

BML442666

## Laboratory Investigation Report

|                     |                              |                   |                    |
|---------------------|------------------------------|-------------------|--------------------|
| <b>Name</b>         | : Mr. VISHAL KUMAR CHAUDHARY | <b>Ref No.</b>    | : 41308            |
| <b>DOB</b>          | : 06/08/1993                 | <b>Sample No.</b> | : 2407452476       |
| <b>Age / Gender</b> | : 30 Y / Male                | <b>Collected</b>  | : 23/07/2024 12:00 |
| <b>Referred by</b>  | : DR HUMAIRA                 | <b>Registered</b> | : 23/07/2024 14:42 |
| <b>Centre</b>       | : CITICARE MEDICAL CENTER    | <b>Reported</b>   | : 23/07/2024 18:29 |

### BIOCHEMISTRY

| Test                     | Result | Flag | Unit | Reference Range                                    | Methodology        |
|--------------------------|--------|------|------|----------------------------------------------------|--------------------|
| C-REACTIVE PROTEIN (CRP) | 0.7    |      | mg/L | < 5.0<br>Please note change.<br>Source: Roche IFU. | Immunoturbidimetry |

#### INTERPRETATION NOTES :

- CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.
- C-reactive protein is the classic acute phase protein in inflammatory reactions.
- CRP is the most sensitive of the acute phase reactants and its concentration increases rapidly during inflammatory processes. The CRP response frequently precedes clinical symptoms, including fever. After onset of an acute phase response, the serum CRP concentration rises rapidly and extensively. The increase begins within 6 to 12 hours and the peak value is reached within 24 to 48 hours. Levels above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).
- CRP response may be less pronounced in patients suffering from liver disease.
- CRP assays are used to detect systemic inflammatory processes (apart from certain types of inflammation such as systemic lupus erythematosus (SLE) and Colitis ulcerosa); to assess treatment of bacterial infections with antibiotics; to detect intrauterine infections with concomitant premature amniorrhexis; to differentiate between active and inactive forms of disease with concurrent infection, e.g. in patients suffering from SLE or Colitis ulcerosa; to therapeutically monitor rheumatic disease and assess anti-inflammatory therapy; to determine the presence of post-operative complications at an early stage, such as infected wounds, thrombosis and pneumonia, and to distinguish between infection and bone marrow transplant rejection.

Sample Type : Serum

End of Report

**Dr. Adley Mark Fernandes**  
M.D (Pathology)  
Pathologist

**Dr. Vyoma V Shah**  
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Clinical Pathologist

  
**NAZAR MOHAMED ALI**  
Laboratory Technologist

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**Referred by** : DR HUMAIRA  
**Centre** : CITICARE MEDICAL CENTER

**Ref No.** : 41308  
**Sample No.** : 2407452476  
**Collected** : 23/07/2024 12:00  
**Registered** : 23/07/2024 14:42  
**Reported** : 23/07/2024 16:14

### HEMATOLOGY

| Test                                       | Result | Flag | Unit                | Reference Range | Methodology                       |
|--------------------------------------------|--------|------|---------------------|-----------------|-----------------------------------|
| <b>COMPLETE BLOOD COUNT (CBC)</b>          |        |      |                     |                 |                                   |
| HEMOGLOBIN                                 | 15.9   |      | g/dL                | 13.5 - 17.5     | Spectrophotometry (Oxyhemoglobin) |
| RBC COUNT                                  | 5.2    |      | 10 <sup>6</sup> /μL | 4.3 - 5.7       | Electrical Impedance              |
| HEMATOCRIT                                 | 46.7   |      | %                   | 38 - 50         | Calculation                       |
| MCV                                        | 90.4   |      | fL                  | 82 - 98         | Calculation                       |
| MCH                                        | 30.7   |      | pg                  | 27 - 32         | Calculation                       |
| MCHC                                       | 34     |      | g/dL                | 32 - 37         | Calculation                       |
| RDW                                        | 13.8   |      | %                   | 11.8 - 15.6     | Calculation                       |
| RDW-SD                                     | 43.3   |      | fL                  |                 | Calculation                       |
| MPV                                        | 9.6    |      | fL                  | 7.6 - 10.8      | Calculation                       |
| PLATELET COUNT                             | 209    |      | 10 <sup>3</sup> /uL | 150 - 450       | Electrical Impedance              |
| PCT                                        | 0.2    |      | %                   | 0.01 - 9.99     | Calculation                       |
| PDW                                        | 17.9   |      | Not Applicable      | 0.1 - 99.9      | Calculation                       |
| NUCLEATED RBC (NRBC) <sup>^</sup>          | 0.2    |      | /100 WBC            |                 | Flow Cytometry                    |
| ABSOLUTE NRBC COUNT <sup>^</sup>           | 0.02   |      | 10 <sup>3</sup> /uL |                 | Calculation                       |
| EARLY GRANULOCYTE COUNT (EGC) <sup>^</sup> | 0.2    |      | %                   |                 | Flow Cytometry                    |
| ABSOLUTE EGC <sup>^</sup>                  | 0.0    |      | 10 <sup>3</sup> /uL |                 | Calculation                       |
| WBC COUNT                                  | 9.7    |      | 10 <sup>3</sup> /μL | 4 - 11          | Electrical Impedance              |
| <b>DIFFERENTIAL COUNT (DC)</b>             |        |      |                     |                 |                                   |
| NEUTROPHILS                                | 55     |      | %                   | 40 - 75         | Flow Cytometry                    |
| LYMPHOCYTES                                | 38     |      | %                   | 20 - 45         | Flow Cytometry                    |
| EOSINOPHILS                                | 3      |      | %                   | 0 - 6           | Flow Cytometry                    |
| MONOCYTES                                  | 4      |      | %                   | 1 - 6           | Flow Cytometry                    |
| BASOPHILS                                  | 0      |      | %                   | 0 - 1           | Flow Cytometry                    |
| <b>ABSOLUTE COUNT</b>                      |        |      |                     |                 |                                   |
| ABSOLUTE NEUTROPHIL COUNT                  | 5.3    |      | 10 <sup>3</sup> /uL | 1.6 - 8.25      | Calculation                       |
| ABSOLUTE LYMPHOCYTE COUNT                  | 3.7    |      | 10 <sup>3</sup> /uL | 0.8 - 4.95      | Calculation                       |
| ABSOLUTE MONOCYTE COUNT                    | 0.3    |      | 10 <sup>3</sup> /uL | 0.04 - 0.66     | Calculation                       |
| ABSOLUTE EOSINOPHIL COUNT                  | 0.3    |      | 10 <sup>3</sup> /uL | 0 - 0.66        | Calculation                       |
| ABSOLUTE BASOPHIL COUNT                    | 0.0    |      | 10 <sup>3</sup> /uL | 0 - 0.11        | Calculation                       |

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**Pathologist**

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**Thahsina Anees**  
**Laboratory Technologist**

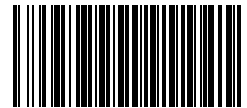
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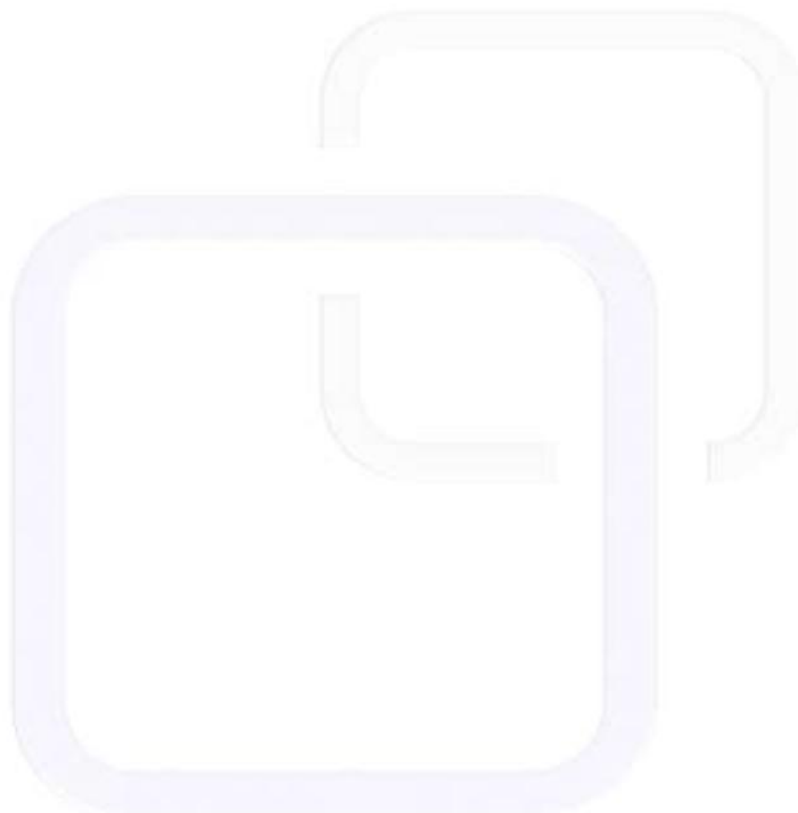
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### HEMATOLOGY

| Test | Result | Flag | Unit | Reference Range | Methodology |
|------|--------|------|------|-----------------|-------------|
|------|--------|------|------|-----------------|-------------|

#### COMPLETE BLOOD COUNT (CBC)

INTERPRETATION NOTES : Please note update on CBC report format and changes in reference ranges.



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### HAEMATOLOGY

| Test                                 | Result | Flag | Unit  | Reference Range                                           | Methodology |
|--------------------------------------|--------|------|-------|-----------------------------------------------------------|-------------|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 2      |      | mm/hr | < 15<br>Please note change in reference range and method. | Automated   |

#### INTERPRETATION NOTES :

Increased ESR is seen in inflammation, pregnancy, anemia, autoimmune disorders (such as rheumatoid arthritis and lupus), infections, some kidney diseases and some cancers (such as lymphoma and multiple myeloma).

The ESR is decreased in polycythemia, hyperviscosity, sickle cell anemia, leukemia, low plasma protein (due to liver or kidney disease), congestive heart failure, hypofibrinogenemia and leukocytosis.

Sample Type : EDTA Whole Blood

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