

LABORATORY REPORT

Name : **NOURA GOMAA RAMADAN ELBADRAWY ELGAMAL** File. No. : **AAL02-342820**
DOB/Gender : **13-05-1996 (27 Yrs 3 Month 27 Days/Female)** Referral Doctor : **Dr. Enomen Goodluck Ekata**
Lab No. : **22232520089** Referral Clinic : **Peshawar(Irham Medical Center)**
Request Date : **09-09-2023 13:00** Clinic File No : **40901**
Insurance : **No**

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	4.55	10 ¹² /L	3.80 - 4.80	Hydrodynamic focusing (DC Detection)
Haemoglobin	13.4	g/dl	12.0 - 15.0	Photometry-SLS
HCT	41.2	%	36.0 - 46.0	Hydrodynamic focusing
MCV	90.5	fl	83.0 - 101.0	Calculation
MCH	29.5	pg	27-32	Calculation
MCHC	32.5	g/dL	31.5 - 34.5	Calculation
Platelet Count	268	10 ³ /uL	150-400	Hydrodynamic Focusing(DCD)
WBC	9.35	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	68.5	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	12.6 ^L	%	20.0 - 40.0	Flow Cytometry
Monocytes	18.6 ^H	%	2-10	Flow Cytometry
Eosinophils	0.0 ^L	%	1 - 6	Flow Cytometry
Basophils	0.3	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	6.40	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	1.18	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	1.74 ^H	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.00 ^L	10 ³ /uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.03	10 ³ /uL	0.02 - 0.10	Calculation
Band Forms (Absolute)	0.00	10 ³ /uL	< 0.66	Calculation

Remarks:

These tests are accredited under ISO 15189:2012 unless specified by (*)

Sample processed on the same day of receipt unless specified otherwise.

Test results pertains only the sample tested and to be correlated with clinical history.

Reference range related to Age/Gender.

Dr. Solmaz Siddiqui
Laboratory Director
DHA/LS/248469

H/L Collected On : 09-09-2023 11:00:00
Authenticated On : 09-09-2023 14:35:38
Printed On : 09-09-2023 15:35:10

Received On : 09-09-2023 13:01:00
Released On : 09-09-2023 14:46:29
Reprinted On : 09-09-2023 16:51:15

Wasik

Wasik Hasan Tisekar
Laboratory Technician
DHA-P-0039673

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Lab No. : **22232520089** Referral Clinic : **Peshawar(Irham Medical Center)**
Request Date : **09-09-2023 13:00** Clinic File No : **40901**
Insurance : **No**

Test Name	Result	Units	Ref. Range	Method
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Test result to be interpreted in the light of clinical history and to be investigated further if necessary.

Sample Type : EDTA WB

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MICROBIOLOGY/BACTERIOLOGY/BODY FLUIDS

Test Name	Result	Units	Ref. Range	Method
<u>URINE ROUTINE (URINALYSIS)</u>				
<u>PHYSICAL EXAMINATION</u>				
Color	Dark Yellow		Yellow	Light Scatter
Appearance	Cloudy		Clear	Light Scatter
Specific Gravity	1.018		1.005 - 1.030	Refractrometry
PH	5.00		4.6 - 8.0	Litmus reaction
Glucose	Negative		Negative	Enz.Rn/Reflect
Ketone	Trace		Negative	Legal's method
Protein	Trace		Negative	Dye Binding
Blood	Trace		Negative	Peroxidase Activity/Reflectance
Bilirubin	Negative		Negative	Acidified Diazo Coupling
Urobilinogen	Normal	mg/dL	Normal 0.2 - 1.0	Buffered Diazo Coupling
Nitrite	Negative		Negative	Mod. Gries Rn
Leukocytes.	++		Negative	Enz.Rn/Reflect
<u>MICROSCOPIC EXAMINATION</u>				
Pus Cells	15 - 25	/HPF	1 - 4	F.D.I/Microscopy
RBC's	4 - 6	/HPF	0 - 2	F.D.I/Microscopy
Epithelial cells	30 - 35	/HPF	1 - 4	F.D.I/Microscopy
Bacteria	Absent	/HPF	Absent	F.D.I/Microscopy
Yeast cells	Absent	/HPF	Absent	F.D.I/Microscopy
Trichomonas Vaginalis	Absent	/HPF	Absent	F.D.I/Microscopy
Mucus Threads	+++	/HPF	Absent	F.D.I/Microscopy
Crystals	Absent	/HPF	Absent	F.D.I/Microscopy
Casts	Absent	/LPF	Absent	F.D.I/Microscopy

Bilirubin and Urobilinogen when exposed to sunlight leads to artificially low results, hence recommended to collect urine in dark container for analyzing Urine

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Test Name	Result	Units	Ref. Range	Method
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Bilirubin and Urobilinogen if clinically indicated.

Kindly note the new methodology is effective from 31-10-2022.

Remarks:

Test result to be interpreted in the light of clinical history and to be investigated further if clinically indicated.

Sample Type : Urine

----- End Of Report -----

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