

Human Care Medical Charitable Trust



Sector-6, Dwarka, New Delhi 110 075

GST: 07AAAAH3917LIZM

PAN NO: AAAAH3917L

| | | | |
|---------------|-------------------|--------------|-------------------|
| NAME | MRS Nisha SHUKLA | STUDY DATE | 04/10/2023 9:32AM |
| AGE / SEX | 45 y / F | HOSPITAL NO. | MH009854624 |
| ACCESSION NO. | R6195901 | MODALITY | CR |
| REPORTED ON | 04/10/2023 3:12PM | REFERRED BY | Health Check MHD |

X-RAY CHEST - PA VIEW

Results:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

IMPRESSION: No significant abnormality seen.

Kindly correlate clinically

Dr. Abhinav Pratap Singh MBBS, DNB DMC No.58170

ASSOCIATE CONSULTANT

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



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9854624

nisha shukla

10/4/2023 9:27:57 AM

45 Years

Female

Rate 61 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . Nonspecific intraventricular conduction delay.....QRSd >115mS, not LBBB/RBBB
 PR 128 . Minimal ST elevation, inferior leads.....ST >0.06mV, II III aVF
 QRSD 128
 QT 389
 QTc 392

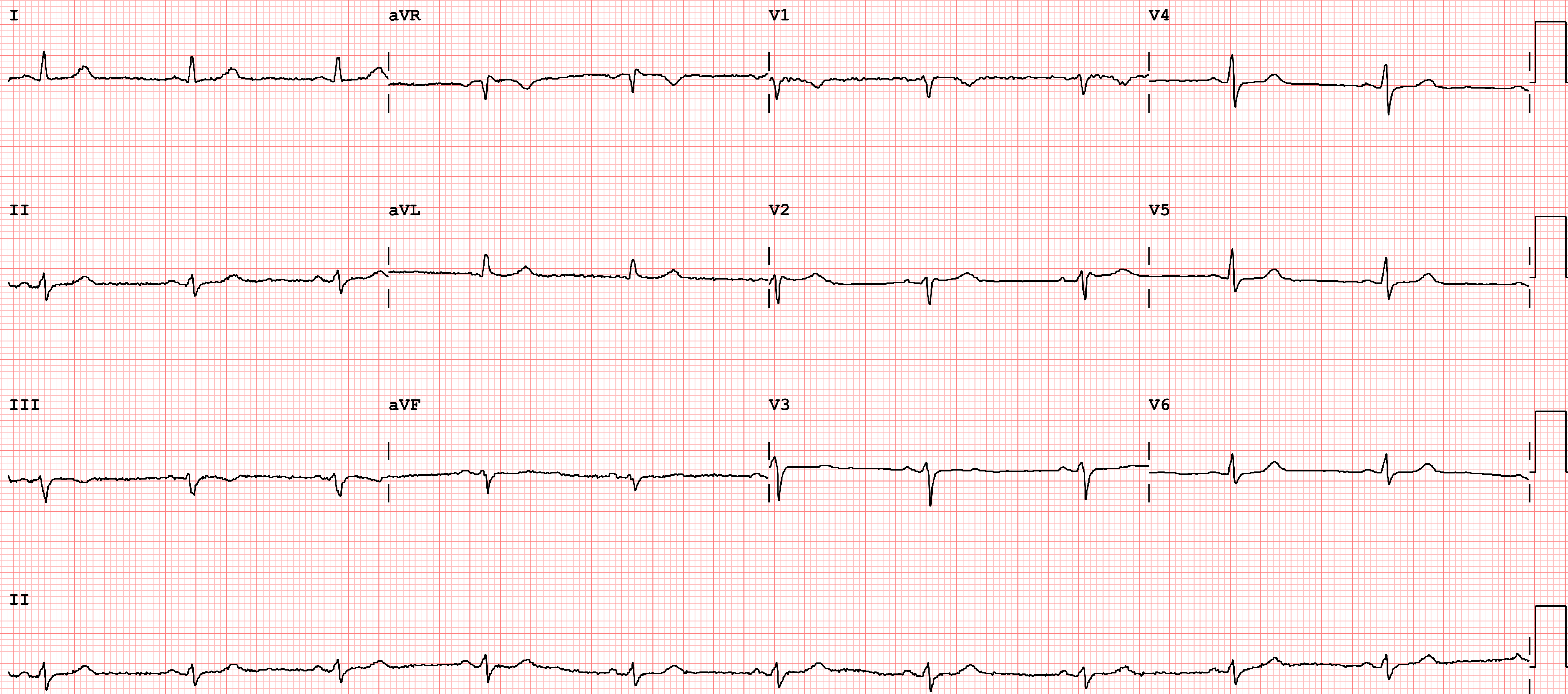
--AXIS--

P 39
 QRS -23
 T 23

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis





| | | | |
|----------------------|---------------------------|---------------------|---------------------------|
| NAME | MRS Nisha SHUKLA | STUDY DATE | 04/10/2023 11:48AM |
| AGE / SEX | 45 y / F | HOSPITAL NO. | MH009854624 |
| ACCESSION NO. | NM10146687 | MODALITY | US |
| REPORTED ON | 05/10/2023 11:36AM | REFERRED BY | Health Check MHD |

2D ECHOCARDIOGRAPHY REPORT

Findings:

| | End diastole | End systole |
|--|--------------|-------------|
| IVS thickness (cm) | 0.8 | 1.2 |
| Left Ventricular Dimension (cm) | 4.4 | 2.1 |
| Left Ventricular Posterior Wall thickness (cm) | 0.8 | 1.0 |
| Aortic Root Diameter (cm) | 2.3 | |
| Left Atrial Dimension (cm) | 2.8 | |
| Left Ventricular Ejection Fraction (%) | 60% | |

| | | |
|--------------------------------------|---|---------------------------------------|
| LEFT VENTRICLE | : | Normal in size. No RWMA. LVEF= 60% |
| RIGHT VENTRICLE | : | Normal in size. Normal RV function. |
| LEFT ATRIUM | : | Normal in size |
| RIGHT ATRIUM | : | Normal in size |
| MITRAL VALVE | : | Trace MR. |
| AORTIC VALVE | : | Normal |
| TRICUSPID VALVE | : | Mild TR (PASP ~ 24 mmHg) |
| PULMONARY VALVE | : | Normal |
| MAIN PULMONARY ARTERY & ITS BRANCHES | : | Appears normal. |
| INTERATRIAL SEPTUM | : | Intact. |
| INTERVENTRICULAR SEPTUM | : | Intact. |
| PERICARDIUM | : | No pericardial effusion or thickening |

DOPPLER STUDY

| VALVE | Peak Velocity (cm/sec) | Maximum P.G. (mmHg) | Mean P. G. (mmHg) | Regurgitation | Stenosis |
|-----------|------------------------|---------------------|-------------------|---------------|----------|
| MITRAL | E= 80 A=62 | - | - | Trace | Nil |
| AORTIC | 138 | - | - | Nil | Nil |
| TRICUSPID | - | N | N | Mild | Nil |
| PULMONARY | 86 | N | N | Nil | Nil |

SUMMARY & INTERPRETATION:

- o No LV regional wall motion abnormality with LVEF = 60%



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| REPORTED ON | 05/10/2023 11:36AM | REFERRED BY | Health Check MHD |

- o Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- o Trace MR.
- o Mild TR (PASP ~ 24 mmHg)
- o Normal mitral inflow pattern.
- o IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- o No clot/ no vegetation/ no pericardial effusion.

Please correlate clinically.

**Dr. Samanjoy Mukherjee MBBS, MD, General Medicine, DM(Cardiology) DMC No.12194
Consultant (Cardiology)**

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



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Human Care Medical Charitable Trust

Registered Office: Sector-6, Dwarka, New Delhi 110 075

Department Of Laboratory Medicine

Name : MRS NISHA SHUKLA **Age** : 45 Yr(s) Sex :Female
Registration No : MH009854624 **Lab No** : 31231000130
Patient Episode : H03000056957 **Collection Date** : 04 Oct 2023 09:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Oct 2023 13:10
Receiving Date : 04 Oct 2023 10:35

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing A Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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-----END OF REPORT-----



Dr Himanshu Lamba

Human Care Medical Charitable Trust

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Department Of Laboratory Medicine

Name : MRS NISHA SHUKLA **Age** : 45 Yr(s) Sex :Female
Registration No : MH009854624 **Lab No** : 32231001083
Patient Episode : H03000056957 **Collection Date** : 04 Oct 2023 09:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Oct 2023 11:17
Receiving Date : 04 Oct 2023 09:54

BIOCHEMISTRY

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 5.6 %
As per American Diabetes Association (ADA) 2010 [4.0-6.5]
HbA1c in %
Non diabetic adults : < 5.6 %
Prediabetes (At Risk) : 5.7 % - 6.4 %
Diabetic Range : > 6.5 %
Methodology High-Performance Liquid Chromatography (HPLC)
Estimated Average Glucose (eAG) 114 mg/dl

Use :

1. Monitoring compliance and long-term blood glucose level control in patients with diabetes.
2. Index of diabetic control (direct relationship between poor control and development of complications).
3. Predicting development and progression of diabetic microvascular complications.

Limitations :

1. A1C values may be falsely elevated or decreased in those with chronic kidney disease.
2. False elevations may be due in part to analytical interference from carbamylated hemoglobin formed in the presence of elevated concentrations of urea, with some assays.
3. False decreases in measured A1C may occur with hemodialysis and altered red cell turnover, especially in the setting of erythropoietin treatment

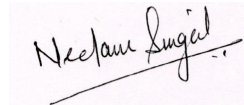
References : Rao.L.V., Michael Snyder.L. (2021). Wallach's Interpretation of Diagnostic Tests. 11th Edition. Wolterkluwer. Nader Rifai, Andrea Rita Horvath, Carl T. Wittwer.

(2018) Teitz Text book

of Clinical Chemistry and Molecular Diagnostics. First edition, Elsevier, South Asia.

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-----END OF REPORT-----



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



| | | | |
|---------------|-------------------|--------------|--------------------|
| NAME | MRS Nisha SHUKLA | STUDY DATE | 04/10/2023 10:41AM |
| AGE / SEX | 45 y / F | HOSPITAL NO. | MH009854624 |
| ACCESSION NO. | R6195900 | MODALITY | US |
| REPORTED ON | 04/10/2023 1:00PM | REFERRED BY | Health Check MHD |

USG WHOLE ABDOMEN

Results:

Liver is normal in size (~14.8 cm) **and shows grade I fatty changes** . No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size (~ 8.1 cm)and echopattern.

Both kidneys are normal in position, size (RK ~9.4 cm and LK ~ 9.6 cm) and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Uterus is not seen (post operative status).

No significant free fluid is detected.

Kindly correlate clinically

Dr. Divya Jain MBBS, DNB DMC No.7955

ASSOCIATE CONSULTANT

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



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Department Of Laboratory Medicine

Name : MRS NISHA SHUKLA **Age** : 45 Yr(s) Sex :Female
Registration No : MH009854624 **Lab No** : 32231001083
Patient Episode : H03000056957 **Collection Date** : 04 Oct 2023 09:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Oct 2023 12:53
Receiving Date : 04 Oct 2023 09:44

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

| | | | |
|--|----------------|---------------|----------------------|
| T3 - Triiodothyronine (ECLIA) | 1.490 | ng/ml | [0.800-2.040] |
| T4 - Thyroxine (ECLIA) | 9.210 | µg/dl | [5.500-11.000] |
| Thyroid Stimulating Hormone (ECLIA) | 6.150 # | µIU/mL | [0.340-4.250] |
| 1st Trimester:0.6 - 3.4 | micIU/mL | | |
| 2nd Trimester:0.37 - 3.6 | micIU/mL | | |
| 3rd Trimester:0.38 - 4.04 | micIU/mL | | |

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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Department Of Laboratory Medicine

Name : MRS NISHA SHUKLA **Age** : 45 Yr(s) Sex :Female
Registration No : MH009854624 **Lab No** : 32231001083
Patient Episode : H03000056957 **Collection Date** : 04 Oct 2023 09:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Oct 2023 11:07
Receiving Date : 04 Oct 2023 09:44

BIOCHEMISTRY

Lipid Profile (Serum)

| | | | |
|---|-----|-------|--|
| TOTAL CHOLESTEROL (CHOD/POD) | 135 | mg/dl | [<200] Moderate risk:200-239 High risk:>240 |
| TRIGLYCERIDES (GPO/POD) | 82 | mg/dl | [<150] Borderline high:151-199 High: 200 - 499 Very high:>500 |
| HDL - CHOLESTEROL (Direct) Methodology: Homogenous Enzymatic | 34 | mg/dl | [30-60] |
| VLDL - Cholesterol (Calculated) | 16 | mg/dl | [10-40] |
| (CALCULATED) LDL- CHOLESTEROL | 85 | mg/dl | [<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189 |
| T.Chol/HDL.Chol ratio | 4.0 | | <4.0 Optimal 4.0-5.0 Borderline >6 High Risk |
| LDL.CHOL/HDL.CHOL Ratio | 2.5 | | <3 Optimal 3-4 Borderline >6 High Risk |

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

Technical Notes:
Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of these tests can identify certain genetic

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Department Of Laboratory Medicine

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Registration No : MH009854624 **Lab No** : 32231001083
Patient Episode : H03000056957 **Collection Date** : 04 Oct 2023 09:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Oct 2023 11:07
Receiving Date : 04 Oct 2023 09:44

BIOCHEMISTRY

diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases.

| Test Name | Result | Unit | Biological Ref. Interval |
|------------------------------------|---------------|-------------|--------------------------|
| LIVER FUNCTION TEST (Serum) | | | |
| BILIRUBIN-TOTAL (Diazonium Ion) | 0.39 | mg/dl | [0.10-1.20] |
| BILIRUBIN - DIRECT (Diazotization) | 0.16 | mg/dl | [0.00-0.30] |
| BILIRUBIN - INDIRECT (Calculated) | 0.23 | mg/dl | [0.20-1.00] |
| SGOT/ AST (UV without P5P) | 28.9 | IU/L | [10.0-35.0] |
| SGPT/ ALT (UV without P5P) | 49.8 # | IU/L | [0.0-33.0] |
| ALP (p-NPP, kinetic)* | 114 # | IU/L | [37-98] |
| TOTAL PROTEIN (Biuret) | 8.0 | g/dl | [6.0-8.2] |
| SERUM ALBUMIN (BCG-dye) | 4.7 | g/dl | [3.5-5.2] |
| SERUM GLOBULIN (Calculated) | 3.3 | g/dl | [1.8-3.4] |
| ALB/GLOB (A/G) Ratio(Calculated) | 1.42 | | [1.10-1.80] |

Technical Notes:

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

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Registration No : MH009854624 **Lab No** : 32231001083
Patient Episode : H03000056957 **Collection Date** : 04 Oct 2023 09:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Oct 2023 11:07
Receiving Date : 04 Oct 2023 09:44

BIOCHEMISTRY

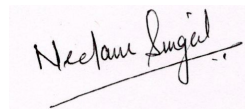
| Test Name | Result | Unit | Biological Ref. Interval |
|--------------------------------------|----------------|-----------------|--------------------------|
| KIDNEY PROFILE (Serum) | | | |
| BUN (Urease/GLDH) | 11.00 | mg/dl | [6.00-20.00] |
| SERUM CREATININE (Jaffe's method) | 0.88 | mg/dl | [0.60-1.40] |
| SERUM URIC ACID (Uricase) | 4.6 | mg/dl | [2.6-6.0] |
| SERUM CALCIUM (NM-BAPTA) | 9.45 | mg/dl | [8.00-10.50] |
| SERUM PHOSPHORUS (Molybdate, UV) | 3.5 | mg/dl | [2.5-4.5] |
| SERUM SODIUM (ISE) | 138.0 | mmol/l | [134.0-145.0] |
| SERUM POTASSIUM (ISE) | 5.58 # | mmol/l | [3.50-5.20] |
| SERUM CHLORIDE (ISE Indirect) | 106.2 # | mmol/L | [95.0-105.0] |
| eGFR | 79.6 | ml/min/1.73sq.m | [>60.0] |

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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-----END OF REPORT-----



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Human Care Medical Charitable Trust

Registered Office: Sector-6, Dwarka, New Delhi 110 075

Department Of Laboratory Medicine

Name : MRS NISHA SHUKLA **Age** : 45 Yr(s) Sex :Female
Registration No : MH009854624 **Lab No** : 32231001084
Patient Episode : H03000056957 **Collection Date** : 04 Oct 2023 12:30
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Oct 2023 14:54
Receiving Date : 04 Oct 2023 13:20

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 115 mg/dl [70-140]

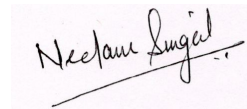
Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 102 mg/dl [74-106]

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-----END OF REPORT-----



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Human Care Medical Charitable Trust

Registered Office: Sector-6, Dwarka, New Delhi 110 075

Department Of Laboratory Medicine

Name : MRS NISHA SHUKLA **Age** : 45 Yr(s) Sex :Female
Registration No : MH009854624 **Lab No** : 32231001088
Patient Episode : H03000056957 **Collection Date** : 04 Oct 2023 09:08
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Oct 2023 11:40
Receiving Date : 04 Oct 2023 09:45

BIOCHEMISTRY

| Test Name | Result | Unit |
|--------------------------------|--------|-------|
| VITAMIN D TOTAL, Serum (ECLIA) | 20.37 | ng/ml |

Deficiency : Less than 20 ng/ml
Insufficiency : 20-29 ng/ml
Optimum level : 30-80 ng/ml

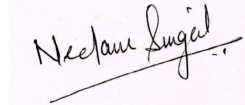
Note:

Recent studies consider the lower limit of 30ng/ml to be a threshold for optimal health.

Ref: Hollis BW. J Nutr. 2005 Feb;135(2) : 317-22.

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-----END OF REPORT-----



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Human Care Medical Charitable Trust

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Department Of Laboratory Medicine

Name : MRS NISHA SHUKLA **Age** : 45 Yr(s) Sex :Female
Registration No : MH009854624 **Lab No** : 33231000799
Patient Episode : H03000056957 **Collection Date** : 04 Oct 2023 09:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Oct 2023 12:34
Receiving Date : 04 Oct 2023 09:56

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR **27.0 #** **mm/1sthour** **[0.0-20.0]**

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

| Test Name | Result | Unit | Biological Ref. Interval |
|---|---------------|----------------------|--------------------------|
| COMPLETE BLOOD COUNT (EDTA Blood) | | | |
| WBC Count (Flow cytometry) | 4760 | /cu.mm | [4000-10000] |
| RBC Count (Impedence) | 4.91 # | million/cu.mm | [3.80-4.80] |
| Haemoglobin (SLS Method) | 13.5 | g/dL | [12.0-15.0] |
| Haematocrit (PCV) (RBC Pulse Height Detector Method) | 42.5 | % | [36.0-46.0] |
| MCV (Calculated) | 86.6 | fL | [83.0-101.0] |
| MCH (Calculated) | 27.5 | pg | [25.0-32.0] |
| MCHC (Calculated) | 31.8 | g/dL | [31.5-34.5] |
| Platelet Count (Impedence) | 152000 | /cu.mm | [150000-410000] |
| RDW-CV (Calculated) | 14.0 | % | [11.6-14.0] |
| DIFFERENTIAL COUNT | | | |
| Neutrophils (Flowcytometry) | 62.4 | % | [40.0-80.0] |
| Lymphocytes (Flowcytometry) | 25.2 | % | [20.0-40.0] |

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Department Of Laboratory Medicine

Name : MRS NISHA SHUKLA **Age** : 45 Yr(s) Sex :Female
Registration No : MH009854624 **Lab No** : 33231000799
Patient Episode : H03000056957 **Collection Date** : 04 Oct 2023 09:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Oct 2023 12:34
Receiving Date : 04 Oct 2023 09:56

HAEMATOLOGY

| | | | |
|--|--------------|--------|---------------------------|
| Monocytes (Flowcytometry) | 5.3 | % | [2.0-10.0] |
| Eosinophils (Flowcytometry) | 6.7 # | % | [1.0-6.0] |
| Basophils (Flowcytometry) | 0.4 # | % | [1.0-2.0] |
| IG | 0.00 | % | |
| Neutrophil Absolute(Flourescence flow cytometry) | 3.0 | /cu mm | [2.0-7.0]x10 ³ |
| Lymphocyte Absolute(Flourescence flow cytometry) | 1.2 | /cu mm | [1.0-3.0]x10 ³ |
| Monocyte Absolute(Flourescence flow cytometry) | 0.3 | /cu mm | [0.2-1.2]x10 ³ |
| Eosinophil Absolute(Flourescence flow cytometry) | 0.3 | /cu mm | [0.0-0.5]x10 ³ |
| Basophil Absolute(Flourescence flow cytometry) | 0.0 | /cu mm | [0.0-0.1]x10 ³ |

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

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-----END OF REPORT-----

Dr.Himansha Pandey



Human Care Medical Charitable Trust

Registered Office: Sector-6, Dwarka, New Delhi 110 075

Department Of Laboratory Medicine

Name : MRS NISHA SHUKLA **Age** : 45 Yr(s) Sex :Female
Registration No : MH009854624 **Lab No** : 38231000188
Patient Episode : H03000056957 **Collection Date** : 04 Oct 2023 09:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Oct 2023 15:31
Receiving Date : 04 Oct 2023 09:28

CLINICAL PATHOLOGY

| Test Name | Result | Biological Ref. Interval |
|---|--------------|--------------------------|
| ROUTINE URINE ANALYSIS | | |
| MACROSCOPIC DESCRIPTION | | |
| Colour (Visual) | PALE YELLOW | (Pale Yellow - Yellow) |
| Appearance (Visual) | CLEAR | |
| CHEMICAL EXAMINATION | | |
| Reaction[pH] (Reflectancephotometry (Indicator Method)) | 6.0 | (5.0-9.0) |
| Specific Gravity (Reflectancephotometry (Indicator Method)) | 1.010 | (1.003-1.035) |
| Bilirubin | Negative | NEGATIVE |
| Protein/Albumin (Reflectance photometry (Indicator Method)/Manual SSA) | Negative | (NEGATIVE-TRACE) |
| Glucose (Reflectance photometry (GOD-POD/Benedict Method)) | NOT DETECTED | (NEGATIVE) |
| Ketone Bodies (Reflectance photometry (Legal's Test)/Manual Rotheras) | NOT DETECTED | (NEGATIVE) |
| Urobilinogen Reflectance photometry/Diazonium salt reaction | NORMAL | (NORMAL) |
| Nitrite Reflectance photometry/Griess test | NEGATIVE | NEGATIVE |
| Leukocytes Reflectance photometry/Action of Esterase | NIL | NEGATIVE |
| BLOOD (Reflectance photometry (peroxidase)) | NIL | NEGATIVE |
| MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine | | |
| WBC/Pus Cells | 0-1 /hpf | (4-6) |
| Red Blood Cells | NIL | (1-2) |
| Epithelial Cells | 1-2 /hpf | (2-4) |
| Casts | NIL | (NIL) |
| Crystals | NIL | (NIL) |
| Bacteria | NIL | |
| Yeast cells | NIL | |

Interpretation:

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Human Care Medical Charitable Trust

Registered Office: Sector-6, Dwarka, New Delhi 110 075

Department Of Laboratory Medicine

Name : MRS NISHA SHUKLA **Age** : 45 Yr(s) Sex :Female
Registration No : MH009854624 **Lab No** : 38231000188
Patient Episode : H03000056957 **Collection Date** : 04 Oct 2023 09:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Oct 2023 15:31
Receiving Date : 04 Oct 2023 09:28

CLINICAL PATHOLOGY

URINALYSIS--Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decrease Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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-----END OF REPORT-----

Dr.Himansha Pandey