Rohini Hospital
because your health matters

PRE ACCREDITED

CLINICAL LABORATORY

PATIENT NAME	: Mrs. SHOBHANA K B	**UHID**	: RH076279
GENDER / AGE	: Female / 61Y	**MOBILE NUMBER**	: 9744067582
REFERRED BY	: DR LAVIN US	**BILL NUMBER**	: 2027029784
LOCATION	: OP	**COLLECTION DATE**	: 29-09-2026 08:56 AM
REPORT DATE	: 29-09-2026 02:33 PM		

LABORATORY

URINE R/E

TEST NAME	RESULT	UNIT	REF RANGE
N.E Appearance	P.Y/S.CLOUDY		
Reaction	ACIDIC		
Bile salt	ABSENT		
Bile pigment	ABSENT		
Albumin	TRACE		
Sugar	(+)		
RBC	2 - 4	/HPF	
WBC (Pus cells)	20 - 25	/HPF	
Ep cell Bladder	4 - 6	/HPF	

----------End of the Report----------

Anexy Lesten
LAB TECHNICIAN

RAJITHA BINISH
LAB INCHARGE