



Name : Diego Alexander Lab. No. : 3022115838 Sample Date : 06/10/2022 14:38 PM Report Date : 06/10/2022 17:24 PM

Contract. : Peshawer medical L.L.C

**Doctor references: Dr. Marvis Enyl** 

Patient No. : 30-81264

File No. : 38006

Branch : Al Borg Lab. Dubai

Age: 30 Year DOB 21/01/1992

Sex : Male

Deirah

**MISC. Unit** 

Test Result Ref. Range

Helicobacter Pylori Ab (Rapid test ) Negative Negative

Comments

Sample type: Serum

Methodology: Qualitative lateral flow Immunoassay

\*This is non-accredited test.

Reviewed By:

Dr. Shailendra Rathod.MD Laboratory Director Physician Specialist Clinical

Pathology

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Name : Diego Alexander **Sample Date** : 06/10/2022 14:38 PM Lab. No. : 3022115838 : 06/10/2022 16:23 PM **Report Date** 

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Patient No. : 30-81264 File No. : 38006

: Al Borg Lab. Dubai **Branch** Age: 30 Year DOB 21/01/1992 Sex : Male

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# **C-Reactive Protein (CRP)**

Result Unit Ref. Range 0 - 5 C-Reactive Protein (CRP) 1.25 mg/L

Comments

Sample Type: Serum

Methodology: Particle Enhanced Turbidimetric assay

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Lab. No. : 3022115838 Report Date : 06/10/2022 16:35 PM

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# **Glycated Haemoglobin (HbA1c)**

Test	Result	Unit	Ref. Range
Hb A1c % {According to (DCCT/ NGSP)}	5.5	%	(NGSP Standardized) Normal: 4 - 5.6 Prediabetic: 5.7 - 6.4 Diabetes: ≥ 6.5 Controlled Diabetes: <7
Mean of blood glucose (in the last 3 months)	111	mg/dl	

#### **Comments**

Primary sample: Whole blood

Methodology: Turbidimetric inhibition immunoassay(TINIA)

\*This is non-accredited test.

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Laboratory Director

Physician Specialist Clinical

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## **Complete Blood Count - (CBC)**

Test	Result	Unit	Ref. Range	
Hemoglobin	14.9	g/dL	13.5 - 17.5	
Hematocrit	45.2	%	38.8 - 50	
Red cell count	5.32	x10 <sup>12</sup> /L	4.32 - 5.72	
MCV	85.0	fL	81.2 - 95.1	
MCH	28.0	pg	26.5 - 32.6	
MCHC	33.0	g/dL	32 - 36	
RDW	12.8	%	11.8 - 15.6	
Total Leucocytic Count	6.17	x10°/L	3.5 - 10.5	
Basophils absolute count	0.06	x10°/L	0 - 0.3	
Basophils relative count	0.97	%		
Eosinophils absolute count	0.30	x10°/L	0.05 - 0.5	
Eosinophils relative count	4.86	%		
Neutrophils absolute count	3.24	x10°/L	1.7 - 7	
Neutrophils relative count	52.51	%		
Lymphocytes absolute count	1.99	x10°/L	0.9 - 3.1	
Lymphocytes relative count	32.25	%		
Monocytes absolute count	0.58	x10°/L	0.3 - 0.9	
Monocytes relative count	9.40	%		

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# **Complete Blood Count - (CBC)**

Test Result Unit Ref. Range 287 Platelet Count 150 - 450 x109/L

**Comments** 

File No.

Sample type: EDTA Whole Blood

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

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# Cholesterol/HDL/LDL/Triglycerides

Test	Result		Unit	Ref. Range
Cholesterol	222	Н	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	134		mg/dL	Normal<200
Comments Primary sample: Serum Methodology: Enzymatic colorimetric assay				
HDL Cholesterol	46	L	mg/dL	Optimum level ≥ 60 Borderline risk: 40-59 High risk: <40
Comments Primary sample: Serum Methodology: HOmogeneous Enzymatic colorimetric assay.				
LDL Cholesterol	149	Н	mg/dl	Optimal <100 Near optimal 100-129 Borderline high 130-159 High 160-189 Very high >189

## Comments

Sample type: Serum Methodology: Calculation

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## Cholesterol/HDL/LDL/Triglycerides

Test	Result		Unit	Ref. Range
Non-HDL Cholesterol	176	Н	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

#### **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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