

DR. RAJENDRA PASSWALA

M.D. (General Medicine)

Consultant Physician

Specialist In Heart & Kidney Diseases

Reg No : G-11241

Mo: 9898944414

OPR NO:

Shalby MD Physician Clinic

Patient Name:-

Pragn Dule

Age / Sex :-

32 / F

Chief Complaints:-

NO Complaints

Date: 01/01/24

Weight:- 59.2 kg

Height:- 159 cm

Nutritional assessment:-

Obese

Well nourished

Mild-moderate nourished

Severely mal-nourished

Drug / Food Allergy:-

Past History :-

NO Allergy known

Pulse:- 68/min

BP:- 100/90

SpO2:- 100%

Family History:-

Systemic Examination:-

Rh
WBS | C / MOD
AS

Provisional Diagnosis:-

B₁₂ ↓, D₃ ↓, LDL ↑

All the abnormalities of blood is treatable & correctable
Co-patient is fit for any job

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CIN: L85110GJ2004PLC044667

Investigation :-

Treatment and further advices:-
(Write in Capital Letters)

Rx
 T. Uprise D3 60k (4)
 9 મિનિટ સુર લાગા/ર 2119
 લાગા & TE
 = 2x1 Methy Cobal (5)
 1 & keep 11m. on all days
 = T. Cally fuste (15) total 5
 2 સમ 2મિ લાગા 9/11
 - T Rosyvas 10
 બધી દવાઓ ડોક્ટરને બતાવીને લેવી.
 9 સમ લાગા 9/11

Follow Up:

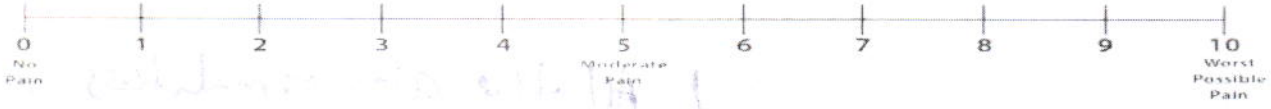
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Date:

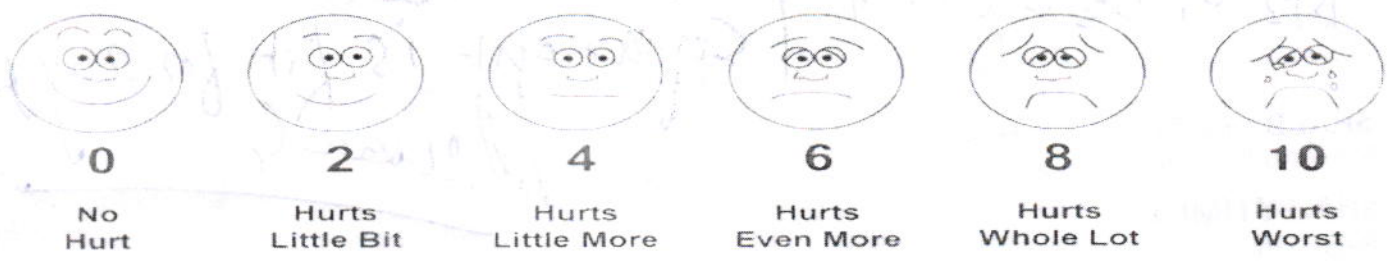
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Incase of emergency please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





Pre - op

Post - op

Health Check-up

Date : _____

Patient Reg. No. : _____

Patient Name : Mrs Priya Dhule Age / Sex : 32 / F

Address : _____

Complaints : *NAD*

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History : *NAD*

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination : *NAD*

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised : *NAD None*

Scaling : Sitzings 1 2 3 Deep

Restoration : _____

RCT : _____

Dentures : _____

Implants : _____

Perio Surgery : _____

Class V Fillings : _____

Extraction : _____

Partial Denture : _____

Crown & Bridge : _____

Present : _____

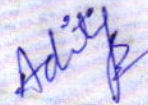
Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Some Golden Rules :

1. Brush your teeth twice a day.
 2. Floss your teeth daily.
 3. Gargle forcefully after each meal.
 4. Visit your dentist twice a year.
 5. Any dental treatment should be performed in a well maintained, hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.
- After knee replacement any treatment should be done under "Antibiotic Coverage"



Dr. Darshini V. S
(Consultant Dental Su

Patient ID:	SUR0000362445	Patient Name:	PRIYA T DHULE
Age:	32 Years	Sex:	F
Accession Number:	3643 MHC	Modality:	DX
Referring Physician:	DR.SHALBY	Study:	CHEST PA
Study Date:	1-Apr-2024		

CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- No significant abnormality seen.

Thanks for referral.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667

DR. HIMANI THAKER (VYAS)

M.S (Gynec)
Consultant Obstetrician & Gynecologist
Laparoscopic Surgeon
Infertility Specialist
Email-ID:- thaker.himani@gmail.com
Register No. G-31062

Shalby Women's Health Clinic

Name:- *Boya*
Chief Complaints:-

Date: *01/4/24*
Weight:-
Height:-
OPR NO:-

Nutritional Assessment:-
 Obese
 Well Nourished
 Mild-Moderate Nourished
 Severely Mal-Nourished

LMP:- *7/3/24*

clonit.

amp - 3-4 days blm
30

M/H:-

O/H:-

OH - P.4

AMN | ♀ | 34m | L,

P/H:-

F/H

Examination:-

pla sgs

Provisional Diagnosis:-

Pls - Cp small lesion (P)

PH takes

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CIN: L85110GJ2004PLC044667

do

- TAB CLERICALS FORCE @ PK

50-1

P/v

—

do

flap after

15-20 day

—

8

Patient Name: PRIYA DHULE		UHID:	
Age / Sex: 32 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby hospital	Date: 01/04/2024	

ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

Liver is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. Portal vein appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. CBD appears normal.

Pancreas appears normal in size and echotexture.
Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Uterus Retroverted appears normal in size 56 x 39 x 40 mm, ET: 7 mm. The uterine myometrial echotexture is homogenous. No focal lesion is seen. There is no evidence of any ovarian or adnexal mass lesion.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- No significant abnormality detected.

Thanks for referrals.



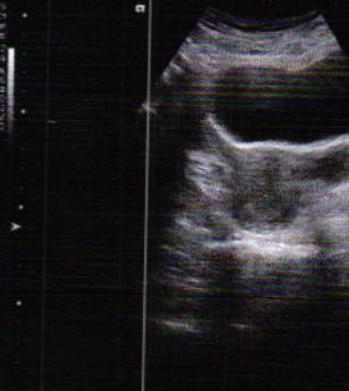
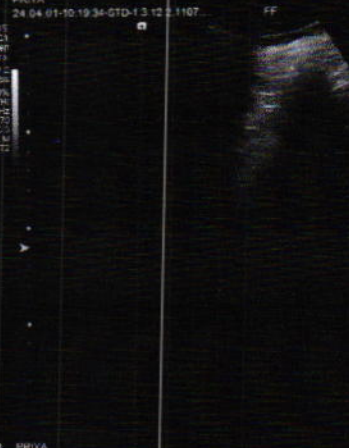
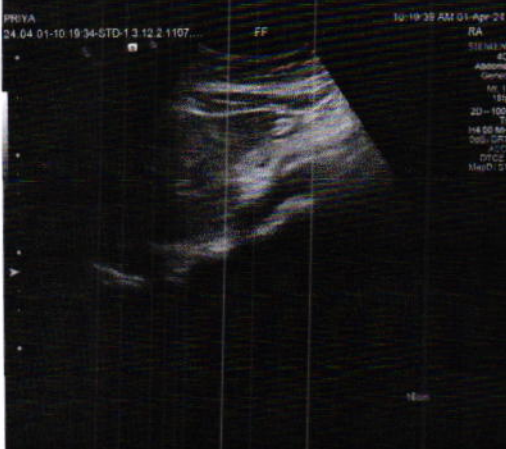
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CIN: L85110GJ2004PLC044667



Patient's Name: Priya Dhule

Age: 32 yrs / Female

Date: 01 / 04 / 2024

ECHOCARDIOGRAPHY REPORT

Valves:-

Mitral valve :Normal, No MR

Aortic valve :Normal, No AR

Tricuspid valve :Normal, No TR

Pulmonary valve:Normal, No PR

Chambers:-

Left Atrium:Normal

Right Atrium:Normal

Right Ventricle:Normal size cavity, Good RV systolic function With TAPSE:20

Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.
Normal LV systolic function
with Ejection Fraction 60 %.
Normal Diastolic Flow Pattern.

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:14 mm with more than 50% collapsibility.

OTHER FINDINGS :- Bilateral lung angle clear

CONCLUSION:-

- Normal LV Systolic function
- No RWMA
- EF 60 %



DR.SUSHIL YADAV
Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease

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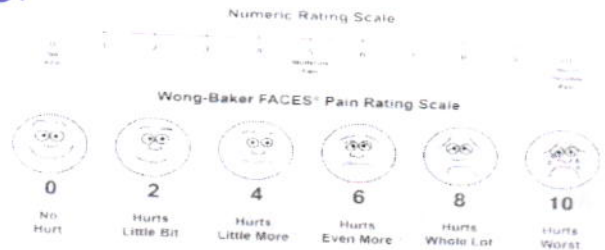
DR. RUJUTA SHELAT

Consultant Ophthalmologist
Reg. No.: G-48712

Name :- *Pritya Tereshwar Shule*

Date:- *01/04/2024*

Chief Complaints:- *Left eye chux.*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *no known allergy*

Personal History:- **Habits:-** Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- *66* Temp:-

Systemic Examination:-

HT:- WT:-

Visual Acuity:- *6/6*

PH Vision:- *6/6*

NCT *18*

SK ± 0.00 / -0.50 x 20 96, 180

ON Examination

Ant. Segment

± 0.00 / -0.50 x 165 66 180

Both Eye

WMM

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NAME
 PR 02 2023 09:57
 D=10
 R>

SPH	CYL	AX
-0.25	-0.50	20
-0.25	-0.50	166
-0.25	-0.75	21

-0.25	-0.50	20
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 L>

SPH	CYL	AX
+0.25	-1.00	150
+0.50	-1.00	172
+0.50	-1.00	166

+0.50	-1.00	166
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 D= 59
 randSeiko.com
 R-3300K S/N:76BB0963

Anterior Chamber

Rt. EYE

Lt. EYE

Investigation:-

Background:-
 Macula:-
 Diagnosis:-

pt will come later on.

Simple myopic Astigmatism

Treatment:-
Glasses

Nutritional Assessment:-
Preventive Care & Counsellings:-

Follow Up ON:-
2 months/503

Signature of the Consultant
[Signature]

ID:

Name:

Sex: **♂**

Birth date:

years

cm

kg

mmHg

1100 Sinus rhythm

9110 ** normal ECG **

Pyoija Tushal

Medication:

Symptoms:

History:

Heart rate 65 bpm

PR interval 172 ms

QRS duration 74 ms

QT/QTc(E) interval 372/384 ms

QT/QTc(T) interval 55/78/47 °

IV5/SV1 amplitude 1.01/0.25 mV

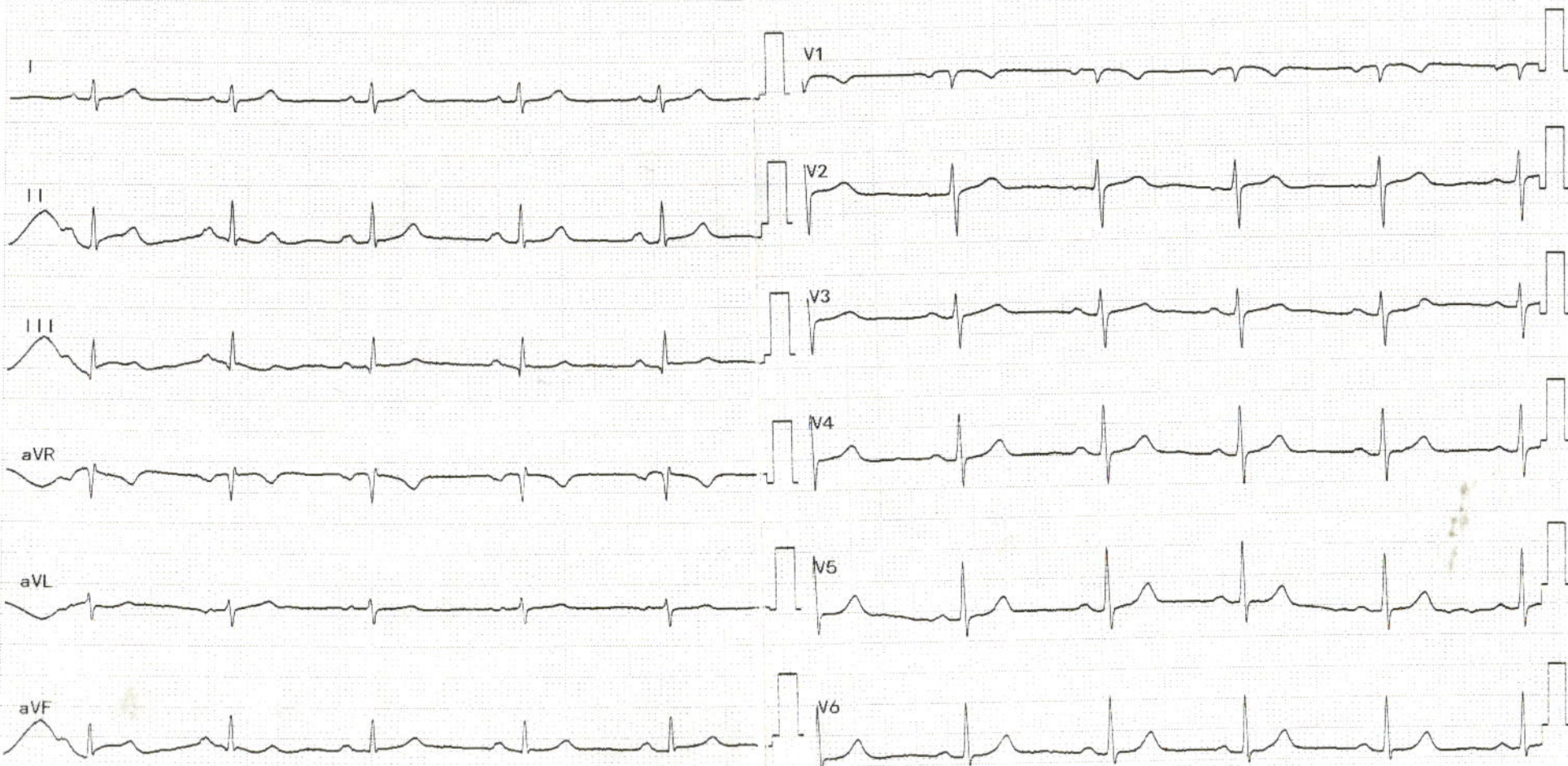
IV5+SV1 amplitude 1.26 mV

Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 100 Hz

10 mm/mV





Certificate No. : MC-5200

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PID : SUR0000362445 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Priya Tushar Dhule / Registered On : 01-Apr-2024 08:57 AM
 Lab ID : 404900018 Collected On : 01-Apr-2024 08:25 AM
 Gender/Age : Female / 52 Years DOB : 14-Jul-1971 Received On : 01-Apr-2024 09:10 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	12.1	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	4.53	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	37.7	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	83.2	fL	83 - 101
MCH <i>Calculated</i>	26.7	pg	27 - 32
MCHC <i>Calculated</i>	32.1	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.7	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNTTotal WBC Count *Electrical Impedance* 4860 cells/cmm 4000 - 10000**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <i>Flow Cytometry</i>	55	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	39	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	3	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	3	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	264000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	8.3	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs	Normochromic and Normocytic.
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETs	Adequate in number and normal in morphology.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Pankaj Agrawal
Dr Pankaj Agrawal
 M.B., D.C.P
 Consulting Pathologist

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"A"
RH Type	POSITIVE

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Dr Pankaj Agrawal
Dr Pankaj AgrawalM.B., D.C.P
Consulting PathologistRegd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.
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Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	1	mm in 1 hour	0 - 30
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.3	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Estimated Average Glucose (eAG) (mg/dL) * 105 mg/dL
Calculated

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Dr Pankaj Agrawal
 M.B., D.C.P
 Consulting Pathologist

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Gender/Age : Female / 52 Years	DOB : 14-Jul-1971	Received On : 01-Apr-2024 09:11 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F),S

Parameter	Result	Unit	Biological Ref. Interval
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BIOCHEMISTRY**PLASMA GLUCOSE LEVEL****FASTING PLASMA GLUCOSE**

Plasma Glucose (F)	90	mg/dL	74 - 106
---------------------------	----	-------	----------

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	81	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic =>200
----------------------------	----	-------	--

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	Absent
-------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

Calcium	9.4	mg/dL	8.4 - 10.2
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Arsenazo III dye

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Consulting Pathologist

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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LIPID PROFILE**LIPID PROFILE****Cholesterol**

Cholesterol Esterase, Oxidase, Peroxidase

206

mg/dL

Desirable: <200
Borderline High: 200 - 239
High >=240**SERUM TRIGLYCERIDE**

Lipase/GK/GPO/POD

97

mg/dL

Normal : <150
Borderline High : 150-199
High : 200-499**HDL CHOLESTEROL DIRECT ***

Phosphotungstic Acid/MgCl2 - Enzymatic

48

mg/dL

Very High : > 500
Major risk factor for heart disease : < 40**Non HDL Cholesterol**

Calculated

158

mg/dL

Negative risk factor for heart disease : >= 60

LDL Cholesterol

Calculated

139

mg/dL

Optimal : <130
Desirable : 130-159
Borderline high : 159-189
High : 189-220
Very High : >=220
Optimal: <100
Near to above Optimal: 100 - 1**VLDL**

Calculated

19

mg/dL

Borderline High: 130 - 159
High: 160 - 189
Very High: > 190**LDL/dHDL ***

Calculated

2.9

6 - 38

Chol/dHDL *

Calculated

4.3

Ratio

2.5 - 3.5

3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Consulting Pathologist

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 Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000362445 OP-001

REPORT STATUS : Interim


 Patient Name : Mrs. Priya Tushar Dhule / Registered On : 01-Apr-2024 08:57 AM
 Lab ID : 404900018 Collected On : 01-Apr-2024 08:25 AM
 Gender/Age : Female / 52 Years DOB : 14-Jul-1971 Received On : 01-Apr-2024 09:11 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
RENAL FUNCTION TEST			
Urea Nitrogen (BUN)	6	mg/dL	7 - 17
<i>Urease, colorimetric</i>			
UREA	13	mg/dL	15 - 36
<i>Calculated</i>			
Creatinine	0.63	mg/dL	0.52 - 1.04
<i>Enzymatic - Creatinine amidohydrolase</i>			
S. URIC ACID	3.3	mg/dL	2.5 - 6.2
<i>Uricase/Peroxidase, Colorimetric</i>			
Calcium	9.4	mg/dL	8.4 - 10.2
<i>Arsenazo III dye</i>			
Phosphorus *	4.3	mg/dL	2.5 - 4.5
<i>Phosphomolybdate reduction (PMA Phenol)</i>			
Sodium	138	mmol/L	137 - 145
<i>Direct Ion Selective Electrode</i>			
S. POTASSIUM	4.48	mmol/L	3.5 - 5.1
<i>Direct Ion Selective Electrode</i>			
Chloride	102	mmol/L	98 - 107
<i>Direct Ion Selective Electrode</i>			

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Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

Vitamin B12 Level * <i>Chemiluminescence immunoassay (CLIA)</i>	139 ↓	pg/mL	Normal: 180 - 914 pg/mL Indeterminate: 145 - 180 pg/mL Deficient: =145 pg/mL
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Note: To differentiate vitamin B12 & folate deficiency, measurement of Methyl malonic acid in urine & serum Homocysteine level is suggested.

Comments

Vitamin B12 performs many important functions in the body, but the most significant function is to act as coenzyme for reducing ribonucleotides to deoxyribonucleotides, a step in the formation of genes. Inadequate dietary intake is not the commonest cause for cobalamine deficiency. The most common cause is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Cobalamine deficiency leads to Megaloblastic anemia and demyelination of large nerve fibres of spinal cord. Normal body stores are sufficient to last for 3-6 years. Sources of Vitamin B12 are liver, shellfish, fish, meat, eggs, milk, cheese & yogurt.

Vitamin D Total 25 Hydroxy (OH) * <i>Chemiluminescence immunoassay (CLIA)</i>	11 ↓	ng/mL	Deficient: <20 ng/mL Insufficient: 20 - <30 ng/mL Sufficient: 30 - 100 ng/mL Upper Safety limit: >100 ng/mL
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Comments

Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

THYROID PROFILE (TFT)

Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	124	ng/dL	87 - 178
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T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	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
	16-20 years	0.80-2.10

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Gender/Age : Female / 52 Years

DOB : 14-Jul-1971

Received On : 01-Apr-2024 09:11 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

THYROID PROFILE (TFT)**Total T4 ***

9.26

µg/dL

99% Reference Interval

(µg/dL)

4.82 - 15.65

Chemiluminescence immunoassay (CLIA)

T4 Total in ug/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

TSH *

2.914

µIU/mL

Non Pregnant Females:

0.38-5.33 µIU/mL

Pregnant Females (1st

trimester): 0.05-3.70

µIU/mL

Pregnant Females (2nd

trimester): 0.31-4.35

µIU/mL

Pregnant Females (3rd

trimester): 0.41-5.18

µIU/mL

Chemiluminescence immunoassay (CLIA)

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	19	U/L	9 - 52
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	21	U/L	14 - 36
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	66	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	17	U/L	12 - 43
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.2	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.2	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.0	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.4	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	1.0	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0 Adult : 0.2 - 1.3
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.8	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.2	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	Glucose-oxidase/peroxidase reaction	Negative	Negative
Bilirubin	Azo coupling Reaction with diazonium	Negative	Negative
Ketone	Sodium Nitroprusside reation	Negative	Negative
Specific Gravity	Refractometric Method - Bromthymol blue	<=1.005	S.G. value 1.001 - 1.035
Blood	Peroxidase like activity of hemoglobin	Negative	Negative
pH	Double Indicator principle	5.5	PH value 4.6 - 8.0
Protein	Protein Error of Indicator Principle	Negative	Negative
Urobilinogen *	Modified Ehrlich reaction	0.2	EU/dL Upto 1.0 mg/dL (EU/dL)
Nitrite *	Diazotization reaction of nitrite with an aromatic amine	Negative	Negative
Leucocyte	Leucocyte Esterase Test	Negative	Negative
Microscopic Examination			
Pus cells	4-5/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	25-30/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Present		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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