

Name : Patrick Kojo Nkansah
Lab. No. : 3022118660
Contract. : NGI Insurance_Dubai
Patient No. : 30-83188
File No. : 28524

Sample Date : 04/11/2022 15:10 PM
Report Date : 04/11/2022 15:54 PM

Branch : Al Borg Lab. Dubai Deirah Age : 46 Year DOB 18/10/1976 Sex : Male

Chemistry Unit

Test	Result	Unit	Ref. Range
Glucose in Plasma (Random)	92	mg/dl	70 - 200

Comments

Primary sample: Plasma
Methodology :Enzymatic reference method with hexokinase

**Please note new reference range

Reviewed By:



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

** End Of Report **

Verified By : Shailendra Rathod.MD

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Patient No. : 30-83188
File No. : 28524
Sample Date : 04/11/2022 15:10 PM
Report Date : 04/11/2022 15:36 PM

Branch : Al Borg Lab. Dubai Deirah
Age : 46 Year
DOB 18/10/1976
Sex : Male

Cholesterol/HDL/LDL/Triglycerides

Test	Result	Unit	Ref. Range
Cholesterol	230 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	196	mg/dL	Normal<200
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Comments

Primary sample: Serum
Methodology : Enzymatic colorimetric assay

HDL Cholesterol	36 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	155 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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Branch : Al Borg Lab. Dubai Deirah **Age** : 46 Year **DOB** 18/10/1976 **Sex** : Male

Cholesterol/HDL/LDL/Triglycerides

Test	Result	Unit	Ref. Range
Non-HDL Cholesterol	194 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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Branch : Al Borg Lab. Dubai Deirah **Age** : 46 Year **DOB** 18/10/1976 **Sex** : Male

Complete Blood Count - (CBC)

Test	Result	Unit	Ref. Range
Hemoglobin	15.4	g/dL	13.5 - 17.5
Hematocrit	49.3	%	38.8 - 50
Red cell count	5.75 H	$\times 10^{12}/L$	4.32 - 5.72
MCV	85.7	fL	81.2 - 95.1
MCH	26.8	pg	26.5 - 32.6
MCHC	31.2 L	g/dL	32 - 36
RDW	14.3	%	11.8 - 15.6
Total Leucocytic Count	4.85	$\times 10^9/L$	3.5 - 10.5
Basophils absolute count	0.04	$\times 10^9/L$	0 - 0.3
Basophils relative count	0.82	%	
Eosinophils absolute count	0.11	$\times 10^9/L$	0.05 - 0.5
Eosinophils relative count	2.27	%	
Neutrophils absolute count	2.26	$\times 10^9/L$	1.7 - 7
Neutrophils relative count	46.60	%	
Lymphocytes absolute count	1.66	$\times 10^9/L$	0.9 - 3.1
Lymphocytes relative count	34.23	%	
Monocytes absolute count	0.78	$\times 10^9/L$	0.3 - 0.9
Monocytes relative count	16.08	%	

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Complete Blood Count - (CBC)

Test	Result	Unit	Ref. Range
Platelet Count	165	x10 ⁹ /L	150 - 450

Comments

Sample type: EDTA Whole Blood

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

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