

Patient Name : Ms. BAZMI FATIMA	Visit No : CHA250046730
Age/Gender : 29 Y/F	Registration ON : 17/Mar/2025 10:00AM
<b>Lab No : 10144025</b>	Sample Collected ON : 17/Mar/2025 10:18AM
Referred By : Dr. RP ELHENCE **	Sample Received ON : 17/Mar/2025 10:18AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 02:26PM
Doctor Advice : URINE COM. EXMAMINATION, PHOS, CALCIUM, NA+K+, URIC ACID, CREATININE, BUN, GBP, DLC, TLC, HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD UREA NITROGEN</b>				
Blood Urea Nitrogen (BUN)	<b>59.25</b>	mg/dL	7-21	calculated

FINDING CHECKED TWICE, PLEASE CORRELATE CLINICALLY

<b>URIC ACID</b>				
Sample Type : SERUM				
SERUM URIC ACID	<b>9.7</b>	mg/dL	2.40 - 5.70	Uricase, Colorimetric

<b>SERUM CALCIUM</b>				
CALCIUM	9.5	mg/dl	8.8 - 10.2	dapta / arsenazo III

<b>PHOSPHORUS</b>				
Phosphorus Serum	<b>6.00</b>	mg/dl	2.68 - 4.5	Phosphomolybdate

**INTERPRETATION:**

-Approximately 80% of the phosphorus in the human body is found in the calcium phosphate salts which make up the inorganic substance of bone. The remainder is involved in the esterification of carbohydrate metabolism intermediaries and is also found as component of phospholipids. Phosphoproteins, nucleic acids and nucleotides.  
-Hypophosphatemia can be caused by shift of phosphate from extracellular to intracellular spaces, increased renal loss (renal tubular defects, hyperparathyroidism) or gastrointestinal loss (diarrhea, vomiting) and decreased intestinal absorption.

**LIMITATIONS:**

-Interferences: bilirubin (up to 20 mg/dL) hemolysis (haemoglobin up to 1000 mg/dL) and lipemia (triglycerides up to 1000 mg/dL) do not interface. Other drugs and substances may interface.  
-Clinical diagnosis should no be made on the findings of a single test result, but should integrate both clinical laboratory data.



[Checked By]

Print.Date/Time: 17-03-2025 15:05:13

\*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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**URINE EXAMINATION REPORT**

Colour-U	STRAW		Light Yellow	
Appearance (Urine)	Turbid		Clear	
Specific Gravity	<b>1.015</b>		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	300 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	PRESENT		Absent	
NITRITE	Absent		Absent	
<b>MICROSCOPIC EXAMINATION</b>				
Pus cells / hpf	8-10	/hpf	< 5/hpf	
Epithelial Cells	7-8	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

**CHARAK**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HAEMOGLOBIN</b>				
Hb	9.7	g/dl	12 - 15	Non Cyanide

**Comment:**

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

<b>TLC</b>				
TOTAL LEUCOCYTES COUNT	9080	/cmm	4000 - 10000	Floctometry

<b>DLC</b>				
NEUTROPHIL	60	%	40 - 75	Flowcytometry
LYMPHOCYTE	30	%	20-40	Flowcytometry
EOSINOPHIL	7	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry

**GENERAL BLOOD PICTURE (GBP)**

Peripheral Blood Picture :

Red blood cells show cytopenia+ with normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.

<b>NA+K+</b>				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.9	MEq/L	3.5 - 5.5	ISE Direct

<b>SERUM CREATININE</b>				
CREATININE	6.20	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

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



[Checked By]



*Sham*

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