

Health Lab Report



Summary

Mr. Vignesh Senthilkumar's lab results indicate a generally healthy profile with a few notable exceptions in renal function and metabolic status, including elevated creatinine and abnormal urinalysis results suggestive of possible infection or kidney issues.

Key Findings

- Creatinine level mildly elevated at 1.22 mg/dL.
- Presence of glucose, ketones, bilirubin, and elevated protein in urinalysis, along with positive nitrites indicating possible urinary tract infection.
- Vitamin D level low at 10.38 ng/mL, indicating potential deficiency.
- BMI of 15.0 suggests underweight status.

Recommendations

Meaning

Lifestyle Tips

- Increase water intake to help support kidney function and flush out toxins.
- Incorporate a balanced diet rich in fruits, vegetables, and whole grains while limiting processed foods and salt.

Monitoring & Retesting

- Schedule a follow-up appointment to recheck kidney function tests in a few weeks.
- Consider regular monitoring of blood pressure and blood glucose levels.

Questions for Clinician

- What dietary changes should I prioritize to support my renal health?
- Are there specific symptoms I should watch for that may indicate worsening kidney function?

Safety Flags

- If experiencing symptoms like severe fatigue, swelling, or changes in urine output, seek medical attention immediately.
- Be cautious of any new or worsening symptoms that could indicate a developing kidney issue or infection.

Alerts

Critical Value	Observed Value	Normal Range	Urgency	Reason
BMI	15.0	18.5 - 24.9	Immediate	A BMI of 15.0 indicates severe underweight, which may lead to various health issues.
Vitamin D	10.38	20 - 50 ng/mL	Same-day	Low vitamin D levels can lead to bone disorders and other health complications.
Specific Gravity	Increased	1.005 - 1.030	Same-day	Increased specific gravity may indicate dehydration or other kidney issues.
Protein in Urine	Elevated	Negative	Same-day	Proteinuria may signify kidney damage or disease.
Leukocytes	Increased	0-5 /hpf	Same-day	Increased leukocytes may suggest infection or inflammation.
Nitrite	Positive	Negative	Same-day	Positive nitrite may indicate a bacterial infection in the urinary tract.
Glucose in Urine	Present	Negative	Same-day	Presence of glucose in urine may indicate uncontrolled diabetes or other metabolic issues.
Blood in Urine	Occult blood present	Negative	Same-day	Presence of blood in urine may indicate urinary tract injury or infection.

Critical Value	Observed Value	Normal Range	Urgency	Reason
Bilirubin	Present	Negative	Same-day	Bilirubin in urine may indicate liver dysfunction or hemolysis.

LABORATORY REPORT



Patient NAME : Mr Vignesh Senthilkumar_12879
 DOB/Age/Gender : 22 Y/Male
 Patient ID / UHID : 15433427/RCL15320897
 Referred BY : Self
 Sample Collected : Feb 06, 2026, 10:20 AM

Report STATUS : Final Report
 Barcode NO : RL08979632
 Sample Type : Whole blood EDTA
 Report Date : Feb 08, 2026, 11:36 AM.



Test Description	Value(s)	Unit(s)	Reference Range
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Seva Tessolve Onsite Package(2025)

Complete Blood Count (CBC)

RBC Parameters

Hemoglobin <i>Spectrophotometry</i>	16.5	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	5.3	10^6/ μ l	4.5 - 5.5
PCV <i>Calculated</i>	47.3	%	40 - 50
MCV <i>Numerical Integration</i>	88.6	fL	83 - 101
MCH <i>Calculated</i>	30.8	pg	27 - 32
MCHC <i>Calculated</i>	34.8 H*	g/dL	31.5 - 34.5
RDW (CV) <i>Calculated</i>	12.1	%	11.6 - 14.0
RDW-SD <i>Calculated</i>	47.6 H*	fL	35.1 - 43.9

WBC Parameters

TLC <i>Electrical Impedance (Leishman Stain & Microscopy)</i>	4.3	10^3/ μ l	4 - 10
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Differential Leucocyte Count

Neutrophils <i>Flow Cytometry (Leishman Stain & Microscopy)</i>	56.2	%	40-80
Lymphocytes <i>Flow Cytometry (Leishman Stain & Microscopy)</i>	34.2	%	20-40
Monocytes <i>Flow Cytometry (Leishman Stain & Microscopy)</i>	8	%	2-10
Eosinophils <i>Flow Cytometry (Leishman Stain & Microscopy)</i>	1	%	1-6
Basophils <i>Electrical Impedance (Leishman stain & Microscopy)</i>	0.6	%	<2

Absolute Leukocyte Counts

Calculated			
Neutrophils.	2.42	10^3/ μ l	2 - 7
Lymphocytes. <i>Calculated</i>	1.47	10^3/ μ l	1 - 3
Monocytes. <i>Calculated</i>	0.34	10^3/ μ l	0.2 - 1.0
Eosinophils. <i>Calculated</i>	0.04	10^3/ μ l	0.02 - 0.5
Basophils.	0.03	10^3/ μ l	0.02 - 0.5

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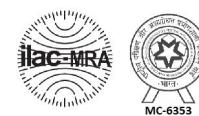
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Calculated			
Platelet Parameters			
Platelet Count <i>Electrical Impedance (Leishman Stain & Microscopy)</i>	295	$10^3/\mu\text{l}$	150 - 410
Mean Platelet Volume (MPV) <i>Calculated</i>	9.4	fL	9.3 - 12.1
PCT <i>Calculated</i>	0.3	%	0.17 - 0.32
PDW <i>Calculated</i>	15.2	fL	8.3 - 25.0
P-LCR <i>Calculated</i>	30.6	%	18 - 50
P-LCC <i>Calculated</i>	91	$10^9/\text{L}$	44 - 140
Mentzer Index <i>Calculated</i>	16.72	%	-

Interpretation:

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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Report Date : Feb 08, 2026, 11:45 AM.



Test Description

Value(s)

Unit(s)

Reference Range

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate MODIFIED WESTERGREN	05	mm/hr	0 - 10
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Interpretation:

ESR is also known as Erythrocyte Sedimentation Rate. An ESR test is used to assess inflammation in the body. Many conditions can cause an abnormal ESR, so an ESR test is typically used with other tests to diagnose and monitor different diseases. An elevated ESR may occur in inflammatory conditions including infection, rheumatoid arthritis ,systemic vasculitis, anemia, multiple myeloma , etc. Low levels are typically seen in congestive heart failure, polycythemia ,sickle cell anemia, hypo fibrinogenemia , etc.

Reference- Dacie and lewis practical hematology

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Test Description	Value(s)	Unit(s)	Reference Range
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HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) HPLC	4.7	%	<5.7
Estimated Average Glucose * <i>calculated.</i>	88.19	mg/dL	-

Interpretation:

Interpretation For HbA1c% As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. converse is true for a diabetic previously under good control but now poorly controlled.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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 as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413

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Barcode NO : RL08979627

Sample Type : FLUORIDE F

Report Date : Feb 07, 2026, 08:24 PM.



MC-6353

Test Description	Value(s)	Unit(s)	Reference Range
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Glucose Fasting

Glucose Fasting Hexokinase	73	mg/dL	70 - 100
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Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	70 - 100
Impaired fasting glucose	101 - 125
Diabetes	≥126

Reference : American Diabetes Association

Comment :

Blood glucose determinations are commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

Note

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
- 2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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Liver Function Test (LFT)

Bilirubin Total <i>diazonium salt</i>	1.20	mg/dL	0.2 - 1.2
Bilirubin Direct <i>Diazo Reaction</i>	0.41	mg/dL	0.0 - 0.5
Bilirubin Indirect * <i>Calculation (T Bil - D Bil)</i>	0.79	mg/dL	0.1 - 1.0
SGOT/AST <i>Enzymatic {NADH (without P5P)}</i>	18	U/L	5 - 34
SGPT/ALT <i>Enzymatic {NADH (without P5P)}</i>	10	U/L	0 to 55
SGOT/SGPT Ratio * <i>calculated</i>	1.8	-	-
Alkaline Phosphatase <i>paranitrophenyl phosphate</i>	63	U/L	50 - 116
Total Protein <i>Biochemical</i>	7.3	g/dL	6.4 - 8.3
Albumin <i>BCG</i>	4.91	gm/dL	3.8 - 5.0
Globulin <i>Calculation (T.P - Albumin)</i>	2.39	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * <i>Calculation (Albumin/Globulin)</i>	2.05	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * <i>Photometric</i>	13	U/L	12 - 64

Interpretation:

The liver filters blood, metabolizes nutrients, detoxifies harmful substances, and produces blood clotting proteins. Liver cells contain enzymes that facilitate these functions. When cells are damaged, enzymes leak into the blood, detectable through blood tests.

Key enzymes tested:

- 1. AST (SGOT):** may indicate tissue injury / damage in muscles or liver.
- 2. ALT (SGPT):** Primarily in the liver. Elevated ALT and AST suggest liver damage.
- 3. Alkaline Phosphatase & GGT:** Linked to bile production and flow. Elevated levels may indicate bile flow issues related to the liver, gallbladder, or bile ducts.

Blood proteins, **albumin** and **globulin**, are essential for growth, development, and health.

- 1. Low protein:** May indicate bleeding, liver disorders, malnutrition, or agammaglobulinemia.
- 2. High protein (Hyperproteinemia):** Often due to dehydration or increased protein production.
- 3. Low albumin:** Caused by poor diet, kidney, or liver disease.
- 4. High albumin:** Usually due to severe dehydration.

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Report STATUS : Final Report

Barcode NO : RL08979628

Sample Type : Serum

Report Date : Feb 08, 2026, 11:43 AM.



MC-6353

Test Description	Value(s)	Unit(s)	Reference Range
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Kidney Function Test (KFT)

Blood Urea <i>Calculated</i>	27.606	mg/dL	19 - 44.1
Bun * <i>Urease</i>	12.9	mg/dL	8.9 - 20.6
Creatinine <i>kinetic alkaline picrate</i>	1.22	mg/dL	0.72 - 1.25
eGFR (CKD-EPI) *	85.96	ml/min/1.73 sq m	Normal Or High: >= 90 Mild Or Decrease: 60-89 Mild To Moderate Decrease: 45-59 Mild To Severe Decrease: 30-44 Severe Decrease: 15-29 Kidney Failure: < 15
Bun/Creatinine Ratio * <i>calculated</i>	10.57 L*		12 - 20
Urea / Creatinine Ratio * <i>Calculated</i>	22.63 L*		25.68- 42.8
Uric Acid <i>Uricase</i>	3.4 L*	mg/dL	3.5 - 7.2
Calcium Serum <i>Arsenazo III</i>	9.8	mg/dL	8.4 - 10.2
Phosphorus <i>phosphomolybdate.</i>	4.3	mg/dL	2.3 - 4.7
Sodium <i>Ion selective Electrode-Indirect.</i>	139	mmol/L	136 - 145
Potassium <i>Ion selective Electrode-Indirect.</i>	4.6	mmol/L	3.5 - 5.1
Chloride <i>Ion selective Electrode-Indirect.</i>	101	mmol/L	98 - 107

Interpretation:

Kidney function tests is a collective term for a variety of individual tests and procedures that can be done to evaluate how well the kidneys are functioning. Many conditions can affect the ability of the kidneys to carry out their vital functions. Some lead to a rapid (acute) decline in kidney function others lead to a gradual (chronic) decline in function. Both result in a buildup of toxic waste substances done on urine samples, as well as on blood samples. A number of symptoms may indicate a problem with your kidneys. These include : high blood pressure, blood in urine, frequent urges to urinate, difficulty beginning urination, painful urination, swelling in the hands and feet due to a buildup of fluids in the body. A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason. Ionized calcium this test if you have signs of kidney or parathyroid disease. The test may also be done to monitor progress and treatment of these diseases."eGFR test is applicable for patients aged 18 years or more."

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Test Description	Value(s)	Unit(s)	Reference Range
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Lipid Profile

Total Cholesterol <i>enzymatic CHOD-PAP</i>	164	mg/dL	<200
Triglycerides <i>Glycerol phosphate oxidase</i>	66	mg/dL	<150
HDL Cholesterol <i>cholesterol oxidase and peroxidase</i>	63	mg/dL	>40
Non HDL Cholesterol * <i>Calculated</i>	101	mg/dL	<130
LDL Cholesterol <i>Calculated</i>	87.8	mg/dL	<100
V.L.D.L Cholesterol * <i>Calculated</i>	13.2	mg/dL	< 30
Chol/HDL Ratio * <i>Calculated</i>	2.6 L*	Ratio	3.5 - 5.0
HDL/ LDL Ratio * <i>Calculated</i>	0.72	Ratio	0.5 - 3.0
LDL/HDL Ratio * <i>Calculated</i>	1.39	Ratio	-

Interpretation:

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

HDL Cholesterol

Low	High
<40	>=60

Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence

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High Risk	of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >/= 50 mg/dl 8. Non stenotic carotid plaque		
Moderate Risk	2 major ASCVD risk factors		
Low Risk	0-1 major ASCVD risk factors		
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors			
1. Age >/=45 years in Males & >/= 55 years in Females	3. Current Cigarette smoking or tobacco use		
2. Family history of premature ASCVD	4. High blood pressure		
5. Low HDL			

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

* After an adequate non-pharmacological intervention for at least 3 months.

References : Management of Dyslipidaemia for the Prevention of Stroke : Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology,2022,20,134-155.

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Iron Studies

Iron <i>Ferrozine</i>	152	µg/dL	65 - 175
TIBC,(Total Iron Binding Capacity) <i>Calculated</i>	278	µg/dL	250 - 450
UIBC <i>Ferrozine</i>	126	µg/dL	69 - 240
Transferrin Saturation <i>Calculated</i>	54.68 H*	%	14 - 50

Interpretation:

Increased levels due to iron ingestion or ineffective erythropoiesis. Decreased levels due to infection, inflammation, malignancy, menstruation and Fe deficiency. Needs to be taken into consideration with TIBC. Transferrin Saturation:- Low level Transferrin Saturation can indicate iron deficiency, erythropoiesis, infection, or inflammation. High level Transferrin Saturation can indicate recent ingestion of dietary iron, ineffective erythropoiesis, haemochromatosis or liver disease. High TIBC, UIBC, or transferrin usually indicates iron deficiency, but they are also increased in pregnancy and with the use of oral contraceptives. Low TIBC, UIBC, or transferrin may occur if someone has: Hemochromatosis, Certain types of anemia due to accumulated iron, Malnutrition, kidney disease that causes a loss of protein in urine.

Note :- (H* - High , L* - Low , CL* - Critical Low, CH* - Critical High)

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LABORATORY REPORT



Patient NAME : Mr Vignesh Senthilkumar_12879

DOB/Age/Gender : 22 Y/Male

Patient ID / UHID : 15433427/RCL15320897

Referred BY : Self

Sample Collected : Feb 06, 2026, 10:20 AM

Report STATUS : Final Report

Barcode NO : RL08979628

Sample Type : Serum

Report Date : Feb 08, 2026, 11:43 AM.



MC-6353

Test Description	Value(s)	Unit(s)	Reference Range
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Vitamin D 25 Hydroxy

Vitamin D 25 - Hydroxy CMIA	10.38 L*	ng/mL	Deficiency:<10ng/ml Insufficient:10-30ng/ml Sufficient:>30-100ng/ml Hypervitaminosis:>100ng/ml
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Interpretation:

25-Hydroxy vitamin D represents the main body reservoir and transport form. Mild to moderate deficiency is associated with Osteoporosis / Secondary Hyperparathyroidism while severe deficiency causes Rickets in children and Osteomalacia in adults. Prevalence of Vitamin D deficiency is approximately >50% specially in the elderly. This assay is useful for diagnosis of vitamin D deficiency and Hypervitaminosis D. It is also used for differential diagnosis of causes of Rickets & Osteomalacia and for monitoring Vitamin D replacement therapy.

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)

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MC-6353

Test Description	Value(s)	Unit(s)	Reference Range
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Thyroid Profile Total

Triiodothyronine (T3) CMIA	97	ng/dL	35 - 193
Total Thyroxine (T4) CMIA	5.95	μg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive) CMIA	1.42	μIU/mL	0.35 - 4.94

Interpretation:

Pregnancy	Reference Range TSH
1st Trimester	0.1 - 2.5
2nd Trimester	0.2 - 3.0
3rd Trimester	0.3 - 3.0

Clinical Use:

1. Diagnose Hypothyroidism & Hyperthyroidism
2. Monitor T4 therapy
3. Measure subnormal TSH levels

Increased TSH: Primary hypothyroidism, Subclinical hypothyroidism, TSH-dependent hyperthyroidism, Thyroid hormone resistance

Decreased TSH: Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency

Thyroid malfunction (hyper or hypo) affects T3 & T4 levels. Pituitary or hypothalamic issues also influence thyroid activity.

1. **Primary Hypothyroidism:** High TSH levels.
2. **Secondary/Tertiary Hypothyroidism:** Low TSH levels.
3. **Euthyroid Sick Syndrome:** Abnormal thyroid test results due to non-thyroidal illnesses (NTI).

TBG levels are stable in healthy individuals but may be altered by pregnancy, estrogens, androgens, steroids, or glucocorticoids, causing inaccurate T3 & T4 readings.

TSH	T4	T3	Interpretation
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low Or Normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High Or Normal	High Or Normal	Hyperthyroidism
Low	Low Or Normal	Low Or Normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)

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LABORATORY REPORT



Patient NAME : Mr Vignesh Senthilkumar_12879

DOB/Age/Gender : 22 Y/Male

Patient ID / UHID : 15433427/RCL15320897

Referred BY : Self

Sample Collected : Feb 06, 2026, 10:20 AM

Report STATUS : Final Report

Barcode NO : RL08979627

Sample Type : None

Report Date : Feb 07, 2026, 11:58 AM.

Test Description	Value(s)	Unit(s)	Reference Range
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Physical Details

Height	177	CM	
Weight	47	Kg	
BMI	15.0		Underweight =<18.5 Normal weight =18.5-24.9 Overweight = 25-29.9 Obesity = BMI of 30 or greater
BPS	75		
blood_pressure_high	110.0	Mmhg	120
blood_pressure_low	75	Mmhg	80

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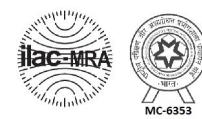
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LABORATORY REPORT



Patient NAME : Mr Vignesh Senthilkumar_12879
 DOB/Age/Gender : 22 Y/Male
 Patient ID / UHID : 15433427/RCL15320897
 Referred BY : Self
 Sample Collected : Feb 06, 2026, 10:20 AM

Report STATUS : Final Report
 Barcode NO : RL08979631
 Sample Type : Spot Urine
 Report Date : Feb 07, 2026, 08:54 PM.



Test Description	Value(s)	Unit(s)	Reference Range
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Urine Routine and Microscopic Examination

Physical Examination

Volume Visual Examination	20	mL	
Colour Visual Examination	Pale Yellow		Pale yellow
Transparency Visual Examination	Clear		Clear
Deposit Visual Examination	Absent		Absent

Chemical Examination

Reaction (pH) Double Indicator	6.5		5.5-8.0
Specific Gravity Ion Exchange.	1.015	0	1.010 - 1.030
Urine Glucose (sugar) Oxidase / Peroxidase	Negative		Negative
Urine Protein (Albumin) bromophenol blue	Negative		Negative
Urine Ketones (Acetone) Legals Test	Negative		Negative
Blood Peroxidase	Negative		Negative
Leucocyte esterase Enzymatic Ester	Negative		Negative
Bilirubin Urine Diazo Reaction	Negative		Negative
Nitrite Griess Test	Negative		Negative
Urobilinogen Ehrlichs Test	Normal		Normal

Microscopic Examination

Pus Cells (WBCs) Wet Mount & Microscopy	2-3	/hpf	0-5
Epithelial Cells Wet Mount & Microscopy	1-2	/hpf	0-4
Red blood Cells Wet Mount & Microscopy	Absent	/hpf	Absent
Crystals Wet Mount & Microscopy	Absent		Absent
Cast Wet Mount & Microscopy	Absent		Absent
Yeast Cells Wet Mount & Microscopy	Absent		Absent

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LABORATORY REPORT



Patient NAME : Mr Vignesh Senthilkumar_12879

DOB/Age/Gender : 22 Y/Male

Patient ID / UHID : 15433427/RCL15320897

Referred BY : Self

Sample Collected : Feb 06, 2026, 10:20 AM

Report STATUS : Final Report

Barcode NO : RL08979631

Sample Type : Spot Urine

Report Date : Feb 07, 2026, 08:54 PM.



MC-6353

Test Description	Value(s)	Unit(s)	Reference Range
Amorphous deposits <i>Wet Mount & Microscopy</i>	Absent		Absent
Bacteria <i>Wet Mount & Microscopy</i>	Absent		Absent
Protozoa <i>Wet Mount & Microscopy</i>	Absent		Absent

Interpretation:

URINALYSIS- Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.

*** End Of Report ***

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