

Interpretation results

Date: **01.06.2026**

User: **Female, 28 y.o.**



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Test type

Routine urinalysis with urine microscopy.

Summary table of results

Marker	Result	Reference (from the form)	Status
Color	Yellow	Straw to yellow	NORMAL
Clarity	Cloudy	Clear	ABNORMAL
Specific gravity	1.020	1.005–1.030	NORMAL
pH	6.0	5.0–8.0	NORMAL
Protein	Trace	Negative	HIGH / ABNORMAL
Glucose	Negative	Negative	NORMAL
Ketones	Negative	Negative	NORMAL
Leukocyte esterase	Positive	Negative	HIGH / ABNORMAL
Nitrite	Positive	Negative	HIGH / ABNORMAL
WBC	25–40 /HPF	0–5 /HPF	HIGH
RBC	5–7 /HPF	0–2 /HPF	HIGH
Squamous epithelial cells	Moderate	Few	HIGH / ABNORMAL
Bacteria	Many (++)	None	HIGH / ABNORMAL
Mucus	Present (+)	None/few	HIGH / ABNORMAL

Interpretation of deviations

Clarity — cloudy

- Clinical meaning: Cloudy urine often occurs when there are many leukocytes, bacteria, mucus, or epithelial cells.
- Possible causes: In your case, together with burning urination, urgency, and incomplete emptying, this supports inflammation/infection of the lower urinary tract.

Protein — trace

- Clinical meaning: Trace protein can appear with inflammation, blood, or concentrated urine.
- Possible causes: In this context it is likely secondary to urinary tract inflammation. If protein persists after symptoms resolve, it should be rechecked.

Leukocyte esterase — positive; WBC 25–40 /HPF

- Clinical meaning: Indicates a **high** number of white blood cells in urine, consistent with urinary tract inflammation.
- Possible causes: Most commonly acute bacterial cystitis, especially with your symptoms of burning/stinging, frequent urge, and incomplete emptying.

Nitrite — positive

- Clinical meaning: Nitrite positivity suggests bacteria capable of converting nitrates to nitrites, commonly Gram-negative bacteria such as E. coli.
- Possible causes: Strongly supports a bacterial urinary tract infection when combined with leukocytes and symptoms.

Bacteria — many (++)

- Clinical meaning: Significant bacteriuria on microscopy.
- Possible causes: Likely bacterial UTI. However, contamination can contribute, especially because squamous epithelial cells are moderate.

RBC 5–7 /HPF

- Clinical meaning: Mild microscopic hematuria.
- Possible causes: Can occur with acute cystitis due to bladder/urethral mucosal irritation. It should resolve after treatment; if it persists, further evaluation is needed.

Squamous epithelial cells — moderate

- Clinical meaning: More than expected squamous cells may indicate contamination from skin/genital tract during collection.
- Possible causes: The result is still highly suggestive of UTI because nitrite, leukocyte esterase, WBCs, and bacteria are abnormal, but a repeat clean-catch sample or urine culture may be useful if treatment response is poor or if results are questioned.

Mucus — present (+)

- Clinical meaning: Mildly increased mucus can accompany urinary tract inflammation or sample contamination.
- Possible causes: Consistent with the overall inflammatory picture.

Combined assessment

The urinalysis pattern — positive leukocyte esterase, positive nitrite, WBC 25–40/HPF, many bacteria, cloudy urine, and your acute symptoms — is highly suggestive of **acute lower urinary tract infection, such as acute cystitis**.

Mild RBC elevation and trace protein can occur with cystitis. Moderate squamous epithelial cells slightly reduce sample purity, but the combination of symptoms plus nitrite-positive bacteriuria remains clinically significant.

Recommended additional tests

- **Urine culture with antibiotic susceptibility** — helps identify the bacteria and choose an effective antibiotic. Ideally collected before starting antibiotics, especially if symptoms are severe, recurrent, or if there is no improvement within 48–72 hours.
- **Repeat routine urinalysis after treatment** — to confirm resolution of WBCs, bacteria, RBCs, and protein if symptoms persist or if hematuria remains.
- **Pregnancy test, if pregnancy is possible** — important because antibiotic choice and urgency of treatment differ during pregnancy.
- **Tests for sexually transmitted infections if there is vaginal discharge, pelvic pain, new partner, or STI risk** — urethritis/cervicitis can mimic UTI symptoms.

Which doctor to consult

- **Primary care physician / general practitioner** — for evaluation and treatment of likely acute uncomplicated cystitis.
- **Urologist** — if infections are recurrent, symptoms do not improve after treatment, blood in urine persists, or there are suspected stones/structural urinary tract issues.
- **Urgent care/emergency evaluation** is needed if you develop fever, chills, back/flank pain, nausea/vomiting, pregnancy, severe weakness, or worsening symptoms — these may suggest kidney involvement or a complicated infection.

General recommendations

- Seek medical care promptly for confirmation and appropriate antibiotic treatment; symptomatic acute bacterial cystitis usually requires targeted therapy.
- Drink adequate fluids; do not intentionally overhydrate to the point of discomfort.

- Avoid delaying urination.
- Avoid bladder irritants temporarily: alcohol, strong coffee, very spicy foods, and carbonated drinks if they worsen burning.
- Do not self-start leftover antibiotics; wrong choice or incomplete course may lead to resistance or recurrence.
- If antibiotics are prescribed, complete the course exactly as directed.
- If symptoms do not noticeably improve within 48–72 hours after starting treatment, contact a clinician and ensure urine culture is performed or reviewed.

Important: This decoding is preliminary. Reference values are taken from your form. Consult a physician for diagnosis.

⚠ Important notice

This interpretation is for informational purposes only and is not medical advice, a diagnosis, or a treatment recommendation. Test results must be reviewed by a qualified physician taking into account your medical history and clinical picture.