

ECHO REPORT – HEALTH CHECK

DATE : 08/07/2023
NAME:KUMAR KUNAL

MRN: 10010000861927
AGE/GENDER:38Y/M

IMPRESSIONS

- NORMAL CHAMBER DIMENSIONS
- NO RWMA
- MR-MILD,TR-MILD
- NORMAL PA PRESSURE
- NORMAL RV AND LV FUNCTIONS
- LVEF- 60 %

AO:22	LVID(d):41	IVS(d):12	RV:24
LA:32	LVID(s): 32	PW(s):11	TAPSE:20

FINDINGS

CHAMBERS: NORMAL
RWMA: NO RWMA
VALVES:MR-MILD, TR- MILD
SEPTAE: INTACT
AORTA AND PA: AORTIC ANNULUS-22MM, NORMAL
PERICARDIUM: NORMAL
PRESSURES: NORMAL, PASP- 25 MMHG
OTHERS:-

DR SATISH C GOVIND
SENIOR CONSULTANT

JAYALAKSHMI S
SONOGRAPHER

PK/ROOM NUMBER-2

08/07/2023.

1A102023G001336

Dr. Ashutosh

Mr. Kumar Kunal.

38 Y / M.

10010006861927

wf: 91 kg

ht: 168 cm

BP = 122/82 mmHg

HR = 71 bpm

SpO₂ = 97%.

ECG →

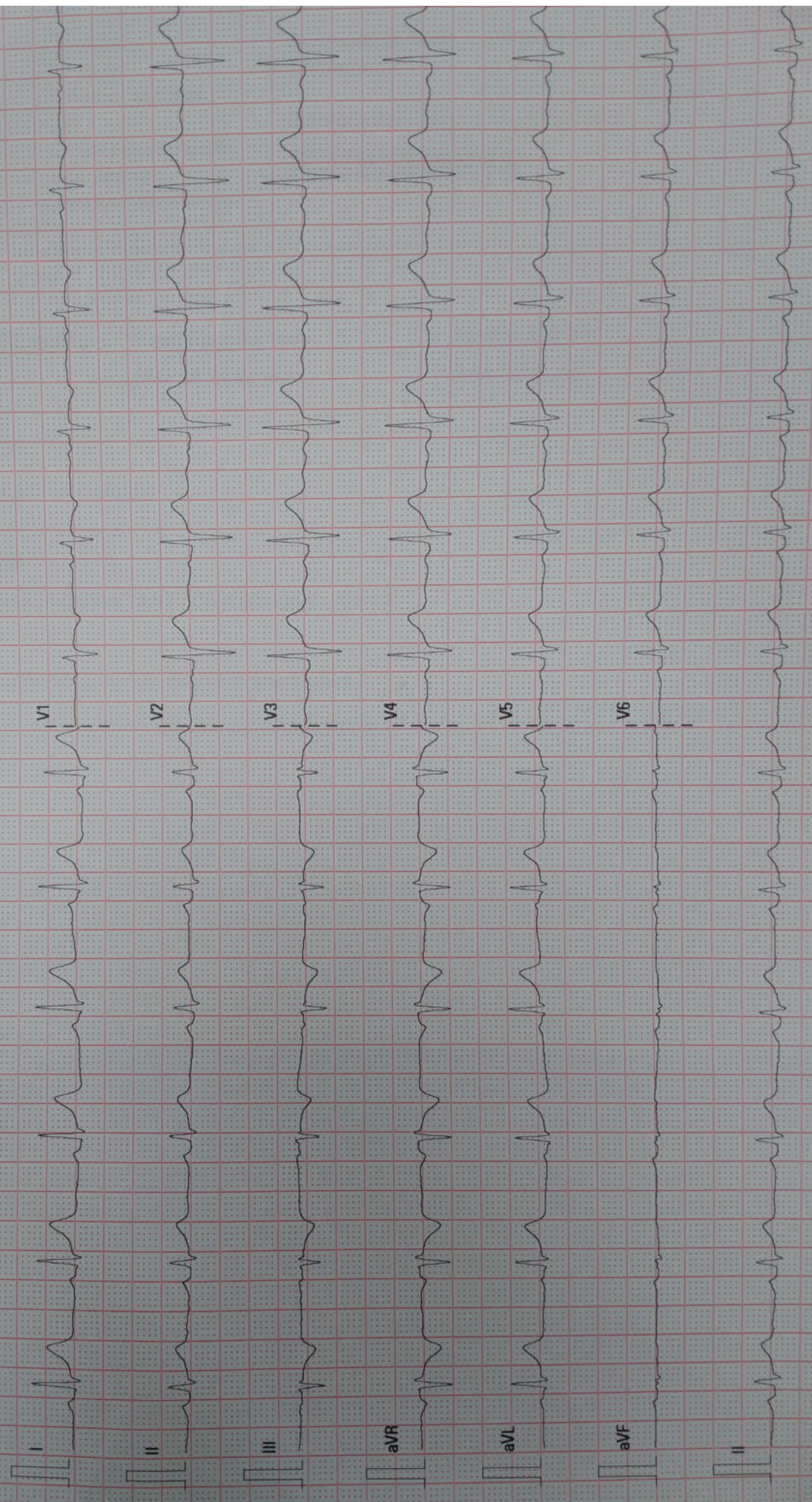
TC 227

TG 262

ID: 10010000861927
Name: Kunal, Kumar
Age: 38 Years
Gender: Male

08-07-2023 09:23:42

Vent. Rate 74 bpm
PR Interval 152 ms
QRS Duration 86 ms
QT/QTc Interval 380/405 ms
P/QRS/T Axes 30/5/1 deg
QTc: Hodges



Patient Name : Mr. Kumar Kunal
Age : 38 Years
Referring Doctor : EHC

MRN : 10010000861927
Sex : Male
Date : 08.07.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and shows diffuse increase in parenchymal echogenicity, suggestive of moderate fatty infiltration. No intra or extra hepatic biliary duct dilatation. No focal lesions.

Portal vein is normal in course, caliber and shows hepatopetal flow. Hepatic veins and their confluence draining into the IVC appear normal. **CBD** is not dilated.

Gallbladder is surgically absent.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity. Tail is obscured by bowel gas.

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum – Obscured by bowel gas.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Prostate is normal in size (volume – 16 cc).

Fluid - There is no ascites.

IMPRESSION:

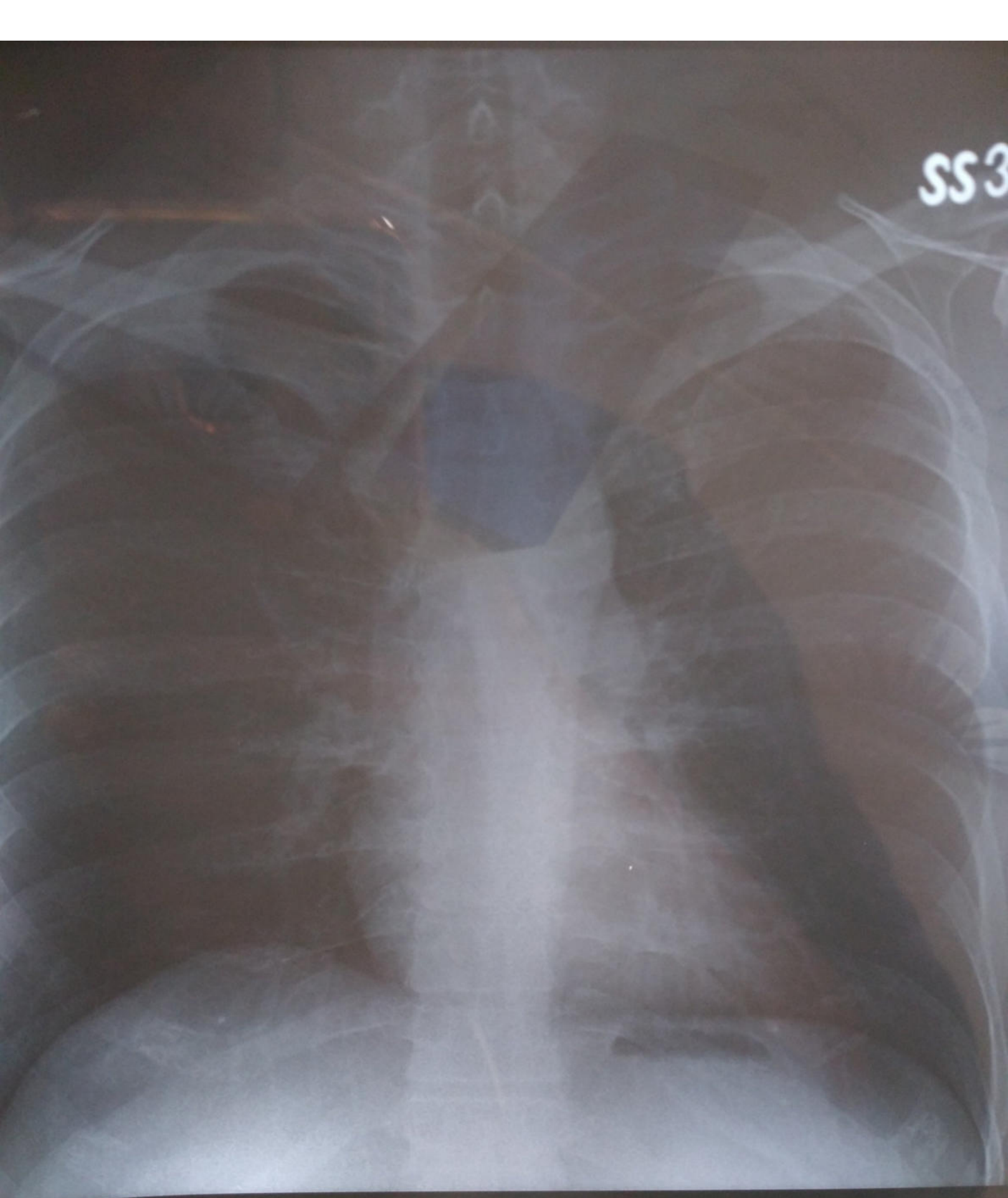
Status post cholecystectomy.

- **Moderate fatty infiltration of liver.**

Dr. Banuprasad SP
Sr. Registrar

Typed by vishwanath

SS3



Kunal Kumar Mr 10010000861927 1020-2307018001 M P5-000310 08/07/2023 10:51 AM

NH MSMC NH HEALTH CITY BANGALORE.

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

Collected On : 08/07/2023 09:50 AM Received On : 08/07/2023 10:07 AM Reported On : 08/07/2023 11:49 AM

Barcode : 012307081048 Specimen : Serum Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900151915

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.75	mg/dL	0.66-1.25
eGFR (Calculated)	116.6	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.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	10	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	5.7	mg/dL	3.5-8.5
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	227 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	262 H	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	38 L	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	189.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	140	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	52.4 H	mg/dL	0.0-40.0

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

Cholesterol /HDL Ratio (Calculated)	6.0 H	-	0.0-5.0
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LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	1.10	mg/dL	0.2-1.3
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Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.00	mg/dL	0.0-0.3
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Unconjugated Bilirubin (Indirect) (Calculated)	1.1	mg/dL	0.0-1.1
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Total Protein (Colorimetric - Biuret Method)	7.90	gm/dL	6.3-8.2
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Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.80	gm/dL	3.5-5.0
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Serum Globulin (Calculated)	3.11	gm/dL	2.0-3.5
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Albumin To Globulin (A/G)Ratio (Calculated)	1.55	-	1.0-2.1
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SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	42	U/L	17.0-59.0
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SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	55 H	U/L	<50.0
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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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Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	24	U/L	15.0-73.0
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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.

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.15	ng/mL	0.97-1.69
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Thyroxine (T4) (Enhanced Chemiluminescence)	5.47 L	µg/dl	5.53-11.0
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Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence) 2.829 μ IU/mL 0.4-4.049

Interpretation Notes

- TSH levels are subjected to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% , hence time of the day has influence on the measured serum TSH concentrations. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.

--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, -> Auto Authorized)
(CR, -> Auto Authorized)
(LFT, -> Auto Authorized)
(Uric Acid, -> Auto Authorized)
(Blood Urea Nitrogen (Bun) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

Collected On : 08/07/2023 09:50 AM Received On : 08/07/2023 10:07 AM Reported On : 08/07/2023 11:07 AM

Barcode : 012307081047 Specimen : Whole Blood Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900151915

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HbA1C			
HbA1c (HPLC NGSP Certified)	5.4	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	108.29	-	-

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--

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

Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

Collected On : 08/07/2023 12:15 PM Received On : 08/07/2023 12:43 PM Reported On : 08/07/2023 01:40 PM

Barcode : 012307081627 Specimen : Plasma Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900151915

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	96	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) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

Collected On : 08/07/2023 11:10 AM Received On : 08/07/2023 11:21 AM Reported On : 08/07/2023 12:26 PM

Barcode : 032307080259 Specimen : Stool Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900151915

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
STOOL ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
Colour	Yellowish	-	-
Consistency	Semi Solid	-	-
Mucus	Absent	-	-
CHEMICAL EXAMINATION			
Stool For Occult Blood (Standard Guaiac Method)	Negative	-	-
Reaction	Alkaline	-	-
MICROSCOPE EXAMINATION			
Ova	Not Seen	-	-
Cyst Of Protozoa	Not Seen	-	-
Trophozoite	Not Seen	-	-
Pus Cells	4-5/hpf	/hpf	0-5

--End of Report-

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

Shahli

Dr. Shalini K S
DCP, DNB, Pathology
Consultant

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

Collected On : 08/07/2023 12:15 PM Received On : 08/07/2023 12:26 PM Reported On : 08/07/2023 12:45 PM

Barcode : 032307080294 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900151915

CLINICAL PATHOLOGY

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

--End of Report--

Dr. Deepak M B
MD, PDF, Hematopathology
Consultant

Note

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- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

Collected On : 08/07/2023 09:50 AM Received On : 08/07/2023 10:07 AM Reported On : 08/07/2023 10:29 AM

Barcode : 022307080583 Specimen : Whole Blood Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900151915

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	13.8	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.69	million/ μ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	41.0	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	87.4	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.5	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.7	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.9	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	156	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	4.7	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	59.8	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	32.0	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	6.5	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.5	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.2	%	0.0-2.0

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

Absolute Neutrophil Count (Calculated)	2.82	$\times 10^3$ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.51	$\times 10^3$ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.31	$\times 10^3$ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.08	$\times 10^3$ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.01	-	-

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

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

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- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

Collected On : 08/07/2023 09:50 AM Received On : 08/07/2023 10:07 AM Reported On : 08/07/2023 10:55 AM

Barcode : 012307081046 Specimen : Plasma Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900151915

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	88	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report--

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

Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

Note

- Abnormal results are highlighted.
 - Results relate to the sample only.
 - Kindly correlate clinically.
- (Fasting Blood Sugar (FBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

Collected On : 08/07/2023 09:50 AM Received On : 08/07/2023 10:07 AM Reported On : 08/07/2023 11:24 AM

Barcode : 022307080584 Specimen : Whole Blood - ESR Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900151915

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	12 H	mm/1hr	0.0-10.0

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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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

Collected On : 08/07/2023 09:50 AM Received On : 08/07/2023 10:10 AM Reported On : 08/07/2023 11:11 AM

Barcode : 1B2307080022 Specimen : Whole Blood Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900151915

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group (Column Agglutination Technology)	A	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report--

Dr. Prathip Kumar B R
MBBS,MD, Immunohaematology & Blood Transfusion
Consultant

Note

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- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

Collected On : 08/07/2023 09:50 AM Received On : 08/07/2023 10:09 AM Reported On : 08/07/2023 10:23 AM

Barcode : 032307080188 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900151915

CLINICAL PATHOLOGY

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

--End of Report--

Dr. Shalini K S
DCP, DNB, Pathology
Consultant

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

Collected On : 08/07/2023 09:50 AM Received On : 08/07/2023 10:09 AM Reported On : 08/07/2023 10:35 AM

Barcode : 032307080188 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900151915

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)	6.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.003	-	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	0.4	/hpf	0-5
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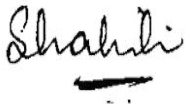
Patient Name : Mr Kumar Kunal MRN : 10010000861927 Gender/Age : MALE , 38y (14/12/1984)

RBC	0.2	/hpf	0-4
Epithelial Cells	0.1	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	2.8	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

Interpretation Notes

- Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to nearest whole number is suggested.

--End of Report--



Dr. Shalini K S
DCP, DNB, Pathology
Consultant

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- Kindly correlate clinically.

