



Mr. VISHAL ISHWARAPPA LAMANI

PID NO : 47079

Age : 26 Years Sex : Male 15-May-1999



Reference : Dr. AISHA UMER

Sample Collected At :

CITICARE MEDICAL CENTER

Unit G03, Al Barsha South Bldg, Al Barsha South
Third, Dubai

VID : 5060101704

Registered on :

07-Jun-2025 03:07 PM

Collected on :

07-Jun-2025 10:42 AM

Reported on :

07-Jun-2025 06:08 PM

<u>Investigation</u>	<u>Observed Value</u>	<u>Flag</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
* C-REACTIVE PROTEIN (CRP) (Serum, Particle-enhanced immunoturbidimetric assay)	0.71		mg/L	< 5.0 Please note change. Source: Roche IFU.

INTERPRETATION :

- CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.
- C-reactive protein is the classic acute phase protein in inflammatory reactions.
- CRP is the most sensitive of the acute phase reactants and its concentration increases rapidly during inflammatory processes. The CRP response frequently precedes clinical symptoms, including fever. After onset of an acute phase response, the serum CRP concentration rises rapidly and extensively. The increase begins within 6 to 12 hours and the peak value is reached within 24 to 48 hours. Levels above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).
- CRP response may be less pronounced in patients suffering from liver disease.
- CRP assays are used to detect systemic inflammatory processes (apart from certain types of inflammation such as systemic lupus erythematosus (SLE) and Colitis ulcerosa); to assess treatment of bacterial infections with antibiotics; to detect intrauterine infections with concomitant premature amniorrhexis; to differentiate between active and inactive forms of disease with concurrent infection, e.g. in patients suffering from SLE or Colitis ulcerosa; to therapeutically monitor rheumatic disease and assess anti-inflammatory therapy; to determine the presence of post-operative complications at an early stage, such as infected wounds, thrombosis and pneumonia, and to distinguish between infection and bone marrow transplant rejection."

DR. ADLEY MARK FERNANDES
M.D (Pathology)
Pathologist

Dr. Vyoma Shah

DR. VYOMA SHAH
M.D (Pathology)
Clinical Pathologist

Bhavya Thendankandy

BHAVYA THENDANKANDY
Laboratory Technician

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Investigation	Observed Value	Flag	Unit	Biological Reference Interval	Method
URINE ANALYSIS (ROUTINE)					
PHYSICAL EXAMINATION					
COLOR	Yellow			Pale to Dark Yellow	Photometry
APPEARANCE	Clear				Turbidimetry
CHEMICAL EXAMINATION					
SPECIFIC GRAVITY	1.017			1.002 - 1.035	Refractometry
PH	6.0			5 - 9	Litmus paper
GLUCOSE	Negative			Negative	GOD / POD
BLOOD	+	A		Negative	Peroxidase
PROTEIN	Negative			Negative	Protein error of pH indicator
LEUKOCYTE ESTERASE	Negative			Negative	Esterase
UROBILINOGEN	Negative			Negative	Diazonium Salt
BILIRUBIN	Negative			Negative	Diazonium Salt
KETONE	Negative			Negative	Legal's test
NITRITE	Negative			Negative	Griess test
MICROSCOPIC EXAMINATION					
LEUCOCYTES	1-4		/HPF	1 - 4	Microscopy
ERYTHROCYTES	0-2		/HPF	0 - 2	Microscopy
SQUAMOUS EPITHELIAL CELLS	0-1		/HPF	< 20	Microscopy
NON-SQUAMOUS EPITHELIAL CELLS	Absent		/HPF	Variable	Microscopy
BACTERIA	Absent		/HPF	Absent	Microscopy
CASTS	Absent		/HPF	Absent	Microscopy
HYALINE CAST	Absent		/HPF	Absent	Microscopy
FINE GRANULAR CAST	Absent		/HPF	Absent	Microscopy
COARSE GRANULAR CAST	Absent		/HPF	Absent	Microscopy
WAXY CAST	Absent		/HPF	Absent	Microscopy
FATTY CAST	Absent		/HPF	Absent	Microscopy
RBC CAST	Absent		/HPF	Absent	Microscopy
WBC CAST	Absent		/HPF	Absent	Microscopy
BACTERIAL CAST	Absent		/HPF	Absent	Microscopy

Dr. Vyoma V. Shah

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EPITHELIAL CAST	Absent	/HPF	Absent	Microscopy
CRYSTALS	Absent	/HPF	Absent	Microscopy
CALCIUM OXALATE	Absent	/HPF	Absent	Microscopy
CALCIUM CARBONATE	Absent	/HPF	Absent	Microscopy
CALCIUM PHOSPHATE	Absent	/HPF	Absent	Microscopy
TRIPLE PHOSPHATE	Absent	/HPF	Absent	Microscopy
URIC ACID CRYSTAL	Absent	/HPF	Absent	Microscopy
AMMONIUM BIURATE	Absent	/HPF	Absent	Microscopy
AMORPHOUS URATES	Absent	/HPF	Absent	Microscopy
AMORPHOUS PHOSPHATES	Absent	/HPF	Absent	Microscopy
CYSTINE	Absent	/HPF	Absent	Microscopy
LEUCINE	Absent	/HPF	Absent	Microscopy
TYROSINE	Absent	/HPF	Absent	Microscopy
DRUG CRYSTAL	Absent	/HPF	Absent	Microscopy
MUCUS THREADS	Absent	/HPF	Absent	Microscopy
BUDDING YEAST CELLS	Absent	/HPF	Absent	Microscopy
HYPHAE	Absent	/HPF	Absent	Microscopy
OVA	Absent	/HPF	Absent	Microscopy
CYST	Absent	/HPF	Absent	Microscopy
PARASITE	Absent	/HPF	Absent	Microscopy
ARTIFACTS	Absent	/HPF	Absent	Microscopy

Note: Please correlate clinically.

Sample type: Spot urine

INTERPRETATION:

1. Urine routine and microscopy is a screening test.
2. Abnormal results of chemical examination are confirmed by manual methods.
3. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight.
4. During interpretation, points to be considered are Negative nitrite test does not exclude the presence of the bacteria or urinary tract infections.
5. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet etc.
8. False reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs etc.
9. Physiological variations may affect the test results.
10. The Microscopic examination findings reported are in decimal numbers as they represent arithmetic mean of multiple fields scanned using Microscopy.

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