TEST REPORT

Reg. No.	: 403100375	**Reg. Date** : 12-Mar-2024 09:11	**Ref.No** :	**Approved On**	: 12-Mar-2024 12:28
Name	: Mr. KUMAR RAJESH			**Collected On**	: 12-Mar-2024 09:49
Age	: 44 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	:
Location	:				

Test Name		Results	Units	Bio. Ref. Interval
		Complete Blood Count **Specimen: EDTA blood**		
Hemoglobin				
Hemoglobin(SLS method)		14.3	g/dL	13.0 - 17.0
Hematocrit (calculated)		42.4	%	40 - 50
RBC Count(Ele.Impedence)		4.57	X 10^12/L	4.5 - 5.5
MCV (Calculated)		92.8	fL	83 - 101
MCH (Calculated)		31.3	pg	27 - 32
MCHC (Calculated)		33.7	g/dL	31.5 - 34.5
RDW (Calculated)		13.0	%	
Differential WBC count (Impedance and flow)				
Total WBC count		6530	/µL	4000 - 10000
Neutrophils		63	%	38 - 70
Lymphocytes		26	%	21 - 49
Monocytes		5	%	3 - 11
Eosinophils		6	%	0 - 7
Basophils		0		0 - 2
Platelet				
Platelet Count (Ele.Impedence)		226000	/cmm	150000 - 410000
MPV	H	**12.10**	fL	6.5 - 12.0

Sample Type: EDTA Whole Blood

Note: All abnormal hemograms are reviewed and confirmed microscopically.Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **DR. PARIMAL SARDA**

Haematopathologist
PDF, CMC vellore
Reg No.:- G-13598

Generated On : 12-Mar-2024 20:20

Approved On: 12-Mar-2024 12:28

For Appointment : 7567 000 750
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Unipath SPECIALITY LABORATORY Ltd. PRAHLADNAGAR BRANCH

TEST REPORT

Reg. No.	: 403100375 **Reg. Date** : 12-Mar-2024 09:11 **Ref.No** :	**Approved On**	: 12-Mar-2024 13:28
Name	: Mr. KUMAR RAJESH	**Collected On**	: 12-Mar-2024 09:49
Age	: 44 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
ESR	04	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs: <30

Method:Modified Westergren

EDTA Whole Blood

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

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TEST REPORT

Reg. No.	: 403100375	**Reg. Date** : 12-Mar-2024 09:11	**Ref.No** :	**Approved On**	: 12-Mar-2024 20:20
Name	: Mr. KUMAR RAJESH			**Collected On**	: 12-Mar-2024 14:59
Age	: 44 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
	STOOL EXAMINATION		
Quantity	3 gms		
Physical examination			
Colour	Brown		
Consistency	Semi solid		
Mucus	Absent		Absent
Blood(Gross Examination)	Absent		Absent
Chemical examination			
Reaction	Acidic		
Pus	Absent		Absent
Parasites	Absent		Absent
Microscopic examination			
Pus Cells	Nil		Absent
Red Cells	Nil		Absent
Epithelial Cells	Nil		Absent
Vegetable Cells	Nil		Present
Neutral Fat	Nil		Nil
Monilia	Nil		Nil
Trophozoites	Nil		Absent
Cysts	NIL		Absent
Ova	Nil		Absent

Sample Type: Stool

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **DR. PARIMAL SARDA**
Haematopathologist
PDF, CMC vellore
Reg No.:- G-13598

Generated On : 12-Mar-2024 20:20

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TEST REPORT

Reg. No.	: 403100375	**Reg. Date** : 12-Mar-2024 09:11	**Ref.No** :	**Approved On**	: 12-Mar-2024 11:08
Name	: Mr. KUMAR RAJESH			**Collected On**	: 12-Mar-2024 09:49
Age	: 44 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval

BLOODGROUP & RH

Specimen: EDTA and Serum; Method: Gel card system

Blood Group "ABO" *Agglutination*	"O"		
Blood Group "Rh" *Agglutination*	Positive		

EDTA Whole Blood

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 12-Mar-2024 20:20

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TEST REPORT

Reg. No.	: 403100375 **Reg. Date** : 12-Mar-2024 09:11 **Ref.No** :	**Approved On**	: 12-Mar-2024 14:40
Name	: Mr. KUMAR RAJESH	**Collected On**	: 12-Mar-2024 09:49
Age	: 44 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
FASTING PLASMA GLUCOSE			
Specimen: Fluoride plasma			
Fasting Plasma Glucose *Hexokinase*	107.36	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126
Flouride Plasma			

Criteria for the diagnosis of diabetes:

1. HbA1c >/= 6.5 *

Or

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 12-Mar-2024 20:20

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TEST REPORT

Reg. No.	: 403100375 **Reg. Date** : 12-Mar-2024 09:11 **Ref.No** :	**Approved On**	: 12-Mar-2024 17:30
Name	: Mr. KUMAR RAJESH	**Collected On**	: 12-Mar-2024 17:14
Age	: 44 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name		Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE **Specimen: Fluoride plasma**				
Post Prandial Plasma Glucose *Hexokinase*	L	**132.9**	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma				

Test done from collected sample.

This is an electronically authenticated report.

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M.B.B.S,D.C.P(Patho)
G- 22475

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TEST REPORT

Reg. No.	: 403100375	**Reg. Date** : 12-Mar-2024 09:11	**Ref.No** :	**Approved On**	: 12-Mar-2024 11:19
Name	: Mr. KUMAR RAJESH			**Collected On**	: 12-Mar-2024 09:49
Age	: 44 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	1.18	mg/dL	0.67 - 1.5

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

Uric Acid (UA)	5.31	mg/dL	3.4 - 7.0

Uricase

Uses

To monitor treatment of gout

To monitor hemotherapeutic treatement of neoplarms to avoid renal urate depositon.

Increase in - Renal failure , Gout , increased destrution of nucleoprotein like in leukemia ,hemolytic anemia, psoriasis, etc ,high protein diet,alochol consumption, etc.

Decrease in - Intake of uricosuric drugs like allopurinol, severe hepatocellular disease , defective renal tubular damage.

GGT	28.0	U/L	10 - 71

L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric

Serum

Uses:

- Diagnosing and monitoring hepatobilliary disease.
- To ascertain whether the elevated ALP levels are due to skeletal disease or due to presence of hepatobiliary disease.
- A screening test for occult alcoholism.

Increased in:

- Intra hepatic biliary obstruction.
- Post hepatic biliary obstruction
- Alcoholic cirrhosis
- Drugs such as phenytoin and phenobarbital.
- Infectious hepatitis (modest elevation)
- Primary/ Secondary neoplasms of liver.

Test done from collected sample.

This is an electronically authenticated report.

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G- 22475

Generated On : 12-Mar-2024 20:20

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TEST REPORT

Reg. No.	: 403100375 **Reg. Date** : 12-Mar-2024 09:11 **Ref.No** :	**Approved On**	: 12-Mar-2024 11:19
Name	: Mr. KUMAR RAJESH	**Collected On**	: 12-Mar-2024 09:49
Age	: 44 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
BLOOD UREA NITROGEN			
Urea *UREASE/GLDH*	25.1	mg/dL	<= 65 YEARS AGE: <50 mg/dL; >65 YEARS AGE: <71 mg/dL
Blood Urea Nitrogen (BUN) *Calculated*	11.7	mg/dL	8.9 - 20.6
Serum			

Useful screening test for evaluation of kidney function.

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Approved On: 12-Mar-2024 11:19

Generated On : 12-Mar-2024 20:20

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TEST REPORT

Reg. No.	: 403100375 **Reg. Date** : 12-Mar-2024 09:11 **Ref.No** :	**Approved On**	: 12-Mar-2024 11:16
Name	: Mr. KUMAR RAJESH	**Collected On**	: 12-Mar-2024 09:49
Age	: 44 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
	LIPID PROFILE		
CHOLESTEROL	167.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride *Enzymatic Colorimetric Method*	107.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) *Calculated*	21	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) *Calculated Method*	97.09	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	48.91	mg/dL	<40 >60
CHOL/HDL RATIO *Calculated*	3.41		0.0 - 3.5
LDL/HDL RATIO *Calculated*	1.99		1.0 - 3.4
TOTAL LIPID *Calculated*	508.00	mg/dL	400 - 1000
Serum			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.
To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.
To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.
To help diagnose other medical conditions, such as liver disease.
Note : biological reference intervals are according to the national cholesterol education program (NCEP) guidelines.

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 12-Mar-2024 20:20

Approved On: 12-Mar-2024 11:16

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TEST REPORT

Reg. No.	: 403100375	**Reg. Date** : 12-Mar-2024 09:11	**Ref.No** :	**Approved On**	: 12-Mar-2024 11:18
Name	: Mr. KUMAR RAJESH			**Collected On**	: 12-Mar-2024 09:49
Age	: 44 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
	LIVER FUNCTION TEST		
TOTAL PROTEIN	7.34	g/dL	6.6 - 8.8
ALBUMIN	4.00	g/dL	3.5 - 5.2
GLOBULIN *Calculated*	3.34	g/dL	2.4 - 3.5
ALB/GLB *Calculated*	1.20		1.2 - 2.2
SGOT	20.90	U/L	<35
SGPT	23.90	U/L	<41
Alkaline Phosphatase *ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER*	74.60	U/L	40 - 130
TOTAL BILIRUBIN	1.00	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.24	mg/dL	<0.2
INDIRECT BILIRUBIN *Calculated*	0.76	mg/dL	0.0 - 1.00

Serum

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 12-Mar-2024 20:20

Approved On: 12-Mar-2024 11:18

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TEST REPORT

Reg. No.	: 403100375	**Reg. Date** : 12-Mar-2024 09:11	**Ref.No** :	**Approved On**	: 12-Mar-2024 13:30
Name	: Mr. KUMAR RAJESH			**Collected On**	: 12-Mar-2024 09:49
Age	: 44 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) *High Performance Liquid Chromatographty (HPLC)*	6.40	%	Normal: <= 5.6 Prediabetes:5.7-6.4 Diabetes: >= 6.5 6-7 : Near Normal Glycemia, <7 : Goal ,7-8 : Good Control ,>8 : Action Suggested.
Mean Blood Glucose *(Calculated)*	137	mg/dL	

Sample Type: EDTA Whole Blood

Criteria for the diagnosis of diabetes

1. HbA1c >/= 6.5 * Or Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
2. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
3. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

Limitation of HbA1c

1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
3) Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%)may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus

- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)

Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr.Vidhi Patel**
M.D BIOCHEMISTRY
Reg. No.:-G-34739

Generated On : 12-Mar-2024 20:20

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TEST REPORT

Reg. No.	: 403100375 **Reg. Date** : 12-Mar-2024 09:11 **Ref.No** :			**Approved On**	: 12-Mar-2024 13:30
Name	: Mr. KUMAR RAJESH			**Collected On**	: 12-Mar-2024 09:49
Age	: 44 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	:
Location	:				

Bio-Rad CDM System
Bio-Rad Variant V-II Instrument #1

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 140303500298
Patient ID:
Name:
Physician:
Sex:
DOB:

Comments:

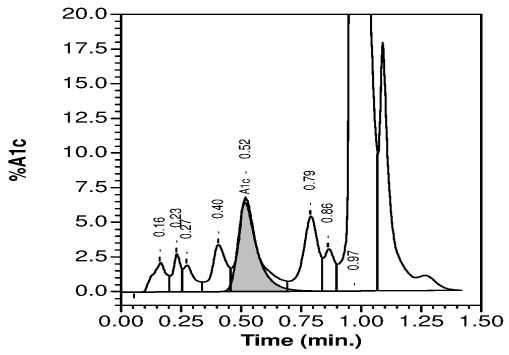
Analysis Data

Analysis Performed: 12/03/2024 13:18:35
Injection Number: 10940
Run Number: 463
Rack ID:
Tube Number: 2
Report Generated: 12/03/2024 13:22:49
Operator ID:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.2	0.161	24413
A1b	---	0.9	0.229	18501
F	---	0.9	0.272	18346
LA1c	---	2.0	0.405	40314
A1c	6.4*	---	0.517	107095
P3	---	3.6	0.788	72302
P4	---	1.4	0.863	27376
Ao	---	84.6	0.972	1690962

*Values outside of expected ranges Total Area: 1,999,310

HbA1c (NGSP) = 6.4* %



Test done from collected sample.

This is an electronically authenticated report.

Approved by: Dr.Vidhi Patel
M.D BIOCHEMISTRY
Reg. No.:-G-34739

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TEST REPORT

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Name	: Mr. KUMAR RAJESH			**Collected On**	: 12-Mar-2024 09:49
Age	: 44 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
	THYROID FUNCTION TEST		
T3 (triiodothyronine), Total *CMIA*	1.07	ng/mL	0.70 - 2.04
T4 (Thyroxine),Total *CMIA*	9.05	µg/dL	4.6 - 10.5
TSH (Thyroid stimulating hormone) *CMIA*	1.530	µIU/mL	0.35 - 4.94

Sample Type: Serum

Comments:
Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-relasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders,2012:2170

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr.Vidhi Patel**
M.D BIOCHEMISTRY
Reg. No.:-G-34739

Generated On : 12-Mar-2024 20:20

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TEST REPORT

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Name	: Mr. KUMAR RAJESH			**Collected On**	: 12-Mar-2024 09:49
Age	: 44 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
Prostate Specific Antigen (PSA),Total	0.926	ng/mL	0 - 4
CMIA			

Sample Type: Serum

Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to reatment.
3.Prostate cancer screening.

Comments

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr.Vidhi Patel**

M.D BIOCHEMISTRY
Reg. No.:-G-34739

Generated On : 12-Mar-2024 20:20

Approved On: 12-Mar-2024 13:23

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1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

TEST REPORT

Reg. No.	: 403100375	**Reg. Date** : 12-Mar-2024 09:11	**Ref.No** :	**Approved On**	: 12-Mar-2024 16:44
Name	: Mr. KUMAR RAJESH			**Collected On**	: 12-Mar-2024 09:49
Age	: 44 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Colour	Pale Yellow		
Clarity	Clear		
CHEMICAL EXAMINATION (by strip test)			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.020		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Negative		Nil
Leucocytes	Nil		Nil
Blood	Absent		Absent
MICROSCOPIC EXAMINATION			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Nil		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil

Urine

---------- End Of Report ----------

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 12-Mar-2024 20:20

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