

Name : Sanjaya Karki Sample Date : 24/11/2022 18:56 PM
Lab. No. : 3022120476 Report Date : 24/11/2022 20:21 PM
Contract. : Nas (GN, CN, EN, RN, SR) 10% - Doctor references : Dr. Marvis Enyl
Dubai Branch
Patient No. : 30-84475
File No. : 27879

Branch : Al Borg Lab. Dubai Age : 36 Year DOB 14/11/1986 Sex : Male
Deirah

Microbiology Unit

Test	Result	Ref. Range
Influenza A Antigen	Negative	Negative
Influenza B Antigen	Negative	Negative

Comments

Sampe type: Nasal Swab
Methodology: Rapid chromatographic immunoassay

*This is non-accredited test.

Reviewed By:



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

** End Of Report **

Verified By : Asmaa Ahmed Abdelsatar

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Name : Sanjaya Karki Sample Date : 24/11/2022 18:56 PM
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Branch : Al Borg Lab. Dubai Deirah Age : 36 Year DOB 14/11/1986 Sex : Male

Chemistry Unit

Test	Result	Unit	Ref. Range
Glucose in Plasma (Random)	81	mg/dl	70 - 200

Comments

Primary sample: Plasma
Methodology :Enzymatic reference method with hexokinase

**Please note new reference range

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Patient No. : 30-84475
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Sample Date : 24/11/2022 18:56 PM
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Doctor references : Dr. Marvis Enyl

Branch : Al Borg Lab. Dubai Deirah
Age : 36 Year
DOB 14/11/1986
Sex : Male

Cholesterol/HDL/LDL/Triglycerides

Test	Result	Unit	Ref. Range
Cholesterol	207 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	139	mg/dL	Normal<200
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Comments

Primary sample: Serum
 Methodology : Enzymatic colorimetric assay

HDL Cholesterol	38 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	142 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

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Branch : Al Borg Lab. Dubai **Age** : 36 Year **DOB** 14/11/1986 **Sex** : Male
Deirah

Cholesterol/HDL/LDL/Triglycerides

Test	Result	Unit	Ref. Range
Non-HDL Cholesterol	169 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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Patient No. : 30-84475
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Sample Date : 24/11/2022 18:56 PM
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Doctor references : Dr. Marvis Enyl

Branch : Al Borg Lab. Dubai
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Complete Blood Count - (CBC)

Test	Result	Unit	Ref. Range
Hemoglobin	13.9	g/dL	13.5 - 17.5
Hematocrit	43.8	%	38.8 - 50
Red cell count	5.05	$\times 10^{12}/L$	4.32 - 5.72
MCV	86.7	fL	81.2 - 95.1
MCH	27.5	pg	26.5 - 32.6
MCHC	31.7	L g/dL	32 - 36
RDW	13.5	%	11.8 - 15.6
Total Leucocytic Count	10.20	$\times 10^9/L$	3.5 - 10.5
Basophils absolute count	0.04	$\times 10^9/L$	0 - 0.3
Basophils relative count	0.39	%	
Eosinophils absolute count	0.36	$\times 10^9/L$	0.05 - 0.5
Eosinophils relative count	3.53	%	
Neutrophils absolute count	7.26	H $\times 10^9/L$	1.7 - 7
Neutrophils relative count	71.18	%	
Lymphocytes absolute count	1.59	$\times 10^9/L$	0.9 - 3.1
Lymphocytes relative count	15.59	%	
Monocytes absolute count	0.95	H $\times 10^9/L$	0.3 - 0.9
Monocytes relative count	9.31	%	

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Complete Blood Count - (CBC)

Test	Result	Unit	Ref. Range
Platelet Count	213	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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C-Reactive Protein (CRP)

Test	Result	Unit	Ref. Range
C-Reactive Protein (CRP)	30.27	mg/L	0 - 5

Comments

Sample Type: Serum
Methodology: Particle Enhanced Turbidimetric assay

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