

Dr. Vinay Chopra  
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Chairman & Consultant Pathologist

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MD (Pathology)  
CEO & Consultant Pathologist

NAME : Mr. VINOD KUMAR SEHGAL  
AGE/ GENDER : 72 YRS/MALE  
COLLECTED BY :  
REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT)  
BARCODE NO. : 01522617  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1702185  
REG. NO./LAB NO. : 012412180018  
REGISTRATION DATE : 18/Dec/2024 09:42 AM  
COLLECTION DATE : 18/Dec/2024 11:13AM  
REPORTING DATE : 18/Dec/2024 10:39AM

Test Name	Value	Unit	Biological Reference interval
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## CLINICAL PATHOLOGY

### URINE ROUTINE & MICROSCOPIC EXAMINATION

#### PHYSICAL EXAMINATION

QUANTITY RECEIVED	10	ml	
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
COLOUR	PALE YELLOW		PALE YELLOW
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
TRANSPARANCY	HAZY		CLEAR
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SPECIFIC GRAVITY	1.02		1.002 - 1.030
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

#### CHEMICAL EXAMINATION

REACTION	ACIDIC		
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
PROTEIN	1+		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SUGAR	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
pH	<=5.0		5.0 - 7.5
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BILIRUBIN	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
NITRITE	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
UROBILINOGEN	Normal	EU/dL	0.2 - 1.0
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
KETONE BODIES	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BLOOD	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
ASCORBIC ACID	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

#### MICROSCOPIC EXAMINATION

RED BLOOD CELLS (RBCs)	NEGATIVE (-ve)	/HPF	0 - 3
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			



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Test Name	Value	Unit	Biological Reference interval
PUS CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	4-6	/HPF	0 - 5
EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	3-5	/HPF	ABSENT
CRYSTALS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	ABSENT		ABSENT



  
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<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 18/Dec/2024 10:36 AM
<b>REFERRED BY</b>	: CENTRAL PHOENIX CLUB (AMBALA CANTT)	<b>COLLECTION DATE</b>	: 18/Dec/2024 11:13AM
<b>BARCODE NO.</b>	: 01522617	<b>REPORTING DATE</b>	: 18/Dec/2024 05:17PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
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### MICROALBUMIN - RANDOM URINE

MICROALBUMIN: RANDOM URINE  
 by NEPHLOMETRY

130.2<sup>H</sup>

mg/L

0 - 25


#### INTERPRETATION:-


PHYSIOLOGICALLY NORMAL:	mg/L	0 - 30
MICROALBUMINURIA:	mg/L	30 - 300
GROSS PROTEINURIA:	mg/L	> 300

1. Long standing un-treated Diabetes and Hypertension can lead to renal dysfunction.
2. Diabetic nephropathy or kidney disease is the most common cause of end stage renal disease(ERSD) or kidney failure.
3. Presence of Microalbuminuria is an early indicator of onset of compromised renal function in these patients.
4. Microalbuminuria is the condition when urinary albumin excretion is between 30-300 mg & above this it is called as macroalbuminuria, the presence of which indicates serious kidney disease.
5. Microalbuminuria is not only associated with kidney disease but of cardiovascular disease in patients with diabetes & hypertension.
6. Microalbuminuria reflects vascular damage & appear to be a marker of early arterial disease & endothelial dysfunction.

**NOTE:- IF A PATIENT HAS = 1+ PROTEINURIA (30 mg/dl OR 300 mg/L) BY URINE DIPSTICK (URINE ANALYSIS), OVERT PROTEINURIA IS PRESENT AND TESTING FOR MICROALBUMIN IS INAPPROPRIATE. IN SUCH A CASE, URINE PROTEIN:CREATININE RATIO OR 24 HOURS TOTAL URINE MICROPROTEIN IS APPROPRIATE.**



  
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<b>BARCODE NO.</b>	: 01522617	<b>REPORTING DATE</b>	: 20/Dec/2024 01:06PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
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## MICROBIOLOGY

### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

#### CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 18-12-2024

SPECIMEN SOURCE URINE

INCUBATION PERIOD 48 HOURS

by AUTOMATED BROTH CULTURE

CULTURE STERILE

by AUTOMATED BROTH CULTURE

ORGANISM NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF INCUBATION AT 37°C

by AUTOMATED BROTH CULTURE

#### AEROBIC SUSCEPTIBILITY: URINE

##### INTERPRETATION:

1. In urine culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection.
2. Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out" catheterization or from patients with indwelling catheters.

##### SUSCEPTIBILITY:

1. A test interpreted as **SENSITIVE** implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated..
2. A test interpreted as **INTERMEDIATE** implies that the "infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used".
3. A test interpreted as **RESISTANT** implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.


##### CAUTION:


Conditions which can cause a false Negative culture:

1. Patient is on antibiotics. Please repeat culture post therapy.
2. Anaerobic bacterial infection.
3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
5. Renal tuberculosis to be confirmed by AFB studies.

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



  
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