SPECTRUM
DIAGNOSTICS & HEALTH CARE

CERTIFICATE OF MEDICAL FITNESS

NAME: Mrs. S. Savita.

AGE/ GENDER: 34 yrs

HEIGHT: 149 cm WEIGHT: 68.2 kg.

IDENTIFICATION MARK:

BLOOD PRESSURE: 100/70 mm Hg.

PULSE: 74/min

CVS: } Normal.
RS:P }

ANY OTHER DISEASE DIAGNOSED IN THE PAST: Nil

ALLERGIES, IF ANY: Nil

LIST OF PRESCRIBED MEDICINES: Nil

ANY OTHER REMARKS: Nil

I Certify that I have carefully examined Mr/Mrs. S. Savita son/daughter of Mr. Siddharah who has signed in my presence. He/ she has no physical disease and is fit for employment.

Dr. BINDURAJ. R
MBBS, MD
Internal Medicine
Reg. No. 62806

Savitha S
Signature of candidate

Signature of Medical Officer

Place: Spectrum diagnostic & health care.

Date: 9/12/23

Disclaimer: The patient has not been checked for COVID. This certificate does not relate to the covid status of the patient examined

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Dr.Ashok S
Bsc.,MBBS., D.O.M.S
Consultant Opthalmologist
KMC No: 31827

DATE: 09.12.23

EYE EXAMINATION

NAME: Mrs. Savitha AGE: 34y GENDER : F / M

	RIGHT EYE	LEFT EYE
Vision	6/6	6/6
Vision With glass		
Color Vision	Normal	Normal
Anterior segment examination	Normal	Normal
Fundus Examination	Normal	Normal
Any other abnormality	Nill	Nill
Diagnosis/ impression	Normal	Normal

Dr. ASHOK SARODHE
B.Sc., M.B.B.S., D.O.M.S.
Eye Consultant & Surgeon
KMC 31827
Consultant (Opthalmologist)

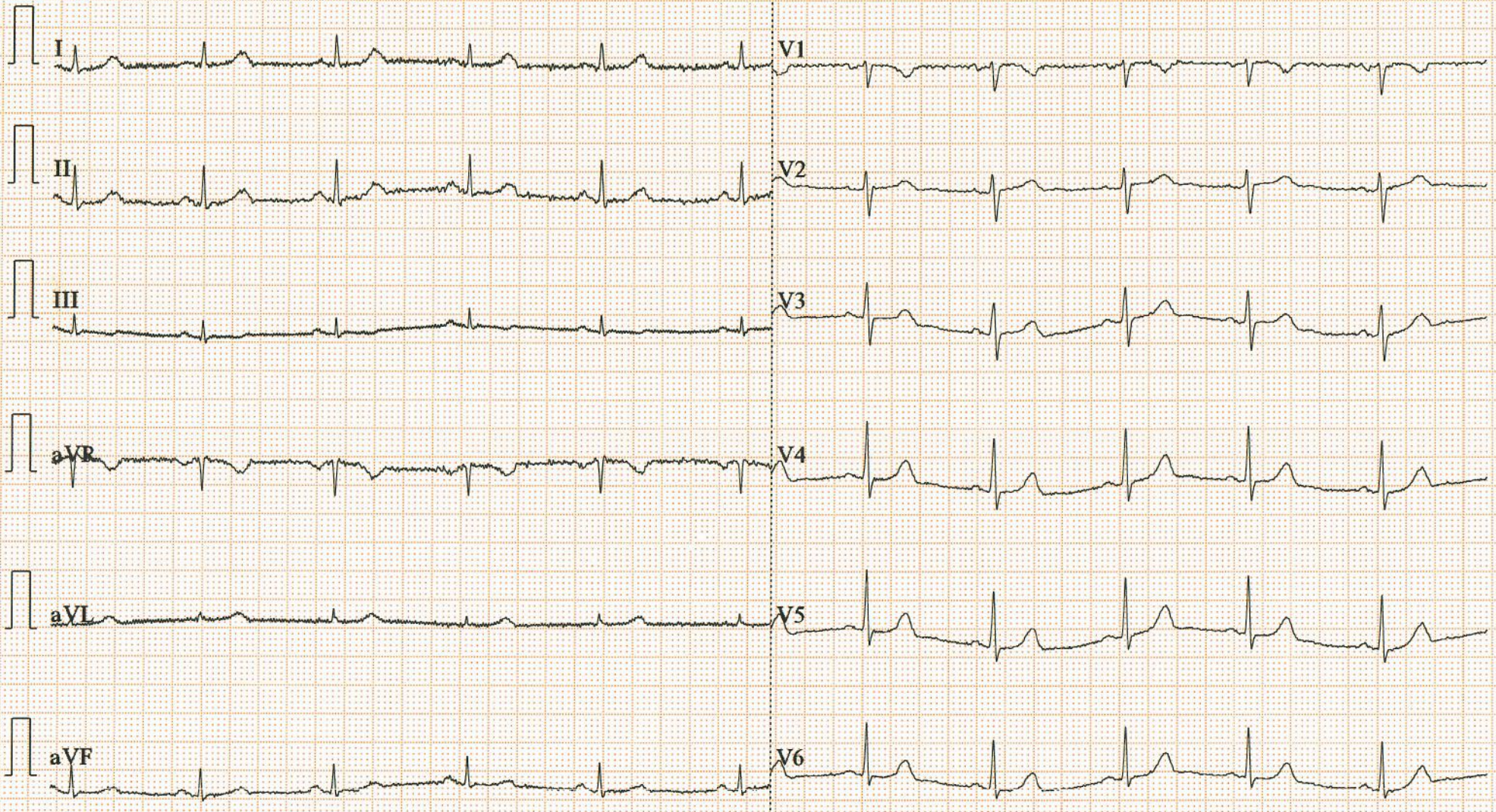
ID: 2230036
MRS S SAVITA
Female 34Years

09-12-2023 10:29:08

HR	: 65	bpm	
P	: 101	ms	
PR	: 138	ms	
QRS	: 80	ms	
QT/QTc	: 387/405	ms	
P/QRS/T	: 62/48/42	°	
RV5/SV1	: 0.977/0.409	mV	

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



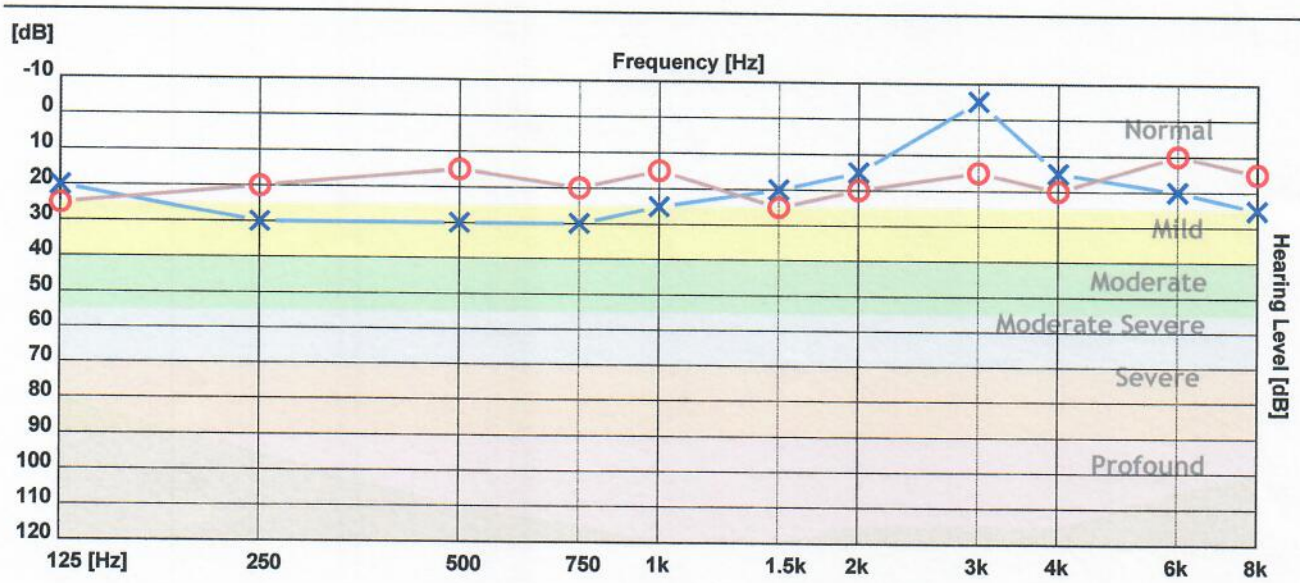
0.15~35Hz AC50 25mm/s 10mm/mV 2*5.0s ♥65 V2.2 SEMIP V1.81 SPECTRUM DIAGNOSTICS & HEALTH CARE

SPECTRUM DIAGNOSTICS & HEALTH CARE

#9/1 TEJAS ARCADE,DR.RAJKUMAR ROAD,RAJAJINAGAR-560010 AUDIOGRAM

Patient ID : 1024
Name : MRS SAVITA S
CR Number : 20231209113300
Registration Date : 09-Dec-2023

Age : 34
Gender : Female
Operator : spectrum diagnostics



	125 Hz	250 Hz	500 Hz	750 Hz	1000 Hz	1500 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz
X - Air Left	20	30	30	30	25	20	15	-5	15	20	25
O - Air Right	25	20	15	20	15	25	20	15	20	10	15
> - Bone Left											
< - Bone Right											

Clinical Notes :

Not Found

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NAME AND LAB NO	MRS S SAVITA	REG -30036
AGE & SEX	34 YRS	FEMALE
DATE AND AREA OF INTEREST	09.12.2023	ABDOMEN & PELVIS
REF BY	C/ O APOLO CLINIC	

USG ABDOMEN AND PELVIS

LIVER: Measures 13.0 cm. Normal in size and echotexture.
Well defined hyper echoic area 2.5 x1.5 cm in the periportal region likely hemangioma verses pseudo lesion
No e/o IHBR dilatation.Portal vein appears normal.
CBD appears normal. . No e/o calculus .

GALL BLADDER: Partially collapsed .Neck poorly visualised .

SPLEEN: Measures 9.4 cm. Normal in size and echotexture. No e/o SOL/ calcification.

PANCREAS: Normal in size and echotexture.
Pancreatic duct appears normal. No e/o calculus / calcifications.

RETROPERITONEUM: Poor window.

RIGHT KIDNEY: Measures 9.0 x4.0 cm. Right kidney is normal in size & echotexture
No evidence of calculus/ hydronephrosis.

LEFT KIDNEY: Measures 10.0 x4.2 cm .Left kidney is normal in size & echotexture
No evidence of calculus/ hydronephrosis.

URETERS: Bilateral ureters are not dilated.

URINARY BLADDER: Well distended. No wall thickening/ calculi.

UTERUS: Anteverted, Normal in size and echotexture
Endometrium is normal.ET -8 mm.

OVARIES: B/L ovaries normal in size and echotexture.

- No evidence of ascites/pleural effusion.

IMPRESSION:

- **Well defined hyper echoic area in the periportal region in the liver likely hemangioma verses pseudo lesion .**
- **suggested clinical correlation and CT ABDOMEN if indicated .**

DR.AKSHATHA R BHAT
MDRD DNB FRCR

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MC-4196

Name	: MRS. S SAVITA			**Bill Date**	: 09-Dec-2023 09:02 AM
Age / Gender	: 34 years / Female	**UHID**	: 0912230036	**Sample Col. Date**	: 09-Dec-2023 09:02 AM
Ref. By Dr.	: Dr. APOLO CLINIC	0912230036		**Result Date**	: 09-Dec-2023 03:07 PM
Reg. No.	: 0912230036			**Report Status**	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Complete Haemogram-Whole Blood EDTA				
Haemoglobin (HB)	**11.00**	g/dL	Male: 14.0-17.0 Female:12.0-15.0 Newborn:16.50 - 19.50	Spectrophotmeter
Red Blood Cell (RBC)	4.74	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	**33.70**	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
Mean corpuscular volume (MCV)	**71.00**	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	**23.20**	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	**32.60**	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	**39.70**	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	**17.50**	%	Male: 11.80-14.50 Female:12.20-16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	8.90	fL	8.0-15.0	Volumetric Impedance
Platelet	3.68	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	10.10	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	4870.00	cells/cumm	Male: 4000.0-11000.0 Female 4000.0-11000.0 Children: 6000.0-17500.0 Infants : 9000.0-30000.0	Volumetric Impedance

SCAN FOR LOCATION

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+91 77604 97644 | 080 2337 1555 info@spectrumdiagnostics.org www.spectrumdiagnostics.org

Other Branch: #466/A, Ideal Homes Township, 80 Feet Road, Kenchanahalli, Rajarajeshwari Nagar, Bengaluru-560098 +91 6361 253 097 | 080-2991 6944 | 080-49511985

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Test Name	Result	Unit	Reference Value	Method
Neutrophils	53.0	%	40.0-75.0	Light scattering/Manual
Lymphocytes	40.0	%	20.0-40.0	Light scattering/Manual
Eosinophils	2.0	%	0.0-8.0	Light scattering/Manual
Monocytes	4.0	%	0.0-10.0	Light scattering/Manual
Basophils	1.0	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	2.35	10^3/uL	2.0- 7.0	Calculated
Absolute Lymphocyte Count	2.20	10^3/uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.21	10^3/uL	0.20-1.00	Calculated
Absolute Eosinophil Count	90.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.02	10^3/uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	**22**	mm/hr	Female : 0.0-20.0 Male : 0.0-10.0	Westergren

Peripheral Smear Examination-Whole Blood EDTA

Method: (Microscopy-Manual)

RBC'S : Are microcytic hypochromic. Poikilocytes like tear drop cells and pencil shaped cells are seen.
WBC'S : Are normal in total number, morphology and distribution.
Platelets : Adequate in number and normal in morphology.
No abnormal cells or hemoparasites are present.
Impression : Mild degree of Microcytic Hypochromic Anaemia.

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Test Name	Result	Unit	Reference Value	Method
Fasting Blood Sugar (FBS)-Plasma	73	mg/dL	60.0-110.0	Hexo Kinase

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high.Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes : Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc.,Alcohol ,Dietary – Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.

Post prandial Blood Glucose (PPBS)-Plasma	83	mg/dL	70-140	Hexo Kinase

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high.Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

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Test Name	Result	Unit	Reference Value	Method
KFT (Kidney Function Test) :				
Blood Urea Nitrogen (BUN)-Serum	13.20	mg/dL	7.0-18.0	GLDH,Kinetic Assay
Creatinine-Serum	0.58	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe
Uric Acid-Serum	2.60	mg/dL	Male: 3.50-7.20 Female: 2.60-6.00	Uricase PAP
Sodium (Na+)-Serum	139.6	mmol/L	135.0-145.0	Ion-Selective Electrodes (ISE)
Potassium (K+)-Serum	4.32	mmol/L	3.5 to 5.5	Ion-Selective Electrodes (ISE)
Chloride(Cl-)-Serum	103.00	mmol/L	94.0-110.0	Ion-Selective Electrodes (ISE)

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Test Name	Result	Unit	Reference Value	Method
Thyroid function tests (TFT)-Serum				
Tri-Iodo Thyronine (T3)-Serum	1.14	ng/mL	Female: 0.60 - 1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	8.60	µg/dL	Female: 5.50 - 12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	1.02	µIU/mL	Female: 0.35 - 5.50	Chemiluminescence Immunoassay (CLIA)

Comments: Triiodothyronine (T3) assay is a useful test for hyperthyroidism in patients with low TSH and normal T4 levels. It is also used for the diagnosis of T3 toxicosis. It is not a reliable marker for Hypothyroidism. This test is not recommended for general screening of the population without a clinical suspicion of hyperthyroidism.
Reference range: Cord: (37 Weeks): 0.5-1.41, Children:1-3 Days: 1.0-7.40,1-11 Months: 1.05-2.45,1-5 Years: 1.05-2.69,6-10 Years: 0.94-2.41,11-15 Years: 0.82-2.13,Adolescents (16-20 Years): 0.80-2.10
Reference range: Adults: 20-50 Years: 0.70-2.04, 50-90 Years: 0.40-1.81,
Reference range in Pregnancy: First Trimester : 0.81-1.90,Second Trimester : 1.0-2.60
Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, increased Thyroid-binding globulin (TBG).
Decreased Levels: Nonthyroidal illness, hypothyroidism , nutritional deficiency, systemic illness, decreased Thyroid-binding globulin (TBG).

Comments: Total T4 levels offer a good index of thyroid function when TBG is normal and non-thyroidal illness is not present. This assay is useful for monitoring treatment with synthetic hormones (synthetic T3 will cause low total T4).It also helps to monitor treatment of Hyperthyroidism with Thiouracil or other anti-thyroid drugs.
Reference Range: Males : 4.6-10.5,Females : 5.5-11.0,> 60 Years: 5.0-10.70,Cord :7.40-13.10,Children:1-3 Days :11.80-22.60,1-2 Weeks : 9.90-16.60,1-4 Months: 7.20-14.40,1-5 Years : 7.30-15.0,5-10 Years: 6.4-13.3
1-15 Years: 5.60-11.70,Newborn Screen:1-5 Days: >7.5,6 Days : >6.5
Increased Levels: Hyperthyroidism, increased TBG, familial dysalbuminemic hyperthyroxinemia,Increased transthyretin, estrogen therapy, pregnancy.
Decreased Levels: Primary hypothyroidism, pituitary TSH deficiency, hypothalamic TRH deficiency, non thyroidal illness, decreased TBG.

Comments:TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies. It is important to confirm any TSH abnormality in a fresh specimen drawn after ~ 3 weeks before assigning a diagnosis, as the cause of an isolated TSH abnormality.
Reference range in Pregnancy: I- trimester:0.1-2.5; II -trimester:0.2-3.0; III- trimester:0.3-3.0
Reference range in Newborns: 0-4 days: 1.0-39.0; 2-20 Weeks:1.7-9.1
Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism and Thyroid hormone resistance.
Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.

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Test Name	Result	Unit	Reference Value	Method
Lipid Profile-Serum				
Cholesterol Total-Serum	158.00	mg/dL	Female: 0.0 - 200	Cholesterol Oxidase/Peroxidase
Triglycerides-Serum	79.00	mg/dL	Female: 0.0 - 150	Lipase/Glycerol Dehydrogenase
High-density lipoprotein (HDL) Cholesterol-Serum	45.00	mg/dL	Female: 40.0 - 60.0	Accelerator/Selective Detergent
Non-HDL cholesterol-Serum	113	mg/dL	Female: 0.0 - 130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	99.00	mg/dL	Female: 0.0 - 100.0	Cholesterol esterase and cholesterol oxidase
Very-low-density lipoprotein (VLDL) cholesterol-Serum	16	mg/dL	Female: 0.0 - 40	Calculated
Cholesterol/HDL Ratio-Serum	3.51	Ratio	Female: 0.0 - 5.0	Calculated

Interpretation:

Parameter	Desirable	Borderline High	High	Very High
Total Cholesterol	<200	200-239	>240	
Triglycerides	<150	150-199	200-499	>500
Non-HDL cholesterol	<130	160-189	190-219	>220
Low-density lipoprotein (LDL) Cholesterol	<100	100-129	160-189	>190

Comments: As per Lipid Association of India (LAI), for routine screening, overnight fasting preferred but not mandatory. Indians are at very high risk of developing Atherosclerotic Cardiovascular (ASCVD). Among the various risk factors for ASCVD such as dyslipidemia, Diabetes Mellitus, sedentary lifestyle, Hypertension, smoking etc., dyslipidemia has the highest population attributable risk for MI both because of direct association with disease pathogenesis and very high prevalence in Indian population. Hence monitoring lipid profile regularly for effective management of dyslipidemia remains one of the most important healthcare targets for prevention of ASCVD. In addition, estimation of ASCVD risk is an essential, initial step in the management of individuals requiring primary prevention of ASCVD. In the context of lipid management, such a risk estimate forms the basis for several key therapeutic decisions, such as the need for and aggressiveness of statin therapy.

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Test Name	Result	Unit	Reference Value	Method
Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA				
Glycosylated Haemoglobin (HbA1c)	5.10	%	Non diabetic adults :<5.7 At risk (Prediabetes) : 5.7 - 6.4 Diagnosing Diabetes :>= 6.5 Diabetes Excellent Control : 6-7 Fair to good Control : 7-8 Unsatisfactory Control :8-10 Poor Control :>10	HPLC
Estimated Average Glucose(eAG)	99.66	mg/dL		Calculated

Note: 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments: HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

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Test Name	Result	Unit	Reference Value	Method
LFT-Liver Function Test -Serum				
Bilirubin Total-Serum	0.59	mg/dL	0.2-1.0	Caffeine Benzoate Diazotised Sulphanilic Acid
Bilirubin Direct-Serum	0.10	mg/dL	0.0-0.2	Direct Measure
Bilirubin Indirect-Serum	0.49	mg/dL	0.0-1.10	
Aspartate Aminotransferase (AST/SGOT)-Serum	23.00	U/L	15.0-37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	18.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	61.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP-Buffer
Protein, Total-Serum	7.02	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	3.80	g/dL	3.40-5.00	Bromocresol Purple
Globulin-Serum	3.22	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	1.18	Ratio	0.80-1.20	Calculated

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SPECTRUM
DIAGNOSTICS & HEALTH CARE

MC-4196

Name	: MRS. S SAVITA			**Bill Date**	: 09-Dec-2023 09:02 AM
Age / Gender	: 34 years / Female	**UHID**	: 0912230036	**Sample Col. Date**	: 09-Dec-2023 09:02 AM
Ref. By Dr.	: Dr. APOLO CLINIC	0912230036		**Result Date**	: 09-Dec-2023 03:07 PM
Reg. No.	: 0912230036			**Report Status**	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Calcium,Total- Serum	8.90	mg/dL	8.50-10.10	Spectrophotometry (O-Cresolphthalein complexone)
Gamma-Glutamyl Transferase (GGT)-Serum	13.00	U/L	Male: 15.0-85.0 Female: 5.0-55.0	Other g-Glut-3-carboxy-4 nitro

Comments: Gamma-glutamyltransferase (GGT) is primarily present in kidney, liver, and pancreatic cells. Small amounts are present in other tissues. Even though renal tissue has the highest level of GGT, the enzyme present in the serum appears to originate primarily from the hepatobiliary system, and GGT activity is elevated in any and all forms of liver disease. It is highest in cases of intra- or posthepatic biliary obstruction, reaching levels some 5 to 30 times normal. GGT is more sensitive than alkaline phosphatase (ALP), leucine aminopeptidase, aspartate transaminase, and alanine aminotransferase in detecting obstructive jaundice, cholangitis, and cholecystitis; its rise occurs earlier than with these other enzymes and persists longer. Only modest elevations (2-5 times normal) occur in infectious hepatitis, and in this condition, GGT determinations are less useful diagnostically than are measurements of the transaminases. High elevations of GGT are also observed in patients with either primary or secondary (metastatic) neoplasms. Elevated levels of GGT are noted not only in the sera of patients with alcoholic cirrhosis but also in the majority of sera from persons who are heavy drinkers. Studies have emphasized the value of serum GGT levels in detecting alcohol-induced liver disease. Elevated serum values are also seen in patients receiving drugs such as phenytoin and phenobarbital, and this is thought to reflect induction of new enzyme activity.

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Ref. By Dr.	: Dr. APOLO CLINIC	0912230036		**Result Date**	: 09-Dec-2023 04:32 PM
Reg. No.	: 0912230036			**Report Status**	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Blood Group & Rh Typing-Whole Blood EDTA				
Blood Group	A			Slide/Tube agglutination
Rh Type	Positive			Slide/Tube agglutination

Note: Confirm by tube or gel method.

Comments: ABO blood group system, the classification of human blood based on the inherited properties of red blood cells (erythrocytes) as determined by the presence or absence of the antigens A and B, which are carried on the surface of the red cells. Persons may thus have type A, type B, type O, or type AB blood.

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Test Name	Result	Unit	Reference Value	Method
Urine Routine Examination-Urine				
Physical Examination				
Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction (pH)	6.0		5.0-7.5	Dipstick
Specific Gravity	1.010		1.000-1.030	Dipstick
Biochemical Examination				
Albumin	Negative		Negative	Dipstick/Precipitation
Glucose	Negative		Negative	Dipstick/Benedicts
Bilirubin	Negative		Negative	Dipstick/Fouchets
Ketone Bodies	Negative		Negative	Dipstick/Rotheras
Urobilinogen	Normal		Normal	Dipstick/Ehrlichs
Nitrite	Negative		Negative	Dipstick
Microscopic Examination				
Pus Cells	2-4	hpf	0.0-5.0	Microscopy
Epithelial Cells	1-2	hpf	0.0-10.0	Microscopy
RBCs	Absent	hpf	Absent	Microscopy
Casts	Absent		Absent	Microscopy
Crystals	Absent		Absent	Microscopy
Others	Absent		Absent	Microscopy

Comments: The kidneys help infiltration of the blood by eliminating waste out of the body through urine.They also regulate water in the body by conserving electrolytes, proteins, and other compounds. But due to some conditions and abnormalities in kidney function, the urine may encompass some abnormal constituents, which are not normally present.A complete urine examination helps in detecting such abnormal constituents in urine. Several disorders can be detected byidentifying and measuring the levels of such substances. Blood cells, bilirubin, bacteria, pus cells, epithelial cells may be present in urine due to kidney disease or infection. Routine urine examination helps to diagnose kidney diseases, urinary tract infections, diabetes and other metabolic disorders.

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