

LABORATORY REPORT

Name	: STANLEY MUIRURI WANJIRU	File. No.	: AAL02-352128
DOB/Gender	: 25-10-1988 (34 Yrs 11 Month 19 Days/Male)	Referral Doctor	: Dr. Sajid Sanaullah Khan
Lab No.	: 22232870398	Referral Clinic	: Peshawar(Irham Medical Center)
Request Date	: 14-10-2023 21:46	Clinic File No	: 37624
Insurance	: No		

MICROBIOLOGY/BACTERIOLOGY/BODY FLUIDS

Test Name	Result	Units	Ref. Range	Method
<u>OCCULT BLOOD IN STOOL</u>				
Occult Blood (stool)	Positive		Negative	Immunochromatographic

Remarks:

Test results to be interpreted in light of clinical history .To be investigated further if clinically indicated.

These tests are accredited under ISO 15189:2012 unless specified by (*)

Sample processed on the same day of receipt unless specified otherwise.

Test results pertains only the sample tested and to be correlated with clinical history.

Reference range related to Age/Gender.

Dr. Solmaz Siddiqui
Laboratory Director
DHA/LS/248469

H/L Collected On : 14-10-2023 20:00:00
Authenticated On : 14-10-2023 22:49:13
Printed On : 15-10-2023 08:44:24

Received On : 14-10-2023 21:46:00
Released On : 14-10-2023 22:51:40

Pring

Padmapriya Kumaresan
Sr. Technician
DHA/LS2992011/243822

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Test Name	Result	Units	Ref. Range	Method
<u>STOOL ANALYSIS</u>				
<u>STOOL (MACROSCOPY)</u>				
Color	ReddishBrown		Brown	Manual Macroscopy
Consistency	Soft		Formed/Soft	Macroscopy
Blood	Present		Absent	Macroscopy
Mucus	Absent		Absent	Macroscopy
<u>STOOL MICROSCOPY</u>				
Pus Cells	0 - 1	HPF	1 - 2	Microscopy
RBC	95 - 100	HPF	0 - 1	Microscopy
Epithelial cells	Absent	HPF	Absent	Microscopy
CYSTS	Absent	HPF	Absent	Microscopy
OVA	Absent	HPF	Absent	Microscopy
Parasites	Absent	HPF	Absent	Microscopy
Protozoa	Absent	HPF	Absent	Microscopy
Worms	Absent	HPF	Absent	Microscopy
Indigestive material	Absent	HPF	Absent	Microscopy
Yeast Cells	Absent	HPF	Absent	Microscopy

Kindly note test reports for Stool samples include Parasitology (Ova, Cysts & Parasites). This is based on wet mount and not concentrated process.

Remarks:

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Sample Type : Stool

----- End Of Report -----

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