

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 51y (11/05/1971)

Collected On : 09/01/2023 08:55 AM Received On : 09/01/2023 09:12 AM Reported On : 09/01/2023 10:15 AM

Barcode : 012301090608 Specimen : Serum Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9443014951

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
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SERUM CREATININE

Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.58 L	mg/dL	0.6-1.0
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eGFR (Calculated)	109.6	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.
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Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	9	mg/dL	7.0-17.0
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Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	4.29	mg/dL	2.5-6.2
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Test	Result	Unit	Biological Reference Interval
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LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)

Cholesterol Total (Colorimetric - Cholesterol Oxidase)	218 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
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Triglycerides (Colorimetric - Lip/Glycerol Kinase)	176 H	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
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HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	43	mg/dL	40.0-60.0
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Non-HDL Cholesterol (Calculated)	175.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
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LDL Cholesterol (Colorimetric)	132	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
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Test	Result	Unit	Biological Reference Interval
VLDL Cholesterol (Calculated)	35.2	mg/dL	0.0-40.0

Cholesterol /HDL Ratio (Calculated)	5.1 H	-	0.0-5.0
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Test	Result	Unit	Biological Reference Interval
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THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.23	ng/mL	0.97-1.69
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Thyroxine (T4) (Enhanced Chemiluminescence)	10.2	µg/dl	5.53-11.0
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TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	0.6888	µIU/mL	> 18 Year(s) : 0.4 -4.5 Pregnancy: 1st Trimester: 0.129-3.120 2nd Trimester: 0.274-2.652 3rd Trimester: 0.312-2.947
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Test	Result	Unit	Biological Reference Interval
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LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.60	mg/dL	0.2-1.3
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Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.10	mg/dL	0.0-0.4
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Unconjugated Bilirubin (Indirect) (Calculated)	0.5	mg/dL	0.0-1.1
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Total Protein (Colorimetric - Biuret Method)	7.60	gm/dL	6.3-8.2
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Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.20	gm/dL	3.5-5.0
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Serum Globulin (Calculated)	3.4	gm/dL	2.0-3.5
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Albumin To Globulin (A/G)Ratio (Calculated)	1.24	-	1.0-2.1
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SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	31	U/L	14.0-36.0
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SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	20	U/L	<35.0
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Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	75	U/L	38.0-126.0
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Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 51y (11/05/1971)

Test	Result	Unit	Biological Reference Interval
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	13	U/L	12.0-43.0

Interpretation Notes

- Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin). Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin. Delta Bilirubin is not expected to be present in healthy adults or neonates.

--End of Report--



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
(Lipid Profile, -> autoAuthorised)
(, -> autoAuthorised)
(CR, -> autoAuthorised)
(LFT, -> autoAuthorised)
(Blood Urea Nitrogen (Bun), -> autoAuthorised)
(Uric Acid -> autoAuthorised)



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Collected On : 09/01/2023 08:55 AM Received On : 09/01/2023 09:12 AM Reported On : 09/01/2023 09:43 AM

Barcode : 012301090607 Specimen : Plasma Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9443014951

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	106 H	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report--

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Consultant Biochemistry

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- (Fasting Blood Sugar (FBS) -> autoAuthorised)



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Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 51y (11/05/1971)

Collected On : 09/01/2023 08:55 AM Received On : 09/01/2023 09:13 AM Reported On : 09/01/2023 10:48 AM

Barcode : 012301090609 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9443014951

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	5.7 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	116.89	-	-

Interpretation:

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

--End of Report-

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MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

Dr. Anushre Prasad
MBBS,MD, Biochemistry
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MC-2688



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 51y (11/05/1971)

Collected On : 09/01/2023 08:55 AM Received On : 09/01/2023 09:11 AM Reported On : 09/01/2023 09:33 AM

Barcode : 032301090083 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9443014951

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Not Present	-
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

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Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 51y (11/05/1971)

Collected On : 09/01/2023 08:55 AM Received On : 09/01/2023 09:11 AM Reported On : 09/01/2023 09:39 AM

Barcode : 032301090083 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9443014951

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY**PHYSICAL EXAMINATION**

Colour	Yellow	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	6.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.007	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	0.1	/hpf	0-5
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Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 51y (11/05/1971)

Test	Result	Unit	Biological Reference Interval
RBC	2.1	/hpf	0-4
Epithelial Cells	0.6	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	3.7	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 51y (11/05/1971)

Collected On : 09/01/2023 11:46 AM Received On : 09/01/2023 12:04 PM Reported On : 09/01/2023 12:47 PM

Barcode : 012301091225 Specimen : Plasma Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9443014951

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	126	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

--End of Report--

Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

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- (Post Prandial Blood Sugar (PPBS) -> autoAuthorised)



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Collected On : 09/01/2023 08:55 AM Received On : 09/01/2023 09:12 AM Reported On : 09/01/2023 10:14 AM

Barcode : 022301090399 Specimen : Whole Blood - ESR Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9443014951

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	36 H	mm/1hr	0.0-19.0

Interpretation Notes

- ESR high - Infections, chronic disorders,, plasma cell dyscrasias.

DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert

--End of Report--



Dr. Deepak M B
MD, PDF, Hematopathology
Consultant

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Final Report

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Collected On : 09/01/2023 08:55 AM Received On : 09/01/2023 09:11 AM Reported On : 09/01/2023 09:33 AM

Barcode : 032301090083 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9443014951

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Not Present	-
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
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Collected On : 09/01/2023 08:55 AM Received On : 09/01/2023 09:11 AM Reported On : 09/01/2023 09:39 AM

Barcode : 032301090083 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9443014951

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY**PHYSICAL EXAMINATION**

Colour	Yellow	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	6.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.007	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	0.1	/hpf	0-5
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Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 51y (11/05/1971)

Test	Result	Unit	Biological Reference Interval
RBC	2.1	/hpf	0-4
Epithelial Cells	0.6	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	3.7	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

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Final Report

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Collected On : 09/01/2023 08:55 AM Received On : 09/01/2023 09:12 AM Reported On : 09/01/2023 09:27 AM

Barcode : 022301090400 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9443014951

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	12.4	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.11	million/ μ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	37.3	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	90.9	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	30.3	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.4	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	15.4 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	362	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	4.9	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	52.9	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	34.2	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	9.7	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	2.3	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.9	%	0.0-2.0

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Test	Result	Unit	Biological Reference Interval
Absolute Neutrophil Count (Calculated)	2.6	$\times 10^3$ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.7	$\times 10^3$ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.5	$\times 10^3$ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.2	$\times 10^3$ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.1	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

- Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .

RBC Indices aid in typing of anemia.

WBC Count: If below reference range, susceptibility to infection.

If above reference range- Infection*

If very high in lakhs-Leukemia

Neutrophils -If above reference range-acute infection, mostly bacterial

Lymphocytes -If above reference range-chronic infection/ viral infection

Monocytes -If above reference range- TB,Typhoid,UTI

Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms

Basophils - If above reference range, Leukemia, allergy

Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies

* In bacterial infection with fever total WBC count increases.

Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.

In typhoid and viral fever WBC may be normal.

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--End of Report--

Hema S

Dr. Hema S

MD, DNB, Pathology

Associate Consultant

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Collected On : 09/01/2023 08:55 AM Received On : 09/01/2023 09:11 AM Reported On : 09/01/2023 09:33 AM

Barcode : 032301090083 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9443014951

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Not Present	-
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-

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CLINICAL PATHOLOGY

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URINE ROUTINE & MICROSCOPY**PHYSICAL EXAMINATION**

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MICROSCOPIC EXAMINATION

Pus Cells	0.1	/hpf	0-5
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Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 51y (11/05/1971)

Test	Result	Unit	Biological Reference Interval
RBC	2.1	/hpf	0-4
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Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	3.7	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

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