

Patient NAME		Report STATUS :	
DOB/Age/Gender		Barcode NO :	
Patient ID / UHID		Sample Type :	
Referred BY		Report Date :	
Sample Collected			
Test Description	Value(s)	Unit(s)	Reference Range

Urine Profile

Urine Routine and Microscopic Examination

Physical Examination			
Volume	20	mL	-
Colour	Pale yellow	-	Pale yellow
Transparency	Slightly Hazy H*	-	Clear
Deposit	Present	-	Absent
Chemical Examination			
Reaction (pH) <i>Double Indicator</i>	6.0	-	4.5 - 8.0
Specific Gravity <i>Ion Exchange</i>	1.010	-	1.010 - 1.030
Urine Glucose (sugar) <i>Oxidase / Peroxidase</i>	Negative	-	Negative
Urine Protein (Albumin) <i>Acid / Base Colour Exchange</i>	Negative	-	Negative
Urine Ketones (Acetone) <i>Legals Test</i>	Negative	-	Negative
Blood <i>Peroxidase Hemoglobin</i>	Negative	-	Negative
Leucocyte esterase <i>Enzymatic Reaction</i>	Positive(++) H*	-	Negative
Bilirubin Urine <i>Coupling Reaction</i>	Negative	-	Negative
Nitrite <i>Griless Test</i>	Negative	-	Negative
Urobilinogen <i>Ehrlichs Test</i>	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs)	18-20 H*	/hpf	0 - 5
Epithelial Cells	4-6	/hpf	0 - 4
Red blood Cells	Absent	/hpf	0 - 2
Crystals	Absent	-	Absent
Cast	Absent	-	Absent
Yeast Cells	Absent	-	Absent
Amorphous deposits	Absent	-	Absent
Bacteria	Absent	-	Absent
Protozoa	Absent	-	Absent
Interpretation: URINALYSIS- Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.			

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



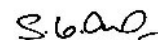
Dr. Sakesh Kumar Agarwal
Consultant Pathologist
MBBS. DCP

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<p>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</p>			
<p>Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.</p>			
<p>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.</p>			
<p>Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.</p>			
<p>Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.</p>			
<p>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.</p>			
<p>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.</p>			
<p>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.</p>			
<p>Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.</p>			
<p>Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.</p>			

*** End Of Report ***

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Urine Profile
Culture Aerobic, Urine

NATURE OF SPECIMEN	URINE
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CULTURE
Organism : Escherichia coli
Colony Count : >10 ⁵ CFU/ML

ANTIBIOTIC SUSCEPTIBILITY	
Organism : Escherichia coli	
ANTIBIOTIC NAME	INTERPRETATION
AMIKACIN	SENSITIVE
FOSFOMYCIN	SENSITIVE
GENTAMICIN	SENSITIVE
IMIPENEM	SENSITIVE
LEVOFLOXACIN	SENSITIVE
MEROPENEM	SENSITIVE
MINOCYCLINE	SENSITIVE
CIPROFLOXACIN	SENSITIVE
CEFUROXIME	SENSITIVE
NITROFURANTOIN	SENSITIVE
NORFLOXACIN	SENSITIVE
CEFTRIAXONE	SENSITIVE
PIPERACILLIN/TAZOBACTAM	SENSITIVE
CEFTAZIDIME	SENSITIVE
CEFEPIME	SENSITIVE
AZTREONAM	SENSITIVE
AMPICILLIN/SULBACTAM	SENSITIVE
TOBRAMYCIN	SENSITIVE
ERTAPENEM	SENSITIVE
AMPICILLIN	RESISTANT
TRIMETHOPRIM/SULFAMETHOXAZOLE	RESISTANT

<p>Comment:</p> <ol style="list-style-type: none"> 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

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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
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.

*** End Of Report ***



Dr. Nitin Arora
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