

Requisition Number	Report Date
4972c929199DF181DB3	13/10/2025 20:42:03

Doctor SELF REFERRAL

Date Entered 13/10/2025 20:42:03
 Date Printed 13/10/2025 20:42:03
 Collection Date 13/10/2025 20:42:03

Thank you for your request. We are reporting the following results:

Patient Information

Patient Quadril Nana
Email egeregav+23@gmail.com
Age 24 years
Gender Female
Phone No
Address 133 S.B. Abubakar Ave, Abuja 900103, Federal Capital Territory
Specimen Type urine
Clinical Data patient clinicals

TESTS	RESULTS	REFERENCE
HEPATITIS A VIRUS (HAV)	Reactive	Reactive, Non-Reactive

STOOL M/C/S

MICROSCOPY

APPEARANCE	Semi-formed	Formed, Semi-formed, Loose-Watery, Mucoid, Bloody
COLOR	Brown	Brown, Yellow, Green, Black, Clay-colored
WBC (Pus Cells)	1–5 /hpf	None Present, 1–5 /hpf, 6–10 /hpf, > 10 /hpf
RBC	1–5 /hpf	None Present, 1–5 /hpf, 6–10 /hpf, > 10 /hpf
OVA/CYSTS/PARASITES	Giardia lamblia	None seen, Giardia lamblia, Entamoeba histolytica, Ascaris lumbricoides, etc

CULTURE TEST

CULTURE	No growth after 48 hours	Growth after 48 hours, No growth after 48 hours, Normal flora only
COLONY COUNT	Light growth	Light growth, Moderate growth, Heavy growth
PATHOGENS ISOLATED	Campylobacter jejuni	Escherichia coli, Salmonella spp., Shigella spp., Vibrio cholerae,

SENSITIVITY

Metronidazole	Sensitive	Sensitive, Resistant, Intermediate
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