

LABORATORY REPORT

Name	: AMER KHALID BARATI	File. No.	: AAL02-367232
DOB/Gender	: 01-07-2020 (3 Yrs 5 Month 25 Days/Male)	Referral Doctor	: Dr. Mohammadmahdi Ghodstehrani
Lab No.	: 22233600063	Referral Clinic	: Peshawar(Irham Medical Center)
Request Date	: 26-12-2023 13:33	Clinic File No	: 42027
Insurance	: No		

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	3.92 ^L	10 ¹² /L	4.00 - 5.20	Hydrodynamic focusing (DC Detection)
Haemoglobin	10.4 ^L	g/dl	11.0 - 14.0	Photometry-SLS
HCT	30.1 ^L	%	34.0 - 40.0	Hydrodynamic focusing (HF)
MCV	76.8	fl	75.0 - 87.0	Calculation
MCH	26.5	pg	24.0 - 30.0	Calculation
MCHC	34.6	g/dL	31.0 - 37.0	Calculation
Platelet Count	418	10 ³ /uL	200 - 490	HF (DCD)
WBC	12.24	10 ³ /uL	5.00 - 15.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	49.2	%	15.0 - 80.0	Flow Cytometry
Lymphocytes	33.6 ^L	%	45.0 - 70.0	Flow Cytometry
Monocytes	6.8	%	2.0 - 10.0	Flow Cytometry
Eosinophils	9.7 ^H	%	1.0 - 8.0	Flow Cytometry
Basophils	0.7	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	6.03	10 ³ /uL	1.50 - 8.00	Calculation
Lymphocytes (Absolute)	4.11 ^L	10 ³ /uL	6.00 - 9.00	Calculation
Monocytes (Absolute)	0.83	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	1.19 ^H	10 ³ /uL	0.10 - 1.00	Calculation
Basophils (Absolute)	0.08	10 ³ /uL	< 0.15	Calculation
Band Forms (Absolute)	0.00	10 ³ /uL	< 0.9	Calculation
<u>ERYTHROCYTE SEDIMENTATION RATE (ESR)</u>				
ESR (whole blood)	62 ^H	mmhr	up to 20	Modified Westergren

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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 : 26-12-2023 11:00:00
Authenticated On : 26-12-2023 15:04:26
Printed On : 26-12-2023 17:40:29

Received On : 26-12-2023 13:33:00
Released On : 26-12-2023 16:12:40

Pring

Padmapriya Kumaresan
Sr. Technician
DHA/LS2992011/243822

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Test Name	Result	Units	Ref. Range	Method
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Remarks:

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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CLINICAL BIOCHEMISTRY

Test Name	Result	Units	Ref. Range	Method
C-Reactive Protein (CRP)	38.10^H	mg/L	Negative < or = to 5.0	Immunoturbidimetric Assay

CRP is an acute phase protein whose concentration rises non-specifically in response to inflammation. CRP values should not be interpreted without a complete clinical evaluation. Follow-up testing of patients with elevated values is recommended in order to help rule out a recent response to undetected infection or tissue injury. Please note Reference Range Reviewed w.ef 15/10/23

Remarks:

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Sample Type : Serum

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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	Light Yellow		Yellow	Light Scatter
Appearance	Clear		Clear	Light Scatter
Specific Gravity	1.010		1.005 - 1.030	Refractrometry
PH	6.50		4.6 - 8.0	Litmus reaction
Glucose	Negative		Negative	Enz.Rn/Reflect
Ketone	Negative		Negative	Legal's method
Protein	Negative		Negative	Dye Binding
Blood	Negative		Negative	Peroxidase Activity/Reflectance
Bilirubin	Negative		Negative	Acidified Diazo Coupling
Urobilinogen	2.0 mg/dL	mg/dL	Normal 0.2 - 1.0	Buffered Diazo Coupling
Nitrite	Negative		Negative	Mod. Gries Rn
Leukocytes.	Negative		Negative	Enz.Rn/Reflect
<u>MICROSCOPIC EXAMINATION</u>				
Pus Cells	0 - 1	/HPF	1 - 4	F.D.I/Microscopy
RBC's	0 - 1	/HPF	0 - 2	F.D.I/Microscopy
Epithelial cells	0 - 1	/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	Few	/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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Bilirubin and Urobilinogen if clinically indicated.

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

Remarks:

Test was rechecked. Recommended to repeat test with new sample for Urobilinogen confirmation.

Sample Type : Urine

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

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