

Registered Office:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.

: 24753361

ICMR Reg .No. SAPALAPVLHT (Covid -19)

Ph:- 040-40125441, Email:- info@sagepathlabs.com

EPORT <u>Website:- www.sagepathlabs.com</u>

Sample ID

Name : Mr. HARI M

Age/Gender : 24 Years/Male Reg. No : 0312311060003

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 06-Nov-2023 08:18 AM
Primary Sample : Whole Blood Received On : 06-Nov-2023 12:54 PM

Sample Tested In : Serum Reported On : 06-Nov-2023 05:22 PM

Client Address : Kimtee colony , Gokul Nagar, Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE

Test Name	Results	Units	Ref. Range	Method
Copper	132	μg/dL	70-140	Spectrophotometry
Zinc - Serum	98	μg/dL	80-120	Bromo-Paps
Vitamin Profile				
25 - Hydroxy Vitamin D	23.21	ng/mL	<20.0-Deficiency 20.0-<30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication	CLIA
Vitamin B12 (Cyanocobalamin)	449	pg/mL	197 - 771	CLIA

Interpretation:

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

Causes of vitamin B12 deficiency include: Diseases that cause malabsorption

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

An increased vitamin B12 level is uncommon in:

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)

Interpretation:

- Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
- Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
- The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
- .The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalcifoerol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

Those who are at high risk of having low levels of vitamin D include:

- people who don't get much exposure to the sun
- · older adults
- people with obesity.
- dietary deficiency

Increased Levels:

• Vitamin D Intoxication







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REPORT

Name : Mr. HARI M Age/Gender : 24 Years/Male

Referred by : Dr. SELF

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood Sample Tested In : Serum

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : 24753361

Reg. No : 0312311060003 SPP Code : SPL-CV-172

Collected On : 06-Nov-2023 08:18 AM

Received On : 06-Nov-2023 12:54 PM Reported On : 06-Nov-2023 05:22 PM

Report Status : Final Report

CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE

Test Name	Results	Units	Ref. Range	Method
Cardiac Risk Markers(5)				
Apolipoprotein (APO-B)	135.6	mg/dL	60.0-140.0	Immunoturbidimetry
Apolipoprotein B/A1 Ratio	1		0.35 - 1.00	Calculation
Apolipoprotein(APO A1)	109.8	mg/dL	110 - 205	Immunoturbidimetry
Homocysteine-Serum	11.6	µmol/L	3.7 - 13.9	CLIA
High Sensitivity C-Reactive Protein(hsCRP)	0.9	mg/L	Low Risk :< 1.0 Average Risk:1.0-3.0 High Risk: > 3.0	Immunoturbidimetry
Lipoprotein (a) - Lp(a)	19.8	mg/dL	< 30.0	Immunoturbidimetry

Result rechecked and verified for abnormal cases

*** End Of Report ***

Excellence In Health Care





Test Name



Sagepath Labs Pvt. Ltd.

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Method

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Ph:- 040-40125441, Email:- info@sagepathlabs.com

Website:- www.sagepathlabs.com

Ref. Range

REPORT

Name : Mr. HARI M : 24753524 Sample ID Age/Gender : 24 Years/Male Reg. No : 0312311060003 Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 06-Nov-2023 08:18 AM Primary Sample : Whole Blood Received On : 06-Nov-2023 12:54 PM Sample Tested In : Whole Blood EDTA Reported On : 06-Nov-2023 02:02 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

Results

HAEMATOLOGY

AROGYAM 1.3 PROFILE Units

100t Humo	rtoourto	Omic	iton italigo	Motifica
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	15.8	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	47.7	%	40-50	Calculated
RBC Count	5.33	10^12/L	4.5-5.5	Cell Impedence
MCV	90	fl	81-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.2	g/dL	32.5-34.5	Calculated
RDW-CV	12.6	%	11.6-14.0	Calculated
Platelet Count (PLT)	386	10^9/L	150-410	Cell Impedance
Total WBC Count	12.3	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	57	%	40-70	Cell Impedence
Lymphocytes	35	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	7.01	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	4.31	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.74	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.25	10^9/L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Normocytic	normochromic	blood picture.	PAPs Staining
Blood Picture - Peripheral Smear E	xamination			
Red Blood Cells	Normocyt	tic normochrom	ic	Microscopy

White Blood Cells Leucocytosis Microscopy **Platelets** Adequate Microscopy Hemoparasites Not seen. Microscopy

Impression Normocytic normochromic blood picture. with Leucocytosis

Advice Correlate clinically

*** End Of Report ***









Swarnabala-M DR.SWARNA BALA MD PATHOLOGY



Name



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Sample ID

: Mr. HARI M

Age/Gender : 24 Years/Male Reg. No : 0312311060003

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 06-Nov-2023 08:18 AM
Primary Sample : Whole Blood Received On : 06-Nov-2023 12:54 PM

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HAEMATOLOGY

AROGYAM 1.3 PROFILE

Test Name Results Units Ref. Range Method

Erythrocyte Sedimentation Rate (ESR) 9 10 or less Westergren method

Comments: ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.













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Website:- www.sagepathlabs.com

REPORT

Name : Mr. HARI M Sample ID : 24753363, 24753503 Age/Gender : 24 Years/Male Reg. No : 0312311060003 SPP Code Referred by : Dr. SELF : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 06-Nov-2023 08:18 AM Primary Sample : 06-Nov-2023 12:54 PM : Whole Blood Received On

: Plasma-NaF(F), Plasma-NaF(PP) Sample Tested In Reported On : 06-Nov-2023 02:26 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE POST PRANDIAL (PP)

Test Name Results Units Ref. Range Method

Glucose Fasting (F) 114 mg/dL 70-100 **GOD-POD**

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	>= 126	>= 200	II I	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

Glucose Post Prandial (PP) 70-140 Hexokinase (HK) mg/dL

Interpretation of Plasma Glucose based on ADA guidelines 2018

III II JAANAEIE	J	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	>= 126	>= 200		>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

- Postprandial glucose level is a screening test for Diabetes Mellitus
- If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.

Result rechecked and verified for abnormal cases

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- REPOR

 Name
 : Mr. HARI M
 Sample ID
 : 24753524, 24753361

 Age/Gender
 : 24 Years/Male
 Reg. No
 : 0312311060003

 Referred by
 : Dr. SELF
 SPP Code
 : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 06-Nov-2023 08:18 AM
Primary Sample : Whole Blood Received On : 06-Nov-2023 12:54 PM

Sample Tested In : Whole Blood EDTA, Serum Reported On : 06-Nov-2023 03:44 PM

Client Address : Kimtee colony , Gokul Nagar, Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE						
Test Name Results Units Ref. Range Method						
Glycated Hemoglobin (HbA1c)	7.2	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC		
Mean Plasma Glucose	159.94	mg/dL		Calculated		

Interpretation:

- Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states
- Mean Plasma Glucose(MPG): This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

Testosterone Total	323	ng/dL	Refer Table	CLIA
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Interpretation:	(Testosterone Reference Ranges)						
Age	Reference Range Male(ng/dL)	Reference Range Female(ng/dL)					
Newborn(1-15days)	75-400	20-64					
1-5 Months	1-177	1-5					
6-11 Months	2-7	2-5					
Children:							
1-5 Year	2-25	2-10					
6-9 Year	3-30	2-20					
Puberty Tanner Stage							
1	2-23	2-10					
2	5-70	5-30					
3	15-280	10-30					
4	105-545	15-40					
5	265-800	10-40					
Adult	241-827	14-76					

• Testosterone is a steroid hormone (androgen) made by the testes in males. Its production is stimulated and controlled by luteinising hormone (LH), which is manufactured in the pituitary gland. In males, testosterone stimulates development of secondary sex characteristics, including enlargement of the penis, growth of body hair and muscle, and a deepening voice. It is present in large amounts in males during puberty and in adult males to regulate the sex drive and maintain muscle mass. Testosterone is also produced by the adrenal glands in both males and females and, in small amounts, by the ovaries in females. The body can convert testosterone to oestradiol, the main sex hormone in females. There is great variability in testosterone levels between men and it is normal for testosterone levels to decline as men get older. Hypogonadism in a male refers to a reduction in sperm and/or testosterone production.

Result rechecked and verified for abnormal cases

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REPORT

 Name
 : Mr. HARI M
 Sample ID
 : 24753361

 Age/Gender
 : 24 Years/Male
 Reg. No
 : 0312311060003

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 06-Nov-2023 08:18 AM Primary Sample : Whole Blood Received On : 06-Nov-2023 12:54 PM

Sample Tested In : Serum Reported On : 06-Nov-2023 03:07 PM

Client Address : Kimtee colony , Gokul Nagar, Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	136	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	142	mg/dL	< 150	GPO-POD
Cholesterol-HDL	42	mg/dL	40-60	Direct
Cholesterol-LDL	65.6	mg/dL	< 100	Calculated
Cholesterol- VLDL	28.4	mg/dL	7-35	Calculated
Non HDL Cholesterol	94	mg/dL	< 130	Calculated
Cholesterol : HDL Ratio	3.24	%	0-4.0	Calculated
LDL:HDL Ratio	1.56	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Irialveerides	HDL Cholesterol (mg/dL)	I DI Cholesterol	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal				100-129	130 - 159
Borgerline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	≥ 60	Adult:160-189 Children:>or=130	190 - 219
Very High		>or=500		Adult: >or=190	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL

*** End Of Report ***









Toet Name



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CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE Results Units Ref Range

rest name	Results	Units	Kei. Kange	wethou
Liver Function Test (LFT)				
Bilirubin(Total)	0.5	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.2	mg/dL	0.0 - 0.5	Diazo
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	50	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	89	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	138	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	46	U/L	15-85	IFCC
Protein - Total	7.9	g/dL	6.4-8.2	Biuret
Albumin	4.2	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	3.7	g/dL	2.0-4.2	Calculated
A:G Ratio	1.14	%	0.8-2.0	Calculated

- Alanine Aminotransferase(ALT) is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.
- Aspartate Aminotransferase (AST) is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.
- Alkaline phosphate (ALP) is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.
- Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.
- **Bilirubin** is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.
- Albumin is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

Result rechecked and verified for abnormal cases

*** End Of Report ***











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: Whole Blood : 06-Nov-2023 12:54 PM Primary Sample Received On Sample Tested In : Serum Reported On : 06-Nov-2023 01:44 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

Results

CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE Unite

- rest Hame	Nesults	Office	itel. italige	Metrioa	
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	139.45	ng/dL	70-204	CLIA	
T4 (Thyroxine)	12.0	μg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	7.64	μIU/mL	0.35-5.5	CLIA	

Pregnancy & Cord Blood

Toet Name

T3 (Triiodothyronine):		T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester :	81-190 ng/dL	15 to 40 weeks:9.1-14.0 μg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL			Second Trimester: 0.46-2.95 µIU/mL
			Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL		Cord Blood: 7.4-13.0 μg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Result rechecked and verified for abnormal cases

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: 0312311060003

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CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE

1621 Name	Results	Ullits	Rei. Ralige	Wethou	
Iron Profile-I					
Iron(Fe)	93	μg/dL	65-175	Ferene	
Total Iron Binding Capacity (TIBC)	410	μg/dL	250-450	Ferene	
Transferrin	286.71	mg/dL	215-365	Calculated	
Iron Saturation((% Transferrin Saturation)	22.68	%	20-50	Calculated	
Unsaturated Iron Binding Capacity (UIBC)	317	μg/dL	110 - 370	FerroZine	

Interpretation:

Tost Name

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
- Anemia of chronic disease: Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- Sideroblastic Anemia: Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- Hemolytic Anemia: Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- Hemochromatosis: Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- Protein depletion: Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- Liver disease: Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.

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Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood

Sample Tested In : Serum

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Sample ID : 24753361

Reg. No : 0312311060003

SPP Code : SPL-CV-172

Collected On : 06-Nov-2023 08:18 AM Received On : 06-Nov-2023 12:54 PM

: 06-Nov-2023 03:07 PM Reported On

: Final Report Report Status

CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE

Test Name	Results	Units	Ref. Range	Method
Renal Profile (5)				
Calcium	8.9	mg/dL	8.5-10.1	o-cresolphthalein complexone (OCPC)
Uric Acid	5.1	mg/dL	3.5-7.2	Uricase
BUN	8.4	mg/dL	7.0-18.0	Calculated
Creatinine -Serum	0.93	mg/dL	0.70-1.30	Sarcosine oxidase
BUN / Creatinine Ratio	8.60			
Urea	17.3	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation













Registered Office:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.

: 24753359

ICMR Reg .No. SAPALAPVLHT (Covid -19)

Ph:- 040-40125441, Email:- info@sagepathlabs.com

REPORT Website:- www.sagepathlabs.com

Name : Mr. HARI M Sample ID

Age/Gender : 24 Years/Male Reg. No : 0312311060003

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 06-Nov-2023 08:18 AM
Primary Sample : Received On : 06-Nov-2023 12:59 PM

Sample Tested In : Urine Reported On : 06-Nov-2023 02:19 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Ref. Range	Method

Complete Urine Analysis (CUE)

Physical Examination

Colour Pale Yellow Straw to light amber

Appearance Clear Clear

Chemical Examination

Leukocyte esterase

Negative Strip Reflectance Glucose Negative Protein Absent Negative Strip Reflectance Bilirubin (Bile) Negative Negative Strip Reflectance Urobilinogen Negative Negative Ehrlichs reagent Ketone Bodies Negative Negative Strip Reflectance Specific Gravity 1.005 1.000 - 1.030 Strip Reflectance Blood Negative Negative Strip Reflectance 6.0 5.0 - 8.5 Reaction (pH)

Reaction (pH) 6.0 5.0 - 8.5 Reagent strip Reflectance - Double indicator Principle

Nitrites Negative Negative Strip Reflectance

Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells 02-03 /hpf 00-05 Microscopy R.B.C. Nil /hpf Nil Microscopic **Epithelial Cells** 01-02 /hpf 00-05 Microscopic Casts Absent Absent Microscopic Absent Absent Microscopic Crystals Nil Nil Bacteria **Budding Yeast Cells** Nil Absent Microscopy

Negative

Others - Microscopic

Comments :

Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections, diabetes, hypertension and drug toxicity.

Correlate Clinically.

Laboratory is NABL Accredited

*** End Of Report ***







Swarnabala - M

DR.SWARNA BALA

MD PATHOLOGY

Reagent Strip Reflectance