

Mediwheel <wellness@mediwheel.in>

Mon 4/8/2024 11:40 AM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Hi **Manipal Hospital**,

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

Hospital Address : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links
: Aparment

Contact Details : 8707468604

Appointment Date : 11-04-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am-8:30am

| Member Information | | |
|--------------------|---------|--------|
| Booked Member Name | Age | Gender |
| MR. KUMAR PRAMOD | 43 year | Male |

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App



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भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O रविंदर पंडित, एच न. ए/३,
केंद्रीय विद्यालय न. २ चकरी एयर फोर्स
स्टेशन, लाल बंगला, चकरी एरोड्रॉम स.ओ,
कानपुर नगर, उत्तर प्रदेश, 208008

Address: S/O Flavinder Pandit, H.
No. A/3, Kendriya Vidyalaya No. 2
Chakeri Air force Station, Lal
Bangla, Chakeri Aerodrum S.O,
Chakeri Aerodrum, Kanpur Nagar,
Uttar Pradesh, 208008



1947
1800 180 1947



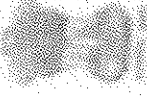
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P.C. Box No. 1947,
Bengaluru-560 001



भारत सरकार

GOVERNMENT OF INDIA

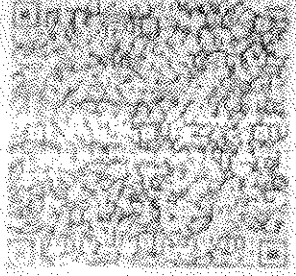


नाम / Name

Prashod Kumar

जन्म / Year of Birth : 1980

लिंग / Male



8322 4700 3364

आधार — आम आदमी का अधिकार

**OUTPATIENT RECORD**

| | | | |
|--------------|--------------------|------------|----------------|
| Hospital No: | MH010773183 | Visit No: | H18000002091 |
| Name: | MR PRAMOD KUMAR | Age/Sex: | 43 Yrs/Male |
| Doctor Name: | HEALTH CHECK MGD | Specialty: | HC SERVICE MGD |
| Date: | 11/04/2024 09:05AM | | |

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECKUP
SYSTEMIC/ OPHTHALMIC HISTORY - N/C

| EXAMINATION DETAILS | RIGHT EYE | LEFT EYE |
|---------------------|------------------------------|-----------------------|
| VISION | 6/18 | 6/9P |
| CONJ | NORMAL | NORMAL |
| CORNEA | CLEAR | CLEAR |
| LENS | EARLY LENS CHANGES BOTH EYES | |
| OCULAR MOVEMENTS | FULL | FULL |
| NCT | 16 | 17 |
| FUNDUS EXAMINATION | | |
| OPTIC DISC | C:D 0.3 | C:D 0.3 |
| MACULAR AREA | FOVEAL REFLEX PRESENT | FOVEAL REFLEX PRESENT |

POWER OF GLASS
Right eye: +2.25 Dsp -6/6
Left eye: +1.00 Dsp / +0.50 Dcyl x 170 degree -6/6
NEAR ADD BE +1.75 DSPH N/6

ADVISE / TREATMENT
GLASSES
E/D NISOL 4 TIMES DAILY BE
REVIEW AFTER 6 MTH

HEALTH CHECK MGD

**RADIOLOGY REPORT**

| | | | |
|---------------|--------------------|--------------|--------------------|
| NAME | MR Pramod KUMAR | STUDY DATE | 11/04/2024 10:01AM |
| AGE / SEX | 43 y / M | HOSPITAL NO. | MH010773183 |
| ACCESSION NO. | R7216665 | MODALITY | CR |
| REPORTED ON | 11/04/2024 10:05AM | REFERRED BY | HEALTH CHECK MGD |

XR- CHEST PA VIEW**FINDINGS:**

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.
Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

| | | | |
|---------------|--------------------|--------------|--------------------|
| NAME | MR Pramod KUMAR | STUDY DATE | 11/04/2024 10:54AM |
| AGE / SEX | 43 y / M | HOSPITAL NO. | MH010773183 |
| ACCESSION NO. | R7216666 | MODALITY | US |
| REPORTED ON | 11/04/2024 11:43AM | REFERRED BY | HEALTH CHECK MGD |

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: Liver is normal in size (measures 144 mm), shape and echotexture. Few calcified granulomas are seen at right lobe of liver with the largest one measuring 2.9 mm. Rest normal.

SPLEEN: Spleen is normal in size (measures 107 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11 mm.

COMMON BILE DUCT: Appears normal in size and measures 3 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 114 x 53 mm.

Left Kidney: measures 114 x 55 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is borderline enlarged in size (measures 46 x 32 x 31 mm with volume 24.3 cc) but normal in shape and echotexture. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Few calcified granulomas seen at right lobe of liver.

-Borderline prostatomegaly.

Recommend clinical correlation.



**Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST**

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

**LABORATORY REPORT**

Name : MR PRAMOD KUMAR Age : 43 Yr(s) Sex :Male
Registration No : MH010773183 Lab No : 202302001224
Patient Episode : H18000002091 Collection Date : 11 Feb 2023 10:39
Referred By : HEALTH CHECK MGD Reporting Date : 11 Feb 2023 17:56
Receiving Date : 11 Feb 2023 14:39

BLOOD BANK

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|------------------|------|-------------------------------|
| Blood Group & Rh Typing (Agglutination by gel/tube technique) | | | Specimen-Blood |
| Blood Group & Rh typing | B Rh(D) Positive | | |

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 3 of 6

NOTE:

- Abnormal Values

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



Dr. Alka Dixit Vats
Consultant Pathologist

**LABORATORY REPORT**

| | | | |
|------------------------|---------------------|------------------------|----------------------|
| Name | : MR PRAMOD KUMAR | Age | : 43 Yr(s) Sex :Male |
| Registration No | : MH010773183 | Lab No | : 202404001686 |
| Patient Episode | : H18000002091 | Collection Date | : 11 Apr 2024 09:20 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 11 Apr 2024 13:58 |
| Receiving Date | : 11 Apr 2024 09:20 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|-------------------------------|--------|--------|-------------------------------|
| THYROID PROFILE, Serum | | | Specimen Type : Serum |
| T3 - Triiodothyronine (ELFA) | 1.170 | ng/ml | [0.610-1.630] |
| T4 - Thyroxine (ELFA) | 8.290 | ug/ dl | [4.680-9.360] |
| Thyroid Stimulating Hormone | 3.320 | µIU/mL | [0.250-5.000] |

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



LABORATORY REPORT

| | | | |
|------------------------|---------------------|------------------------|----------------------|
| Name | : MR PRAMOD KUMAR | Age | : 43 Yr(s) Sex :Male |
| Registration No | : MH010773183 | Lab No | : 202404001686 |
| Patient Episode | : H18000002091 | Collection Date | : 11 Apr 2024 09:20 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 11 Apr 2024 13:58 |
| Receiving Date | : 11 Apr 2024 09:20 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|--------|-------|-------------------------------|
| Specimen Type : Serum | | | |
| PROSTATE SPECIFIC ANTIGEN (PSA-Total): | 1.150 | ng/mL | [<2.500] |

Method :ELFA

Note :1.This is a recommended test for detection of prostate cancer along with Digital Recta Examination (DRE) in males above 50 years of age
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
 5. ~~PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations~~
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend

**LABORATORY REPORT**

Name : MR PRAMOD KUMAR Age : 43 Yr(s) Sex : Male
Registration No : MH010773183 Lab No : 202404001686
Patient Episode : H18000002091 Collection Date : 11 Apr 2024 09:20
Referred By : HEALTH CHECK MGD Reporting Date : 11 Apr 2024 16:22
Receiving Date : 11 Apr 2024 09:20

BLOOD BANK

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|------|--------|------|-------------------------------|
|------|--------|------|-------------------------------|

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

Blood Group & Rh typing B Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 6 of 6

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

| | | | |
|------------------------|---------------------|------------------------|----------------------|
| Name | : MR PRAMOD KUMAR | Age | : 43 Yr(s) Sex :Male |
| Registration No | : MH010773183 | Lab No | : 202302001224 |
| Patient Episode | : H18000002091 | Collection Date | : 11 Feb 2023 10:39 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 11 Feb 2023 18:03 |
| Receiving Date | : 11 Feb 2023 14:39 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|--------------|----------|-------------------------------|
| Glycosylated Hemoglobin | | | |
| Specimen: EDTA | | | |
| HbA1c (Glycosylated Hemoglobin) | 6.1 # | % | [0.0-5.6] |
| Method: HPLC | | | |
| As per American Diabetes Association (ADA) | | | |
| HbA1c in % | | | |
| Non diabetic adults >= 18years <5.7 | | | |
| Prediabetes (At Risk)5.7-6.4 | | | |
| Diagnosing Diabetes >= 6.5 | | | |
| Estimated Average Glucose (eAG) | 128 | mg/dl | |

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.

Serum LIPID PROFILE

| | | | |
|-------------------------------------|------|-------|-------------------------|
| Serum TOTAL CHOLESTEROL | 151 | mg/dl | [<200] |
| Method:Oxidase,esterase, peroxide | | | |
| | | | Moderate risk:200-239 |
| | | | High risk:>240 |
| TRIGLYCERIDES (GPO/POD) | 135 | mg/dl | [<150] |
| | | | Borderline high:151-199 |
| | | | High: 200 - 499 |
| | | | Very high:>500 |
| HDL- CHOLESTEROL | 42 | mg/dl | [35-65] |
| Method : Enzymatic Immunoimhibition | | | |
| VLDL- CHOLESTEROL (Calculated) | 27 | mg/dl | [0-35] |
| CHOLESTEROL, LDL, CALCULATED | 82.0 | mg/dl | [<120.0] |
| | | | Near/ |
| Above optimal-100-129 | | | Borderline High:130-159 |
| | | | High Risk:160-189 |
| T.Chol/HDL.Chol ratio (Calculated) | 3.6 | | <4.0 Optimal |



LABORATORY REPORT

| | | | |
|------------------------|---------------------|------------------------|----------------------|
| Name | : MR PRAMOD KUMAR | Age | : 43 Yr(s) Sex :Male |
| Registration No | : MH010773183 | Lab No | : 202302001224 |
| Patient Episode | : H18000002091 | Collection Date | : 11 Feb 2023 10:39 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 11 Feb 2023 12:01 |
| Receiving Date | : 11 Feb 2023 14:39 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|-----------------|-------------------------------|
| eGFR (calculated) | 113.8 | 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. | | | |

LIVER FUNCTION TEST

| | | | |
|--------------------------|---------------|--------------|--------------------|
| BILIRUBIN - TOTAL | 1.89 # | mg/dl | [0.30-1.20] |
| <i>Method: D P D</i> | | | |

| | | | |
|---------------------------|---------------|--------------|--------------------|
| BILIRUBIN - DIRECT | 0.35 # | mg/dl | [0.00-0.30] |
| <i>Method: DPD</i> | | | |

| | | | |
|-----------------------------------|---------------|--------------|--------------------|
| INDIRECT BILIRUBIN (SERUM) | 1.54 # | mg/dl | [0.10-0.90] |
| <i>Method: Calculation</i> | | | |

| | | | |
|-------------------------------|-------------|--------------|--------------------|
| TOTAL PROTEINS (SERUM) | 7.40 | gm/dl | [6.60-8.70] |
| <i>Method: BIURET</i> | | | |

| | | | |
|------------------------|-------------|-------------|--------------------|
| ALBUMIN (SERUM) | 4.59 | g/dl | [3.50-5.20] |
| <i>Method: BCG</i> | | | |

| | | | |
|----------------------------|-------------|--------------|--------------------|
| GLOBULINS (SERUM) | 2.80 | gm/dl | [1.80-3.40] |
| <i>Method: Calculation</i> | | | |

| | | | |
|----------------------------------|-------------|--|--------------------|
| PROTEIN SERUM (A-G) RATIO | 1.63 | | [1.00-2.50] |
| <i>Method: Calculation</i> | | | |

| | | | |
|-----------------------------|--------------|------------|---------------------|
| AST (SGOT) (SERUM) | 31.00 | U/L | [0.00-40.00] |
| <i>Method: IFCC W/O P5P</i> | | | |

| | | | |
|---------------------------|--------------|------------|----------------------|
| ALT (SGPT) (SERUM) | 26.00 | U/L | [17.00-63.00] |
|---------------------------|--------------|------------|----------------------|



LABORATORY REPORT

Name : MR PRAMOD KUMAR Age : 43 Yr(s) Sex :Male
Registration No : MH010773183 Lab No : 202302001224
Patient Episode : H18000002091 Collection Date : 11 Feb 2023 10:39
Referred By : HEALTH CHECK MGD Reporting Date : 11 Feb 2023 12:02
Receiving Date : 11 Feb 2023 14:39

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|------|-------------------------------|
| <i>Method: IFCC W/O P5P</i> | | | |
| Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i> | 86.0 | IU/L | [32.0-91.0] |
| GGT | 18.0 | U/L | [7.0-50.0] |

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.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR PRAMOD KUMAR
Registration No : MH010773183
Patient Episode : H18000002091
Referred By : HEALTH CHECK MGD
Receiving Date : 11 Feb 2023 10:39

Age : 43 Yr(s) Sex : Male
Lab No : 202302001225
Collection Date : 11 Feb 2023 10:39
Reporting Date : 11 Feb 2023 15:35

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|---------|-------|-------------------------------|
| GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase | 124.0 # | mg/dl | [70.0-110.0] |

Page 5 of 14

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

Dr. Alka Dixit Vats
Consultant Pathologist

**LABORATORY REPORT**

Name : MR PRAMOD KUMAR Age : 43 Yr(s) Sex : Male
 Registration No : MH010773183 Lab No : 202302001226
 Patient Episode : H18000002091 Collection Date : 11 Feb 2023 14:54
 Referred By : HEALTH CHECK MGD Reporting Date : 11 Feb 2023 15:47
 Receiving Date : 11 Feb 2023 14:54

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|-------|-------------------------------|
| PLASMA GLUCOSE | | | |
| Specimen: Plasma | | | |
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS | 95.0 | mg/dl | [80.0-140.0] |
| Method: Hexokinase | | | |
| 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 | | | |

Page 6 of 14

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

Dr. Alka Dixit Vats
 Consultant Pathologist



LABORATORY REPORT

| | | | |
|------------------------|---------------------|------------------------|----------------------|
| Name | : MR PRAMOD KUMAR | Age | : 43 Yr(s) Sex :Male |
| Registration No | : MH010773183 | Lab No | : 202404001686 |
| Patient Episode | : H18000002091 | Collection Date | : 11 Apr 2024 09:20 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 11 Apr 2024 13:02 |
| Receiving Date | : 11 Apr 2024 09:20 | | |

HAEMATOLOGY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|---------------|----------------------------------|-------------------------------|
| COMPLETE BLOOD COUNT (AUTOMATED) | | SPECIMEN-EDTA Whole Blood | |
| RBC COUNT (IMPEDENCE) | 4.60 | millions/cumm | [4.50-5.50] |
| HEMOGLOBIN | 14.3 | g/dl | [13.0-17.0] |
| Method:cyanide free SLS-colorimetry | | | |
| HEMATOCRIT (CALCULATED) | 43.3 | % | [40.0-50.0] |
| MCV (DERIVED) | 94.1 | fL | [83.0-101.0] |
| MCH (CALCULATED) | 31.1 | pg | [25.0-32.0] |
| MCHC (CALCULATED) | 33.0 | g/dl | [31.5-34.5] |
| RDW CV% (DERIVED) | 14.3 # | % | [11.6-14.0] |
| Platelet count | 180 | x 10 ³ cells/cumm | [150-410] |
| Method: Electrical Impedance | | | |
| MPV (DERIVED) | 13.80 | fL | |
| WBC COUNT (TC) (IMPEDENCE) | 9.88 | x 10 ³ cells/cumm | [4.00-10.00] |
| DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY) | | | |
| Neutrophils | 43.0 | % | [40.0-80.0] |
| Lymphocytes | 33.0 | % | [20.0-40.0] |
| Monocytes | 5.0 | % | [2.0-10.0] |
| Eosinophils | 19.0 # | % | [1.0-6.0] |
| Basophils | 0.0 | % | [0.0-2.0] |
| ESR | 20.0 # | mm/1sthour | [0.0- |



LABORATORY REPORT

Name : MR PRAMOD KUMAR
 Registration No : MH010773183
 Patient Episode : H1800002091
 Referred By : HEALTH CHECK MGD
 Receiving Date : 11 Apr 2024 11:01

Age : 43 Yr(s) Sex : Male
 Lab No : 202404001686
 Collection Date : 11 Apr 2024 11:01
 Reporting Date : 11 Apr 2024 13:03

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

| | | |
|------------------|-------------|------------------------|
| Colour | PALE YELLOW | (Pale Yellow - Yellow) |
| Appearance | CLEAR | |
| Reaction[pH] | 8.0 | (4.6-8.0) |
| Specific Gravity | 1.005 | (1.003-1.035) |

CHEMICAL EXAMINATION

| | | |
|-----------------|----------|------------|
| Protein/Albumin | Negative | (NEGATIVE) |
| Glucose | NIL | (NIL) |
| Ketone Bodies | Negative | (NEGATIVE) |
| Urobilinogen | Normal | (NORMAL) |

MICROSCOPIC EXAMINATION (Automated/Manual)

| | | |
|------------------|----------|-----------|
| Pus Cells | 2-3/hpf | (0-5/hpf) |
| RBC | 0-1/hpf | (0-2/hpf) |
| Epithelial Cells | 0-1 /hpf | |
| CASTS | NIL | |
| Crystals | NIL | |
| Bacteria | NIL | |
| OTHERS | NIL | |