LABORATORY REPORT

Redcliffe labs

Patient NAME			
DOB/Age/Gender		Report STATUS	:
Patient ID / UHID		Barcode NO	:
Referred BY		Sample Type	:
Sample Collected		Report Date	:

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

Urinary Tract Infection Panel

Blood Urea Nitrogen (Bun)

Blood Urea *Urease*	**15.6 L***	mg/dL	19 - 44.1
Bun *Urease*	7.29	mg/dL	7.0 - 18.7

Interpretation:
1. The blood urea nitrogen (BUN) test measures the amount of nitrogen in your blood that comes from the waste product urea. Urea is formed in the liver when the body breaks down proteins and is eventually eliminated by the kidneys.

2. Low BUN levels can be caused by a variety of factors. Liver disease is a primary cause, as urea is produced in the liver, and any dysfunction in this organ can lead to lower BUN levels. Malnutrition or a low protein diet can also contribute, as inadequate protein intake reduces urea production. Overhydration, resulting from excessive fluid intake, can dilute the urea concentration in the blood. Additionally, pregnancy can lower BUN levels due to increased fluid retention and changes in metabolism.

3. High BUN levels can result from various conditions. Kidney dysfunction is a primary cause, as impaired kidney function can reduce urea elimination. Dehydration, which decreases fluid volume in the body, can also concentrate urea. A high protein diet can increase urea production due to excessive protein intake. Heart failure can reduce blood flow to the kidneys, impairing their function. Gastrointestinal bleeding contributes to high BUN levels by breaking down blood proteins in the digestive tract. Certain medications, such as corticosteroids and antibiotics, can elevate BUN levels. Additionally, shock or severe stress can affect BUN levels by reducing blood flow to the kidneys.

Creatinine, Serum

Creatinine *Creatinase and sarcosine oxidase*	0.7	mg/dL	0.57 - 1.11
eGFR (CKD-EPI)	106.59	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

Interpretation:
Creatinine estimation is done to assess kidney function. It is not dependent on dietary factors. Normal values are obtained in kidney diseases, except in advanced renal failure and therefore its estimation is more valuable if coupled with clearance.

"eGFR test is applicable for patients aged 18 years or more."

Rima Rudra

Dr. Rima Rudra
WBMC(75259)
MBBS, MD (Biochemistry)
Consultant Biochemistry

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Test Description	Value(s)	Unit(s)	Reference Range
Uric Acid			
Uric Acid *Uricase*	4.8	mg/dL	2.6 - 6.0

Interpretation:
Serum uric acid levels are very labile and show day to day and seasonal variation in some people. Levels are also increased by emotional stress, total fasting and increased body weight. Serum uric acid levels are used to diagnose and monitor treatment of gout, monitor chemotherapeutic treatment of neoplasms to avoid renal urate deposition with possible renal failure.

Rima Rudra

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Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination			
Volume *Visual*	45	mL	-
Colour *Visual*	Pale yellow	-	Pale yellow
Transparency *Visual*	Clear	-	Clear
Deposit *Visual*	Absent	-	Absent
Chemical Examination			
Reaction (pH) *Double Indicator*	6.0	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	1.015	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase Peroxidase*	Negative	-	Negative
Urine Protein (Albumin) *Acid/Base colour exchange*	Negative	-	Negative
Urine Ketones (Acetone) *Legals test*	Negative	-	Negative
Blood *Peroxidase*	Negative	-	Negative
Leucocyte esterase *Enzymatic reaction (Indoxyl ester)*	Negative	-	Negative
Bilirubin Urine *diazonium salt*	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs) *Wet Mount*	2-3	/hpf	0 - 5
Epithelial Cells *Wet Mount*	1-2	/hpf	0 - 4
Red blood Cells *Wet Mount*	Absent	/hpf	Absent
Crystals *Wet Mount*	Absent	-	Absent
Cast *Wet Mount*	Absent	-	Absent
Yeast Cells *Wet Mount*	Absent	-	Absent

Dr. Deep Banerjee
WBMC 79005
MBBS, M.D
Consultant Pathologist

Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
Patient ID / UHID	:	Barcode NO	:
Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

Test Description	Value(s)	Unit(s)	Reference Range
Amorphous deposits *Wet Mount*	Absent	-	Absent
Bacteria *Wet Mount*	Absent	-	Absent
Protozoa *Wet Mount*	Absent	-	Absent
Comment	Micro-organism Seen.		

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 ***

Dr. Deep Banerjee
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Urinary Tract Infection Panel

Culture Aerobic, Urine

NATURE OF SPECIMEN	URINE	

CULTURE

Organism : Escherichia coli

Colony Count : >100,000 CFU/mL

Comment : Pus cell count is of doubtful significance. Please correlate clinically.

ANTIBIOTIC SUSCEPTIBILITY

Organism : Escherichia coli

ANTIBIOTIC NAME	INTERPRETATION
NITROFURANTOIN	SENSITIVE(MZI-20)
OFLOXACIN	SENSITIVE(MZI-20)
GENTAMICIN	SENSITIVE(MZI-20)
COLISTIN	SENSITIVE(MZI-20)
NORFLOXACIN	SENSITIVE(MZI-22)
AMIKACIN	SENSITIVE(MZI-22)
LEVOFLOXACIN	SENSITIVE(MZI-23)
FOSFOMYCIN	SENSITIVE(MZI-24)
AZTREONAM	SENSITIVE(MZI-24)
TRIMETHOPRIM/SULFAMETHOXAZOLE	SENSITIVE(MZI-24)
IMIPENEM	SENSITIVE(MZI-25)
PIPERACILLIN/TAZOBACTAM	SENSITIVE(MZI-25)
CIPROFLOXACIN	SENSITIVE(MZI-26)
CEFOTAXIME	SENSITIVE(MZI-26)
MEROPENEM	SENSITIVE(MZI-27)

Comment:

1. Result of culture and antimicrobial susceptibility test need to be correlated clinically.
2. Previous history of antibiotic usage may influence the growth of microorganisms in vitro.
3. Low counts can be considered significant in patients on antimicrobial therapy, diuretics and growth of pure culture of S.aureus.
4. Any growth of yeasts may be correlated clinically and specimen repeated for fungal culture with identification and susceptibility testing.
5. Kindly rule out causes of sterile pyuria, in cases where significant pus cells are observed (according to urine routine) with no growth on culture. Sterile pyuria can have two types of causes: infectious or non-infectious. Common causes include Renal calculi, sexually transmitted infections, genito-urinary tuberculosis, certain inflammatory and auto-immune conditions, Diabetes, Pregnancy, SLE, Malignant hypertension, Kawasaki disease, intake of medications like NSAIDs, certain antibiotics, PPI etc.

Colony Count	Interpretation

Patient NAME	
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Urinary Tract Infection Panel

Culture Aerobic, Urine

Colony Counts of 10000 - >= 100000 CFU/ml of single/two Potential pathogen/s.	Significant growth. Suggestive of Urinary tract infection (UTI) requiring treatment based on antimicrobial susceptibility testing results.
Colony counts between 1000 to 10000 CFU/ml of single Potential pathogen.	Can be considered Significant growth,correlation with Microscopy and Clinical history required.
Colony counts upto 100 CFU/ml.	Insignificant growth. Probable commensal contamination during voiding.
Any number / Any count.	Significant in case of Suprapubic aspirates/surgically obtained (e.g. cystoscopy) specimens.
>= 3 organism types with no predominant (10000 >= 100000 CFU/ml) pathogen.	Fresh specimen required as possibility of contamination during voiding.

Minimum Zone of Inhibition(MZI)
Sensitivity was checked by Kirby-Bauer Disc Diffusion Method.

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

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