

Name : Samuel Darko
Lab. No. : 3022115117
Contract. : Peshawer medical L.L.C
Patient No. : 30-80765
File No. : 36513

Sample Date : 28/09/2022 14:48 PM
Report Date : 28/09/2022 16:20 PM
Doctor references : Dr. Tooba Karim

Branch : Al Borg Lab. Dubai Deirah **Age** : 39 Year **DOB** 25/03/1983 **Sex** : Male

Complete Blood Count - (CBC)

Test	Result	Unit	Ref. Range
Hemoglobin	15.4	g/dL	13.5 - 17.5
Hematocrit	48.2	%	38.8 - 50
Red cell count	5.66	$\times 10^{12}/L$	4.32 - 5.72
MCV	85.2	fL	81.2 - 95.1
MCH	27.2	pg	26.5 - 32.6
MCHC	32.0	g/dL	32 - 36
RDW	17.2	%	11.8 - 15.6
Total Leucocytic Count	5.94	$\times 10^9/L$	3.5 - 10.5
Basophils absolute count	0.06	$\times 10^9/L$	0 - 0.3
Basophils relative count	1.01	%	
Eosinophils absolute count	0.35	$\times 10^9/L$	0.05 - 0.5
Eosinophils relative count	5.89	%	
Neutrophils absolute count	3.34	$\times 10^9/L$	1.7 - 7
Neutrophils relative count	56.23	%	
Lymphocytes absolute count	1.41	$\times 10^9/L$	0.9 - 3.1
Lymphocytes relative count	23.74	%	
Monocytes absolute count	0.78	$\times 10^9/L$	0.3 - 0.9
Monocytes relative count	13.13	%	

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Complete Blood Count - (CBC)

Test	Result	Unit	Ref. Range
Platelet Count	248	$\times 10^9/L$	150 - 450

Comments

Sample type: EDTA Whole Blood

Methodology: (Hemoglobin =Cyanmethemoglobin) (Hematocrit = Calculation) (RBC, PLT, WBC and Diff Count = Flow cytometry)

Reviewed By:



Dr. Shailendra Rathod.MD
Laboratory Director
Physician Specialist Clinical
Pathology
License no. 10944644-001

** End Of Report **

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Sample Date : 28/09/2022 14:48 PM
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Branch : Al Borg Lab. Dubai Deirah **Age** : 39 Year **DOB** 25/03/1983 **Sex** : Male

Cholesterol/HDL/LDL/Triglycerides

Test	Result	Unit	Ref. Range
Cholesterol	217 H	mg/dl	No risk <200 Moderate risk 200 - 240 High risk >240

Comments

Primary sample: Serum
Methodology : Enzymatic colorimetric assay in the presence pf peroxidase.

Triglycerides (TG) in Serum	107	mg/dL	Normal<200
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Comments

Primary sample: Serum
Methodology : Enzymatic colorimetric assay

HDL Cholesterol	49 L	mg/dL	Optimum level ≥ 60 Borderline risk: 40-59 High risk: <40
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Comments

Primary sample: Serum
Methodology : HOMOgeneous Enzymatic colorimetric assay.

LDL Cholesterol	146 H	mg/dl	Optimal <100 Near optimal 100-129 Borderline high 130-159 High 160-189 Very high >189
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Comments

Sample type: Serum
Methodology: Calculation

*This is non-accredited test.

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Cholesterol/HDL/LDL/Triglycerides

Test	Result	Unit	Ref. Range
Non-HDL Cholesterol	168 H	mg/dL	very high >220 High 190-219 Borderline high 160-189 Near Ideal 130-159 Ideal for people at risk of heart disease <130 Ideal for people at very high risk of heart disease <100

Comments

Patients with elevated levels of non-HDL-C and normal levels of LDL-C, often have an increased number of LDL particles, increased apo B or increased small, dense LDL particles and these are associated with an increased risk of CVD. Therefore non-HDL-C might be more valuable indicator of cardiovascular risk than LDL-C.
 The treatment goal for non-HDL cholesterol in persons with high triglycerides (>199 mg/dl) is 30 mg/dl higher than their LDL cholesterol goal.

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Chemistry Unit

Test	Result	Unit	Ref. Range
Urea in Serum	43	mg/dL	16 - 48.5

Comments

Sample type: Serum
Methodology: Kinetic with urea & glutamate dehydrogenase

Creatinine in Serum	1.81	H	mg/dl	0.67 - 1.17
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Comments

Sample type: Serum
Methodology: Kinetic colorimetric assay Jaffe method with picrate in alkaline solution.

Calcium in Serum (Total)	9.5	mg/dl	8.6 - 10.2
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Comments

Primary sample: Serum
Methodology: Ion Selective Electrode

Glucose in Plasma (Fasting)	98	mg/dl	70 - 100
			Normal: 70 - 100 Pre-Diabetes: 100 -125 Diabetes: ≥ 126

Comments

Primary sample: Plasma
Methodology: Enzymatic reference method with hexokinase

Alanine Aminotransferase (ALT)	83	H	U/L	5 - 41
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Comments

Primary type: Serum
Methodology: Enzymatic colorimetric assay according to IFCC without pyrodoxal-5-phosphate.

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Chemistry Unit

Test	Result	Unit	Ref. Range
Aspartate Aminotransferase (AST)	45	H U/L	0 - 40

Comments

Primary sample: Serum

Methodology : Enzymatic colorimetric assay according to IFCC without pyridoxal-5-phosphate.

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Laboratory Director
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** End Of Report **

Verified By : Shailendra Rathod.MD

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