Name	**: Mansoor Ali Khan Jaleel**	**Sample Date**	**: 04/01/2023 15:31 PM**
Lab. No.	**: 3023123934**	**Report Date**	**: 04/01/2023 16:42 PM**
Contract.	**: Nas (WN, VN)-Dubai Branch**	**Doctor references**	**: Dr. Marvis Enyl**
Patient No.	**: 30-86893**		
File No.	**: 29239**		

Branch : Al Borg Lab. Dubai Deirah **Age** : 37 Year **DOB** 05/12/1986 **Sex** : Male

Cholesterol/HDL/LDL/Triglycerides

Test	Result		Unit	Ref. Range
Cholesterol	203	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	65		mg/dL	Normal<200

Comments
Primary sample: Serum
Methodology : Enzymatic colorimetric assay

HDL Cholesterol	42	L	mg/dL	Optimum level ≥ 60 Borderline risk: 40-59 High risk: <40

Comments
Primary sample: Serum
Methodology : HOmogeneous Enzymatic colorimetric assay.

LDL Cholesterol	148	H	mg/dl	Optimal <100 Near optimal 100-129 Borderline high 130-159 High 160-189 Very high >189

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	161	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.

Reviewed By:

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

** End Of Report **

Verified By : Shailendra Rathod.MD
Printed By: System

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مختبرات البرج
Al Borg Diagnostics

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Name	**: Mansoor Ali Khan Jaleel**	**Sample Date**	**: 04/01/2023 15:31 PM**
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Branch : Al Borg Lab. Dubai Deirah **Age** : 37 Year **DOB** 05/12/1986 **Sex** : Male

Chemistry Unit

Test	Result	Unit	Ref. Range
Glucose in Plasma (Random)	100	mg/dl	70 - 200

Comments
Primary sample: Plasma
Methodology :Enzymatic reference method with hexokinase

**Please note new reference range

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Branch : Al Borg Lab. Dubai Deirah **Age** : 37 Year **DOB** 05/12/1986 **Sex** : Male

Complete Blood Count - (CBC)

Test	Result		Unit	Ref. Range
Hemoglobin	14.6		g/dL	13.5 - 17.5
Hematocrit	43.3		%	38.8 - 50
Red cell count	5.09		$x10^{12}/L$	4.32 - 5.72
MCV	85.1		fL	81.2 - 95.1
MCH	28.7		pg	26.5 - 32.6
MCHC	33.7		g/dL	32 - 36
RDW	13.0		%	11.8 - 15.6
Total Leucocytic Count	7.66		$x10^9/L$	3.5 - 10.5
Basophils absolute count	0.03		$x10^9/L$	0 - 0.3
Basophils relative count	0.39		%	
Eosinophils absolute count	0.15		$x10^9/L$	0.05 - 0.5
Eosinophils relative count	1.96		%	
Neutrophils absolute count	3.20		$x10^9/L$	1.7 - 7
Neutrophils relative count	41.78		%	
Lymphocytes absolute count	3.71	H	$x10^9/L$	0.9 - 3.1
Lymphocytes relative count	48.43		%	
Monocytes absolute count	0.57		$x10^9/L$	0.3 - 0.9
Monocytes relative count	7.44		%	

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Branch : Al Borg Lab. Dubai Deirah **Age** : 37 Year **DOB** 05/12/1986 **Sex** : Male

Complete Blood Count - (CBC)

Test	Result	Unit	Ref. Range
Platelet Count	308	x10⁹/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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