

**LABORATORY TEST REPORT**

Name	: Mrs. M SIRISHA		
Sample ID	: B2622962		
Age/Gender	: 27 Years/Female	Reg. No	: 0312504230012
Referred by	: Dr. POOJA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Apr-2025 09:29 AM
Primary Sample	:	Received On	: 23-Apr-2025 12:44 PM
Sample Tested In	: Urine	Reported On	: 23-Apr-2025 01:34 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL PATHOLOGY**

Test Name	Results	Units	Biological Reference Interval
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**Complete Urine Analysis (CUE)**
**Physical Examination**

Colour	Pale Yellow	Straw to light amber
Appearance	HAZY	Clear

**Chemical Examination**

Glucose <small>(Method: Strip Reflectance)</small>	Negative	Negative
Protein <small>(Method: Strip Reflectance)</small>	Negative	Negative
Bilirubin (Bile) <small>(Method: Strip Reflectance)</small>	Negative	Negative
Urobilinogen <small>(Method: Ehrlichs reagent)</small>	Negative	Negative
Ketone Bodies <small>(Method: Strip Reflectance)</small>	Negative	Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.015	1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative	Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	6.0	5.0 - 8.5
Nitrites <small>(Method: Strip Reflectance)</small>	Negative	Negative
Leukocyte esterase <small>(Method: Reagent Strip Reflectance)</small>	(+)	Negative

**Microscopic Examination (Microscopy)**

PUS(WBC) Cells <small>(Method: Microscopy)</small>	06-08	/hpf	00-05
R.B.C. <small>(Method: Microscopy)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopy)</small>	02-04	/hpf	00-05
Casts <small>(Method: Microscopy)</small>	Absent		Absent
Crystals <small>(Method: Microscopy)</small>	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells <small>(Method: Microscopy)</small>	Nil		Absent

**Comments** :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

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



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 Swarnabala - M  
 DR.SWARNABALA  
 MD PATHOLOGY

**LABORATORY TEST REPORT**

Name	: Mrs. M SIRISHA		
Sample ID	: B2622975		
Age/Gender	: 27 Years/Female	Reg. No	: 0312504230012
Referred by	: Dr. POOJA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Apr-2025 09:29 AM
Primary Sample	: Whole Blood	Received On	: 23-Apr-2025 12:56 PM
Sample Tested In	: Serum	Reported On	: 23-Apr-2025 09:49 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

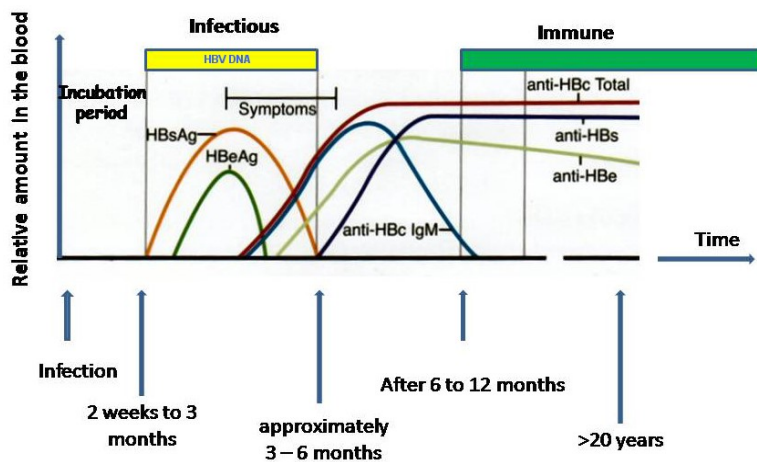

**IMMUNOLOGY & SEROLOGY**

Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) <small>(Method: ELISA)</small>	0.52	S/Co	<1.00 :Negative >1.00 :Positive

**Interpretation:**

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus ( HBV ) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

**HBV antigens and antibodies in the blood**

**Note:**

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

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



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