

Name : Angeles Jemma Rodriguez Garcia **Sample Date** : 22/12/2022 09:57 AM
Lab. No. : 3022122807 **Report Date** : 22/12/2022 10:42 AM
Contract. : Neuron Insurance Company **Doctor references** : Dr. Tahniyat Iqbal
Patient No. : 30-86116
File No. : 37530

Branch : Al Borg Lab. Dubai **Age** : 76 Year **DOB** 20/09/1946 **Sex** : Female
Deirah

Chemistry Unit

Test	Result	Unit	Ref. Range
Urea in Serum	36	mg/dL	6 - 71

Comments

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

Creatinine in Serum	0.81	mg/dl	0.51 - 0.95
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Comments

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

Uric Acid in Serum	4.4	mg/dL	2.4 - 5.7
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Comments

Sample type: Serum
Methodology :Enzymatic, colorimetric assay method

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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Cholesterol/HDL/LDL/Triglycerides

Test	Result	Unit	Ref. Range
Cholesterol	249 H	mg/dl	No risk <200 Moderate risk 200 - 240 High risk >240

Comments

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

Triglycerides (TG) in Serum	346 H	mg/dL	Normal<200
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Comments

Primary sample: Serum
Methodology : Enzymatic colorimetric assay

HDL Cholesterol	55 L	mg/dL	Optimum level ≥ 60 Borderline risk: 50-59 High risk: <50 mg/dl
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Comments

Primary sample: Serum
Methodology : Homogeneous Enzymatic colorimetric assay.

LDL Cholesterol	124 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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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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Complete Blood Count - (CBC)

Test	Result	Unit	Ref. Range
Hemoglobin	13.3	g/dL	12 - 15.5
Hematocrit	43.3	%	34.9 - 44.5
Red cell count	4.62	$\times 10^{12}/L$	3.9 - 5.03
MCV	93.7	fL	81.6 - 98.3
MCH	28.8	pg	26.5 - 32.6
MCHC	30.7	L g/dL	32 - 36
RDW	12.7	%	11.9 - 15.5
Total Leucocytic Count	9.70	$\times 10^9/L$	3.5 - 10.5
Basophils absolute count	0.08	$\times 10^9/L$	0 - 0.3
Basophils relative count	0.82	%	
Eosinophils absolute count	0.33	$\times 10^9/L$	0.05 - 0.5
Eosinophils relative count	3.40	%	
Neutrophils absolute count	5.90	$\times 10^9/L$	1.7 - 7
Neutrophils relative count	60.82	%	
Lymphocytes absolute count	2.54	$\times 10^9/L$	0.9 - 3.1
Lymphocytes relative count	26.19	%	
Monocytes absolute count	0.85	$\times 10^9/L$	0.3 - 0.9
Monocytes relative count	8.76	%	

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Complete Blood Count - (CBC)

Test	Result	Unit	Ref. Range
Platelet Count	198	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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Glycated Haemoglobin (HbA1c)

Test	Result	Unit	Ref. Range
Hb A1c % {According to (DCCT/ NGSP)}	5.4	%	(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)	108	mg/dl	

Comments

Primary sample: Whole blood
Methodology: Turbidimetric inhibition immunoassay(TINIA)

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