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MEDICAL LABORATORY

Laboratory Investigation Report

BML76606

Name	:	Mr. AYOUB EL MONNAINY	**Ref No.**	:	76913
DOB	:	21/01/1998	**Sample No.**	:	2209077888
Age / Gender	:	24 Y / Male	**Collected**	:	18/09/2022 15:15
Referred by	:	DR. AMIR	**Registered**	:	18/09/2022 16:56
Centre	:	AL QUOZ CITY STAR POLYCLINIC	**Reported**	:	18/09/2022 18:55

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
GLUCOSE (FASTING)	94		mg/dL	< 100	Hexokinase

Sample Type : *Fluoride Plasma*

End of Report

Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist
This is an electronically authenticated report

NAZAR MOHAMED ALI
Laboratory Technologist
Printed on: 18/09/2022 20:09

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CLINICAL PATHOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
URINE ANALYSIS (ROUTINE)					
MACROSCOPIC EXAMINATION					
COLOR	YELLOW			Pale to Dark Yellow	Visual
APPEARANCE	**TURBID**			-	Visual
CHEMISTRY EXAMINATION					
SPECIFIC GRAVITY	>=1.030			1.002 - 1.035	Bromothymol blue
PH	6.0			4.5 - 8.0	Litmus paper
GLUCOSE	NEGATIVE			Negative	GOD / POD
BLOOD	NEGATIVE			Negative	Peroxidase
PROTEIN	**TRACE**	**H**		Negative	Protein error of pH indicator
LEUKOCYTE ESTERASE	NEGATIVE			Negative	Esterase
UROBILINOGEN	0.2		E.U./dL	0.2 - 1.0	Diazo
BILIRUBIN	NEGATIVE			Negative	Diazo
KETONE	NEGATIVE			Negative	Legal`s test
NITRITE	NEGATIVE			Negative	Griess test
MICROSCOPIC EXAMINATION					
LEUCOCYTES	1 - 2		/HPF	1 - 4	Microscopy
ERYTHROCYTES	0 - 1		/HPF	0 - 2	Microscopy
EPITHELIAL CELLS	0 - 1		/HPF	Variable	Microscopy
BACTERIA	ABSENT		/HPF	Absent	Microscopy
CASTS	ABSENT		/HPF	Absent	Microscopy
CRYSTALS	ABSENT		/HPF	Absent	Microscopy
MUCUS THREADS	++		/HPF	-	Microscopy
OVA	ABSENT		/HPF	Absent	Microscopy and Micrometry

Interpretation Notes :
Instrumentation used for Chemistry test: Siemens Clinitek Advantus.
Sample Type : *URINE*

End of Report

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HALEEM HAKKIM
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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	14.2		g/dL	13.5 - 17.5	Spectrophotometry (Oxyhemoglobin)
RBC COUNT	5.1		10^6/µL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	42.9		%	38 - 50	Calculation
MCV	83.8		fL	82 - 98	Calculation
MCH	27.8		pg	27 - 32	Calculation
MCHC	33.1		g/dL	32 - 37	Calculation
RDW	13.9		%	11.8 - 15.6	Calculation
RDW-SD	41.1		fL		Calculation
MPV	9		fL	7.6 - 10.8	Calculation
PLATELET COUNT	265		10^3/µL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	16.7		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)	0.1		/100 WBC		Flow Cytometry
ABSOLUTE NRBC COUNT	0.01		10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)	0.3		%		Flow Cytometry
ABSOLUTE EGC	0		10^3/uL		Calculation
WBC COUNT	5.3		10^3/µL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	56		%	40 - 75	Flow Cytometry
LYMPHOCYTES	36		%	20 - 45	Flow Cytometry
EOSINOPHILS	3		%	0 - 6	Flow Cytometry
MONOCYTES	5		%	1 - 6	Flow Cytometry
BASOPHILS	0		%	0 - 1	Flow Cytometry
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	2.8		10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2		10^3/uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.4		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.1		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0		10^3/uL	0 - 0.11	Calculation

Interpretation Notes : Please note update on CBC report format and changes in reference ranges.

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RACHANA CHANDRAN SAJIKUMAR
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Sample Type : *EDTA Whole Blood*

End of Report

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IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
HEPATITIS B SURFACE ANTIGEN (HBSAG)	0.2		S/CO	Non-reactive: < 1.0 Reactive: =/> 1.0 Please note change in unit.	CLIA

Interpretation Notes :

A positive HBsAg test result means that the patient is infected with acute or chronic hepatitis B virus or chronic HBV carrier state.
A negative result implies the patient is not infected with hepatitis B.

HEPATITIS C ANTIBODIES	0.02		S/CO	Non-reactive: < 1.0 Reactive: =/> 1.0 Please note change in unit.	CLIA

Interpretation Notes :

A non-reactive screening test result does not exclude the possibility of exposure to or infection with HCV. Non-reactive screening results in individuals with prior exposure to HCV may be due to low antibody levels that are below the limit of detection of this assay or lack of reactivity to the HCV antigens used in this assay. Patients with acute or recent HCV infections (< 3 months from time of exposure) may have false-negative HCV antibody results due to the time needed for seroconversion (average of 8 - 9 weeks). Testing for HCV RNA and or RIBA is recommended.

A repeatedly reactive screening result is consistent with current HCV infection, or past HCV infection that has resolved, or biologic false positivity for HCV antibody. Testing for HCV RNA and or RIBA is recommended

HIV I & II ANTIBODY AND P24 ANTIGEN	0.28		S/CO	Non Reactive: < 1.0 Reactive: =/> 1.0 Please note change in unit.	CLIA

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SEROLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
RPR (RAPID PLASMA REAGEN)	Non - reactive			Non-reactive	Carbon flocculation

Interpretation Notes :

Syphilis is a disease caused by infection with the spirochete Treponema pallidum. The infection is systemic and the disease is characterized by periods of latency. Patients with primary or secondary syphilis should be reexamined clinically and serologically 6 months and 12 months following treatment. Typically, rapid plasma reagin (RPR) titers decrease following successful treatment, but this may occur over a period of months to years.

Biological false-positive reactions with cardiolipin-type antigens have been reported in disease such as infectious mononucleosis, leprosy, malaria, lupus erythematosus, vaccinia, and viral pneumonia. Pregnancy, autoimmune diseases, and narcotic addictions may give false-positives. Pinta, yaws, bejel, and other treponemal diseases may also produce false-positive results with this test.

False negatives tend to be more common in the initial and end stages of infection. Among people who are in the secondary (middle) stage of infection, the RPR test result is nearly always positive. (Interpretation added on 28 Dec 2019).

Sample Type : Serum

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