



NAME	MR , SUKH CHAND	STUDY DATE	22/06/2024 10:46AM
AGE / SEX	55 y / M	HOSPITAL NO.	MH010418408
ACCESSION NO.	NM14651355	MODALITY	US
REPORTED ON	24/06/2024 12:25PM	REFERRED BY	Health Check MHD

2D Echocardiography Report

	End diastole	End systole
IVS thickness (cm)	1.2	1.5
Left Ventricular Dimension (cm)	4.5	3.0
Left Ventricular Posterior Wall thickness (cm)	1.1	1.4

Aortic Root Diameter (cm)	2.4
Left Atrial Dimension (cm)	3.1
Left Ventricular Ejection Fraction (%)	55 %

LEFT VENTRICLE	:	Mild LVH present. No RWMA. LVEF= 55%
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	:	Trace TR, PASP~ 27 mmHg.
PULMONARY VALVE	:	Normal
MAIN PULMONARY ARTERY & ITS BRANCHES	:	Appears normal.
INTERATRIAL SEPTUM	:	Intact.
INTERVENTRICULAR SEPTUM	:	Intact.
PERICARDIUM	:	No pericardial effusion or thickening



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GST: 07AAAAH3917LIZM

PAN NO: AAAAH3917L

NAME	MR , SUKH CHAND	STUDY DATE	22/06/2024 10:46AM
AGE / SEX	55 y / M	HOSPITAL NO.	MH010418408
ACCESSION NO.	NM14651355	MODALITY	US
REPORTED ON	24/06/2024 12:25PM	REFERRED BY	Health Check MHD

DOPPLER STUDY

VALVE	Peak Velocity (cm/sec)	Maximum P.G. (mmHg)	Mean P. G. (mmHg)	Regurgitation	Stenosis
MITRAL	E= 105 A=72	-	-	Trace	Nil
AORTIC	125	-	-	Nil	Nil
TRICUSPID	-	N	N	Trace	Nil
PULMONARY	55	N	N	Nil	Nil

SUMMARY & INTERPRETATION:

- No LV regional wall motion abnormality with LVEF = 55 %
- Mild LVH present. Normal sized RA/RV/LA. Normal RV function.
- Trace MR.
- Trace TR, PASP~ 27 mmHg.
- Normal mitral inflow pattern.
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/vegetation/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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GST: 07AAAAH3917LIZM

PAN NO: AAAAH3917L

NAME	MR , SUKH CHAND	STUDY DATE	22/06/2024 12:30PM
AGE / SEX	55 y / M	HOSPITAL NO.	MH010418408
ACCESSION NO.	R7653535	MODALITY	US
REPORTED ON	22/06/2024 3:05PM	REFERRED BY	Health Check MHD

USG WHOLE ABDOMEN

Results:

Liver is normal in size (14cm) and echopattern. 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 (10.2cm) and echopattern.

Right kidney is normal in position, size (9.5 x 4.3cm) and outline. Cortico-medullary differentiation is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

Left kidney is normal in position, size (10.5 x 5.1cm) and outline. Cortico-medullary differentiation is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

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

Prostate is normal in size (21.6cc in volume) and echotexture.

No significant free fluid is detected.

IMPRESSION: No significant abnormality detected.

Kindly correlate clinically.

Dr. Nipun Gumber MBBS, MD DMC No.90272

ASSOCIATE CONSULTANT

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



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PAN NO: AAAAH3917L

NAME	MR , SUKH CHAND	STUDY DATE	22/06/2024 10:26AM
AGE / SEX	55 y / M	HOSPITAL NO.	MH010418408
ACCESSION NO.	R7653537	MODALITY	CR
REPORTED ON	22/06/2024 4:21PM	REFERRED BY	Health Check MHD

X-RAY CHEST - PA VIEW

Results:

Both lung fields show prominent broncho vascular markings.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically.

Dr. Divya Jain MBBS, DNB DMC No.7955

ASSOCIATE CONSULTANT

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



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6/22/2024 11:11:23 AM

55 Years

Male

HCMCT Manipal Hospital

HEALTH CHECK

Rate 65 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . Ventricular premature complex.....V complex w/ short R-R interval
 PR 131 . Probable left atrial enlargement.....P >50mS, <-0.10mV V1
 QRS 110 . Borderline low voltage, extremity leads.....all extremity leads <0.6mV
 QT 394 . ST elevation, consider anterolateral injury.....ST >0.15mV, I aVL V2-V6
 QTc 410 . Baseline wander in lead(s) V5

--AXIS--

P 34

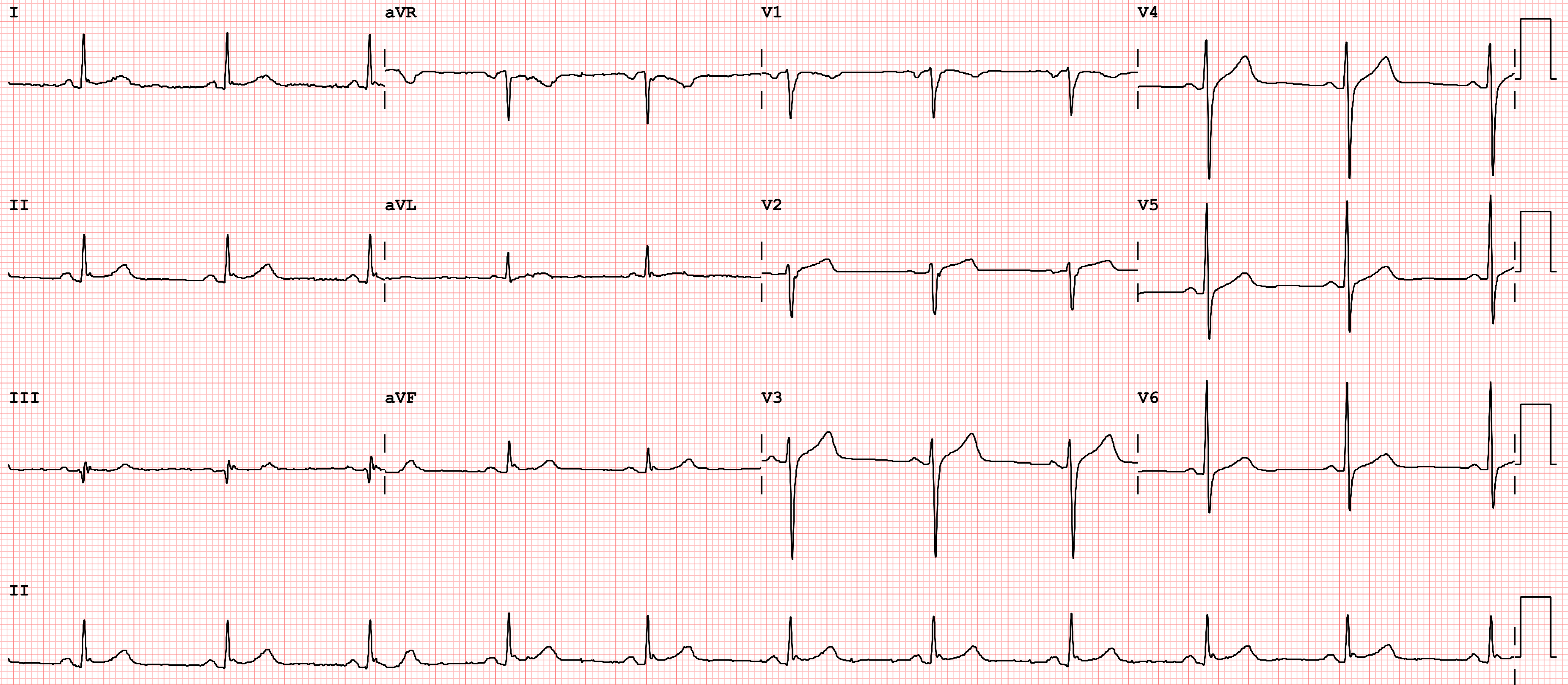
QRS 30

T 43

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?

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Department Of Laboratory Medicine

Name : MR SUKH CHAND **Age** : 55 Yr(s) Sex :Male
Registration No : MH010418408 **Lab No** : 31240600972
Patient Episode : H03000063916 **Collection Date** : 22 Jun 2024 09:56
Referred By : HEALTH CHECK MHD **Reporting Date** : 22 Jun 2024 12:36
Receiving Date : 22 Jun 2024 11:15

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 B 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

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Department Of Laboratory Medicine

Name : MR SUKH CHAND **Age** : 55 Yr(s) Sex :Male
Registration No : MH010418408 **Lab No** : 32240611595
Patient Episode : H03000063916 **Collection Date** : 22 Jun 2024 09:55
Referred By : HEALTH CHECK MHD **Reporting Date** : 22 Jun 2024 14:15
Receiving Date : 22 Jun 2024 10:40

BIOCHEMISTRY

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin)

6.0 %

As per American Diabetes Association (ADA) 2010
[4.0-6.5]

HbA1c in %

Non diabetic adults : < 5.7 %

Prediabetes (At Risk) : 5.7 % - 6.4 %

Diabetic Range : > 6.5 %

Estimated Average Glucose (eAG)

126

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. NaderRifai,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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Department Of Laboratory Medicine

Name : MR SUKH CHAND **Age** : 55 Yr(s) Sex :Male
Registration No : MH010418408 **Lab No** : 32240611595
Patient Episode : H03000063916 **Collection Date** : 22 Jun 2024 09:55
Referred By : HEALTH CHECK MHD **Reporting Date** : 22 Jun 2024 12:22
Receiving Date : 22 Jun 2024 10:29

BIOCHEMISTRY

Lipid Profile (Serum)

TOTAL CHOLESTEROL (CHOD/POD)	172	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	120	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct) Methodology: Homogenous Enzymatic	42	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	24	mg/dl	[10-40]
(CALCULATED) LDL- CHOLESTEROL	106	#mg/dl	[<100] Near/Above optimal:100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	4.1		<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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Patient Episode : H03000063916 **Collection Date** : 22 Jun 2024 09:55
Referred By : HEALTH CHECK MHD **Reporting Date** : 22 Jun 2024 12:22
Receiving Date : 22 Jun 2024 10:29

BIOCHEMISTRY

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

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.440	ng/mL	[<3.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

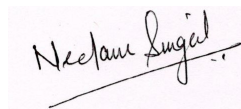
Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

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Department Of Laboratory Medicine

Name : MR SUKH CHAND **Age** : 55 Yr(s) Sex :Male
Registration No : MH010418408 **Lab No** : 32240611595
Patient Episode : H03000063916 **Collection Date** : 22 Jun 2024 09:55
Referred By : HEALTH CHECK MHD **Reporting Date** : 22 Jun 2024 12:27
Receiving Date : 22 Jun 2024 10:29

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.280	ng/ml	[0.400-1.810]
T4 - Thyroxine (ECLIA)	7.500	µg/dl	[4.600-10.500]
Thyroid Stimulating Hormone (ECLIA)	4.100	µIU/mL	[0.340-4.250]

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>

Test Name	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

LIVER FUNCTION TEST (Serum)

BILIRUBIN-TOTAL (Diazonium Ion)	0.65	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (Diazotization)	0.25	mg/dl	[0.00-0.30]
BILIRUBIN - INDIRECT (Calculated)	0.40	mg/dl	[0.20-1.00]
SGOT/ AST (UV without P5P)	26	U/L	[10-50]
SGPT/ ALT (UV without P5P)	30	U/L	[0-41]
ALP (p-NPP,kinetic)*	103	U/L	[45-135]
TOTAL PROTEIN (Biuret)	7.9	g/dl	[7.0-9.0]
SERUM ALBUMIN (BCG-dye)	4.6	g/dl	[3.5-5.2]
SERUM GLOBULIN (Calculated)	3.3	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio(Calculated)	1.39		[1.10-1.80]

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Name : MR SUKH CHAND **Age** : 55 Yr(s) Sex :Male
Registration No : MH010418408 **Lab No** : 32240611595
Patient Episode : H03000063916 **Collection Date** : 22 Jun 2024 09:55
Referred By : HEALTH CHECK MHD **Reporting Date** : 22 Jun 2024 12:23
Receiving Date : 22 Jun 2024 10:29

BIOCHEMISTRY

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.

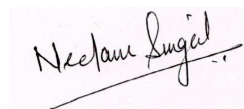
Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	9.00	mg/dl	[6.00-20.00]
SERUM CREATININE (Jaffe's method)	0.85	mg/dl	[0.80-1.60]
SERUM URIC ACID (Uricase)	5.3	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.39	mg/dl	[8.00-10.50]
SERUM PHOSPHORUS (Molybdate, UV)	2.8	mg/dl	[2.5-4.5]
SERUM SODIUM (ISE)	137.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.61	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE Indirect)	101.2	mmol/L	[95.0-105.0]
eGFR	98.1	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

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Department Of Laboratory Medicine

Name : MR SUKH CHAND **Age** : 55 Yr(s) Sex :Male
Registration No : MH010418408 **Lab No** : 32240611596
Patient Episode : H03000063916 **Collection Date** : 22 Jun 2024 09:55
Referred By : HEALTH CHECK MHD **Reporting Date** : 22 Jun 2024 23:03
Receiving Date : 22 Jun 2024 10:30

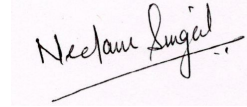
BIOCHEMISTRY

Specimen Type : Plasma

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

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



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CONSULTANT BIOCHEMISTRY



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Department Of Laboratory Medicine

Name : MR SUKH CHAND **Age** : 55 Yr(s) Sex :Male
Registration No : MH010418408 **Lab No** : 32240611597
Patient Episode : H03000063916 **Collection Date** : 22 Jun 2024 14:42
Referred By : HEALTH CHECK MHD **Reporting Date** : 22 Jun 2024 23:03
Receiving Date : 22 Jun 2024 15:20

BIOCHEMISTRY

Specimen Type : Plasma

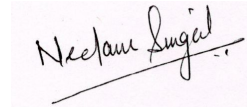
PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 126 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

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Dr. Neelam Singal
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Department Of Laboratory Medicine

Name : MR SUKH CHAND **Age** : 55 Yr(s) Sex :Male
Registration No : MH010418408 **Lab No** : 33240606804
Patient Episode : H03000063916 **Collection Date** : 22 Jun 2024 09:57
Referred By : HEALTH CHECK MHD **Reporting Date** : 22 Jun 2024 13:26
Receiving Date : 22 Jun 2024 10:39

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 4.0 mm/1sthour [0.0-12.0]

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)	4860	/cu.mm	[4000-10000]
RBC Count (Impedence)	5.76 #	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	15.0	g/dL	[13.0-17.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	46.7	%	[40.0-50.0]
MCV (Calculated)	81.1 #	fL	[83.0-101.0]
MCH (Calculated)	26.0	pg	[25.0-32.0]
MCHC (Calculated)	32.1	g/dL	[31.5-34.5]
Platelet Count (Impedence)	187000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	14.3 #	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	57.8	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	29.0	%	[20.0-40.0]

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Department Of Laboratory Medicine

Name : MR SUKH CHAND **Age** : 55 Yr(s) Sex :Male
Registration No : MH010418408 **Lab No** : 33240606804
Patient Episode : H03000063916 **Collection Date** : 22 Jun 2024 09:57
Referred By : HEALTH CHECK MHD **Reporting Date** : 22 Jun 2024 11:48
Receiving Date : 22 Jun 2024 10:39

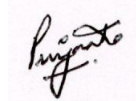
HAEMATOLOGY

Monocytes (Flowcytometry)	9.9	%	[2.0-10.0]
Eosinophils (Flowcytometry)	2.7	%	[1.0-6.0]
Basophils (Flowcytometry)	0.6 #	%	[1.0-2.0]
IG	0.20	%	
Neutrophil Absolute(Flourescence flow cytometry)	2.8	/cu mm	[2.0-7.0]x10 ³
Lymphocyte Absolute(Flourescence flow cytometry)	1.4	/cu mm	[1.0-3.0]x10 ³
Monocyte Absolute(Flourescence flow cytometry)	0.5	/cu mm	[0.2-1.2]x10 ³
Eosinophil Absolute(Flourescence flow cytometry)	0.1	/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. Priyanka Bhatia
CONSULTANT PATHOLOGY

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Department Of Laboratory Medicine

Name : MR SUKH CHAND **Age** : 55 Yr(s) Sex :Male
Registration No : MH010418408 **Lab No** : 38240602107
Patient Episode : H03000063916 **Collection Date** : 22 Jun 2024 09:56
Referred By : HEALTH CHECK MHD **Reporting Date** : 22 Jun 2024 13:32
Receiving Date : 22 Jun 2024 12:58

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH]	5.0	(5.0-9.0)
(Reflectancephotometry(Indicator Method))		
Specific Gravity	1.020	(1.003-1.035)
(Reflectancephotometry(Indicator Method))		
Bilirubin	Negative	NEGATIVE
Protein/Albumin	Negative	(NEGATIVE-TRACE)
(Reflectance photometry(Indicator Method)/Manual SSA)		
Glucose	NOT DETECTED	(NEGATIVE)
(Reflectance photometry (GOD-POD/Benedict Method))		
Ketone Bodies	NOT DETECTED	(NEGATIVE)
(Reflectance photometry(Legal's Test)/Manual Rotheras)		
Urobilinogen	NORMAL	(NORMAL)
Reflectance photometry/Diazonium salt reaction		
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD	NIL	NEGATIVE
(Reflectance photometry(peroxidase))		
MICROSCOPIC EXAMINATION (Manual)	Method: Light microscopy on centrifuged urine	
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	0-1/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 : MR SUKH CHAND **Age** : 55 Yr(s) Sex :Male
Registration No : MH010418408 **Lab No** : 38240602107
Patient Episode : H03000063916 **Collection Date** : 22 Jun 2024 09:56
Referred By : HEALTH CHECK MHD **Reporting Date** : 22 Jun 2024 13:32
Receiving Date : 22 Jun 2024 12:58

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

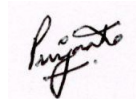
Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

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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CONSULTANT PATHOLOGY