD CELLS (RBCs) | NEGATIVE (-ve) | /HPF | 0 - 3 |
|------------------------|----------------|------|-------|



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| Test Name  | Value          | Unit | Biological Reference interval |
|--|----------------|------|-------------------------------|
| <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> |                |      |                               |
| PUS CELLS  | 1-2            | /HPF | 0 - 5                         |
| <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> |                |      |                               |
| EPITHELIAL CELLS                                     | 2-3            | /HPF | ABSENT                        |
| <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> |                |      |                               |
| CRYSTALS   | NEGATIVE (-ve) |      | NEGATIVE (-ve)                |
| <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> |                |      |                               |
| CASTS  | NEGATIVE (-ve) |      | NEGATIVE (-ve)                |
| <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> |                |      |                               |
| BACTERIA   | NEGATIVE (-ve) |      | NEGATIVE (-ve)                |
| <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> |                |      |                               |
| OTHERS   | NEGATIVE (-ve) |      | NEGATIVE (-ve)                |
| <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> |                |      |                               |
| TRICHOMONAS VAGINALIS (PROTOZOA)                     | ABSENT         |      | ABSENT                        |
| <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i> |                |      |                               |

\*\*\* End Of Report \*\*\*

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