

Patient Name : Demo Patient Name
Age / Sex : 29 Y / M
Referred By : DEMO HOSPITAL
Centre : HOD Head Office

Lab No : Demo Visit No
Registration On : 22-Jan-25 19:29
Patient ID : UHID.DEMO.001

Urine R/M			Urine Sample	
Accession No: DEMO_BARCODE		Collected On: 22-Jan-25 19:29	Received On: 23-Jan-25 11:57	Approved On: 23-Jan-25 14:53
Observation	Result	Unit	Biological Ref. Interval	Method
<u>Physical Examination</u>				
Urine Quantity	7.5	mL	7 - 8	Physical Examination
Urine Colour	Yellow		Pale Yellow	Physical Examination
Urinary Transparency	Turbid		Clear	Physical Examination
<u>Biochemical Examination</u>				
Urinary pH	5.5	pH	6.0 - 8.0 pH	bromothymol blue
Urinary Specific Gravity	1.030		1.005 - 1.030	Ethyleneglycol-bis t.a.a.
Urinary Protein	Negative		Negative	Tetrachlorophenol
Urinary Glucose	Negative		Negative	glucose-oxidase-peroxidase
Urinary Ketones	Negative		Negative	Sodium Nitroprusside
Urobilinogen	Negative		Negative	Methoxybenzene Diazonium
Urine Bilirubin	Negative		Negative	Dichlorobenzene-diazonium
Urinary Nitrites	Negative		Negative	hydroxy
Blood [In Urine]	Negative		Negative	Tetramethylbenzidine
Leukocyte esterase	Negative		Negative	indoxyl-ester-diazonium
<u>Microscopic Examination</u>				
Pus Cells [In Urine]	1-2	/HPF	1 - 2 /HPF	Flow Micro Imaging
Epithelial Cells (Squamous)	1-2	/HPF	0-2/HPF	Flow Micro Imaging
Epithelial Cells (Non-Squamous)	NIL	/HPF	0-2/HPF	Flow Micro Imaging
Urinary RBC	NIL	/HPF	NIL /HPF	Flow Micro Imaging
Hyaline Casts	NIL	/LPF	0-2/LPF	Flow Micro Imaging
Pathological Casts	NIL	/LPF	0-1/LPF	Flow Micro Imaging
Yeast Cells	NIL	/HPF	0-1/HPF	Flow Micro Imaging
Crystals	NIL	/HPF	NIL/HPF	Flow Micro Imaging
Other Morphology	Amorphous Debris Noted +++		NIL	Microscopy

Remarks:

- Sample Quantity is observed after transfer to a Urinalysis Vacutainer Tube for preservation of sample.
- **Note for Female Patients:** If the urine is collected during menstruation, red cells may be present in the urine.
- **Microscopy:** Microscopy may have supplemented automated measurements, wherever necessary.

Advise: Please correlate results clinically.



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CBC			EDTA Whole Blood Sample	
Accession No: DEMO_BARCODE		Collected On: 22-Jan-25 19:29	Received On: 23-Jan-25 11:54	Approved On: 23-Jan-25 14:10
Observation	Result	Unit	Biological Ref. Interval	Method
Hemoglobin	15.1	gm/dL	13.0 - 17.0	Photometric Measurement
Total RBC	4.57	million/ μ L	4.5 - 5.5	Coulter Principle
Platelet Count	245	$\times 10^3 / \mu$ L	150 - 410 $\times 10^3 / \mu$ L	Impedance
Total Leucocyte Count (WBC)	6.36	$\times 10^3 / \mu$ L	4.0 - 10.0	Flow Cytometry
Differential Leucocyte Count (DLC)				
Neutrophils	59.4	%	40 - 80	Flow Cytometry
Lymphocytes	33.2	%	20 - 40	Flow Cytometry
Monocytes	6.0	%	2 - 10	Flow Cytometry
Eosinophils	1.1	%	1 - 6	Flow Cytometry
Basophils	0.3	%	0 - 1	Flow Cytometry
Absolute Neutrophil Count	3.78	$\times 10^3 / \mu$ L	2.0 - 7.5	Flow Cytometry
Absolute Lymphocyte Count	2.11	$\times 10^3 / \mu$ L	1.0 - 4.0	Flow Cytometry
Absolute Monocyte Count	0.38	$\times 10^3 / \mu$ L	0.2 - 1.0	Flow Cytometry
Absolute Eosinophil Count	0.07	$\times 10^3 / \mu$ L	0.02 - 0.5	Flow Cytometry
Absolute Basophil Count	0.03	$\times 10^3 / \mu$ L	0.00 - 0.30	Flow Cytometry
Indices				
Hematocrit (PCV)	46.8	%	40 - 50	Calculated
Mean Corpuscular Volume (MCV)	102.4	fL	83 - 101	Calculated
Mean Corp. Hemoglobin (MCH)	33.0	pg	27 - 32	Calculated
MCH Concentration (MCHC)	32.2	g/dl	31.5 - 34.5	Calculated
Red Cell Dist. Width (RDW-CV)	16.3	%	11.5 - 14.5	Calculated
Red Cell Dist. Width (RDW-SD)	60.8	fL	39 - 46	Calculated
Mean Platelet Volume (MPV)	12.5	fL	7.5 - 12.0	Calculated
P-LCC	106	$10^9/L$	30-90	SF Cube
P-LCR	43.27	%	11-45	Calculated
Neutrophil-Lymphocyte Ratio (NLR)	1.79	Ratio		Calculated
Mentzer Index	22.41	Index		Calculated

Remarks: Please correlate with clinical conditions

Malaria Antigen			EDTA Whole Blood Sample	
Accession No: DEMO_BARCODE		Collected On: 22-Jan-25 19:29	Received On: 23-Jan-25 11:53	Approved On: 23-Jan-25 14:03
Observation	Result	Unit	Biological Ref. Interval	Method
Plasmodium Falciparum	Negative		Negative	Immuno-chromatography
Plasmodium Vivax	Negative		Negative	Immuno-chromatography

Clinical Notes: This test is used for the detection of antibodies of all isotypes against P. falciparum & P.vivax in blood samples. Species Specific Serologic tests for malaria are particularly useful for epidemiologic surveys and for detection of infected blood donors. Such tests do not reliably differentiate current from past infection. A negative result does not rule out the possibility of malarial infection, as the antibody may not develop in the early stages of the disease.

Sample Type: EDTA

Please correlate results clinically.



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Widal				Serum Sample
Accession No: DEMO_BARCODE		Collected On: 22-Jan-25 19:29	Received On: 23-Jan-25 11:53	Approved On: 23-Jan-25 14:03
Observation	Result	Unit	Biological Ref. Interval	Method
Salmonella Typhi O	1:40			Slide semi-Quantitative
Salmonella Typhi H	1:40			Slide semi-Quantitative
S.Paratyphi A H	1:20			Slide semi-Quantitative
S.Paratyphi B H	1:20			Slide semi-Quantitative

Clinical Significance:

The Widal test is used to make a presumptive diagnosis of enteric fever or typhoid fever. This method relies on a reaction in a test-tube or on a slide between antibodies present in the infected persons blood sample and specific antigens of Salmonella typhi (H and O), which produces visible clumping or agglutination.

- Antibody titres of 1:80 or more are considered diagnostically significant. However, the significant titre may vary from between populations and needs to be established for each area.
- H agglutination is more reliable than O agglutinin.
- Agglutinin starts appearing in serum by the end of 1st week with sharp rise in 2nd and 3rd week and the titre remains steady till 4th week after which it declines.

Limitations:

- The Widal test may be falsely positive in patients who have had previous vaccination or infection with S. Typhi.
- Besides cross-reactivity with other Salmonella species, the test cannot distinguish between a current infection and a previous infection or vaccination against typhoid.
- False positive Widal test results are also known to occur in typhus, acute falciparum malaria (particularly in children), chronic liver disease associated with raised globulin levels and disorders such as rheumatoid arthritis, myelomatosis and nephrotic syndrome.
- False negative results may be associated with early treatment, with hidden organisms in bone and joints, and with relapses of typhoid fever. Occasionally, false negative results may also be due to the infecting strains being poorly immunogenic, antibody responses being blocked by early antimicrobial treatment or following a typhoid relapse.

Please correlate results with clinical condition.



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Peripheral Smear

EDTA Whole Blood Sample

Accession No: DEMO_BARCODE **Collected On:** 22-Jan-25 19:29 **Received On:** 23-Jan-25 11:54 **Approved On:** 23-Jan-25 14:16

Peripheral Smear Examination

RBC Series: Moderate anisopoikilocytosis. Predominately Normocytic Normochromic with large number of macrocytes seen along with few microcytes.

WBC Series: Normal in number, morphology and distribution.

Platelets Series: Adequate on smear and normal in morphology.

Parasite: No Haemoparasite seen.

Impression: Dimorphic blood picture.

Advise: Please Correlate Clinically. Serum Vit B12 and Folic Acid Levels.



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ESR

EDTA Whole Blood Sample

Accession No: DEMO_BARCODE **Collected On:** 22-Jan-25 19:29 **Received On:** 23-Jan-25 11:54 **Approved On:** 23-Jan-25 13:00

Observation	Result	Unit	Biological Ref. Interval	Method
ESR	15	mm/hr	<20	Modified Westergren

Clinical Notes for ESR:

Increased ESR is seen in:

- In any chronic infection
- Active rheumatic fever
- Acute myocardial infection
- Nephrosis
- All type of shocks

Decreased ESR is seen in:

- Newborn infants
- Polycythemia
- Congestive heart failure
- Sickel cell anaemia

Remarks: Please correlate results with clinical conditions.



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