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PERSONAL HEALTH SMART REPORT

Prepared for

Kiran Dhanuka

Basic Info

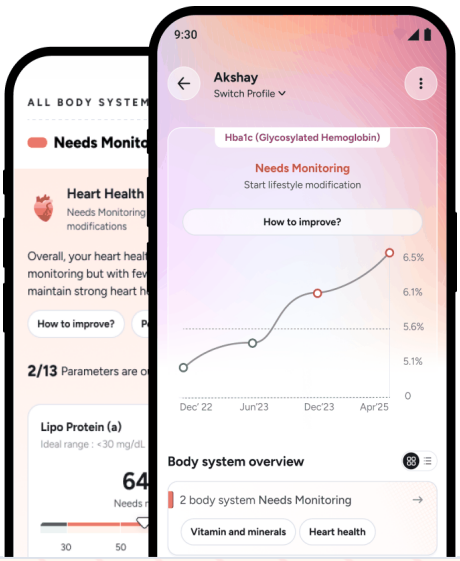
Female /63 Yrs

Sample collection date

04/11/2026

View detailed health insights, and trends on Tata 1mg app.

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Doctor Summary

Urinary Tract Infection Panel

Note This is an electronically generated **summary of clinically significant parameters of the attached report.** It is advised to read this summary in conjunction with the attached report and to correlate it clinically. For the trends section, the out-of-range values are highlighted with respect to the bio-reference range of respective reports.

Test Name	Result	Bio. Ref. Interval	Trends (For last three tests)		
Kidney Health	04 Nov 26		25 Oct 26	28 May 26	12 Apr 26
Creatinine	0.87 mg/dL	0.55 - 1.02	0.91 (0.55 - 1.02)	0.98 (0.55 - 1.02)	0.92 (0.55 - 1.02)
Uric Acid	5.0 mg/dL	2.7 - 6.1	-	-	-
Urine Routine & Microscopy	04 Nov 26		25 Oct 26	28 May 26	12 Apr 26
Appearance	**Slightly hazy**	Clear	Clear (Clear)	**Slightly turbid** (Clear)	Clear (Clear)
Specific gravity	1.010	1.003 - 1.035	1.010 (1.003 - 1.035)	**1.000**	**1.000**
pH	6.5	4.6 - 8.0	5.0 (4.6 - 8.0)	6.0 (4.6 - 8.0)	6.5 (4.6 - 8.0)
Glucose	**3+**	Negative	**2+** (Negative)	**3+** (Negative)	**3+** (Negative)
Protein	Negative	Negative	Negative (Negative)	Negative (Negative)	Negative (Negative)
Ketones	Negative	Negative	Negative (Negative)	Negative (Negative)	Negative (Negative)
Leucocyte Esterase	Negative	Negative	Negative (Negative)	**1+** (Negative)	Negative (Negative)
Pus cells	2-4 /hpf	0 - 5	0-5 (0 - 5)	**6-8** (0 - 5)	0-5 (0 - 5)
Red blood cell	Nil /hpf	0 - 2	Nil (0 - 2)	Nil (0 - 2)	Nil (0 - 2)
Casts	Nil	Nil	Nil (Nil)	Nil (Nil)	Nil (Nil)
Crystals	Nil	Nil	Nil (Nil)	Nil (Nil)	Nil (Nil)
Yeast	**Budding yeast cells present**	Nil	Nil (Nil)	Nil (Nil)	Nil (Nil)

Doctor Summary

Urinary Tract Infection Panel

Test Name	Result	Bio. Ref. Interval	Trends (For last three tests)		
Urine Routine & Microscopy	04 Nov 26		25 Oct 26	28 May 26	12 Apr 26
Bacteria	**Present**	Nil	Nil (Nil)	**Present** (Nil)	Nil (Nil)

PO No :PO10004801932-604

Customer Name	: Ms.KIRAN DHANUKA	Collected Via	: TATA 1MG CHENNAI
Age/Gender	: 63Y 10M 3D /Female	Referred By	: Self
Lab Visit ID	: CHN367379	Collection Date	: 04/Nov/2026 06:40AM
Barcode ID/Order ID	: D58367480 / 19463617	Report Date	: 04/Nov/2026 12:27PM
Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

URINARY TRACT INFECTION PANEL

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Urea Nitrogen				
Blood Urea Nitrogen	18	mg/dL	9.0 - 23.0	Urease with GLDH

Comment:

- Elevated Blood Urea Nitrogen can occur with kidney diseases, but it can also happen from a high protein diet, increased protein breakdown, certain medications, dehydration or burns, GI haemorrhage, cortisol and renal failure. BUN levels often rise with aging as well.
- Abnormally low levels of Blood Urea Nitrogen can be a sign of malnutrition, lack of protein in the diet, and liver disease.

Creatinine				
Creatinine	0.87	mg/dL	0.55-1.02	Alkaline picrate-kinetic

Comment:

- Creatinine is a more specific and sensitive indicator of renal disease than Blood Urea Nitrogen.

Uses:

- To diagnose renal insufficiency;
- Adjusting dosage of renally excreted medications.
- Monitoring renal transplant recipients.
- Serum creatinine levels are a proxy for reduced skeletal muscle mass.
- Serum creatinine measurement is used in estimating the Glomerular Filtration Rate (GFR) for people with Chronic Kidney disease (CKD) and those with risk factors for CKD (Diabetes Mellitus, hypertension, cardiovascular disease, and family history of kidney disease).

Increased In: Blockage in the urinary tract, Pre- and postrenal azotemia, Impaired kidney function, Loss of body fluid (dehydration), Muscle diseases such as gigantism, acromegaly.
Decreased In: Pregnancy, certain drugs (e.g., cimetidine, trimethoprim), Myasthenia Gravis, Muscular dystrophy.

Uric Acid, Serum				
Uric Acid	5.0	mg/dL	2.7-6.1	Uricase/Peroxidase

NABL certificate and scope

This test has been performed at
TATA 1MG CHENNAI
Sheffield Towers, 1st Floor No A1/97, 4th Street, Sidco Nagar, Villivakkam, Chennai, Tamil Nadu 600049

Dr. Ranjeeta Singh
MBBS MD (Pathology)
Consultant Pathologist
Reg No - 2011/06/1778

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Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

URINARY TRACT INFECTION PANEL

Test Name	Result	Unit	Bio. Ref. Interval	Method

Comment:

- Uric acid levels show diurnal variation. The level is usually higher in the morning and lower in the evening. Increased levels are seen in starvation, strenuous exercise, malnutrition, or lead poisoning, gout, renal disorders, increased breakdown of body cells in some cancers (including leukemia, lymphoma, and multiple myeloma) or cancer treatments, hemolytic anemia, sickle cell anemia, or heart failure, pre-eclampsia, liver disease (cirrhosis), obesity, psoriasis, hypothyroidism, low blood levels of parathyroid hormone (PTH), certain drugs, foods that are very high in purines - such as organ meats, red meats, some seafood and beer. Decreased levels are seen in liver disease, Wilson's disease, Syndrome of inappropriate antidiuretic hormone (SIADH), certain drugs.

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Age/Gender	: 63Y 10M 3D /Female	Referred By	: Self
Lab Visit ID	: CHN367379	Collection Date	: 04/Nov/2026 06:40AM
Barcode ID/Order ID	: D58367478 / 19463617	Report Date	: 04/Nov/2026 12:27PM
Sample Type	: Urine	Report Status	: Final Report

CLINICAL PATHOLOGY

URINARY TRACT INFECTION PANEL

Test Name	Result	Unit	Bio. Ref. Interval	Method
Urine Routine & Microscopy				
Physical & Chemical Examination				
Colour	Pale Yellow		Pale Yellow	Manual
Appearance	**Slightly Hazy**		Clear	Manual
Specific gravity	1.010		1.003 - 1.035	pKa change
pH	6.5		4.6-8.0	Double Indicator
Glucose	**3+**		Negative	GOD-POD
Protein	Negative		Negative	Protein Error Principle
Ketones	Negative		Negative	Legals test
Blood	Negative		Negative	Peroxidase
Bilirubin	Negative		Negative	Diazonium
Urobilinogen	Normal		Normal	Diazonium- Coupling
Leucocyte Esterase	Negative		Negative	Enzymatic reaction
Nitrite	Negative		Negative	Griess test
Microscopic Examination				
Pus cells	2-4	/hpf	0-5	Microscopy
Red Blood Cells	Nil	/hpf	0-2	Microscopy
Epithelial cells	0-2	/hpf	Few	Microscopy
Casts	Nil		Nil	Microscopy
Crystals	Nil		Nil	Microscopy
Yeast	**Budding yeast cells present**		Nil	Microscopy
Bacteria	**Present**		Nil	Microscopy

Comment:

•Note: Pre-test condition 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, Avoid prolonged transit time & undue exposure to sunlight.

•During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs.• Urine microscopy is done in centrifuged urine specimens

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PO No :PO10004801932-604

Customer Name	: Ms.KIRAN DHANUKA	Collected Via	: TATA 1MG CHENNAI.
Age/Gender	: 63Y 10M 3D /F	Referred By	: Dr.Self
Lab Visit ID	: CHN367379	Collection Date	: 04/Nov/2026 06:40AM
Barcode ID/Order ID	: D58367478 / 19463617	Report Date	: 07/Nov/2026 05:32PM
Sample Type	: Urine	Report Status	: Final Report

MICROBIOLOGY

TEST NAME : *Urine Culture and Sensitivity,

SPECIMEN TYPE : Urine

METHOD	Conventional Aerobic culture & sensitivity (Semi- quantitative)	
GRAM STAIN	Few pus cells seen, No organisms seen.	
ORGANISM(S) ISOLATED	No growth after 48 hours of incubation at 37°C	

Note :

- Colony count of >=1,00,000 CFU/ml is considered significant.

- Kindly rule out causes of sterile pyuria, in cases where significant pus cells are observed (according to urine routine) with no growth on culture.

- History of usage of antibiotics may influence the growth of microorganisms in vitro

- The result obtained relate only to the sample received/ given & tested

- Urine microscopy is done on uncentrifuged urine specimen.

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

Disclaimer:
1. The reported results based on laboratory investigation, are only for the purposes of diagnosis and should be clinically correlated and interpreted by the referring physician/ medical practitioner. For any queries relating to the reported results, you may write to our customer support team on care@1mg.com
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient's details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.
7. Pregnant women should seek guidance from a qualified obstetrician as test parameters may vary during pregnancy

NABL certificate and scope

This test has been performed at
TATA 1MG OKHLA
2nd Floor, B-225, Okhla Phase I, Okhla Industrial Estate, New Delhi, Delhi 110020

Ranjan yadav
Dr. Ranjan Yadav
MBBS, MD (Laboratory Medicine),
Consultant Physician, Laboratory Medicine,
Reg No: 91820,

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