

LABORATORY REPORT

Name	: SAMIRA NURIYEVA	File. No.	: AAL02-296909
DOB/Gender	: 05-01-1990 (33 Yrs 2 Month 29 Days/Female)	Referral Doctor	: Dr. Tahniyat Iqbal
Lab No.	: 22230930119	Referral Clinic	: Peshawar(Irham Medical Center)
Request Date	: 03-04-2023 13:10	Clinic File No	: 39818
Insurance	: No		

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	4.37	10 ¹² /L	3.80 - 4.80	Hydrodynamic focusing (DC Detection)
Haemoglobin	12.7	g/dl	12.0 - 15.0	Photometry-SLS
HCT	37.7	%	36.0 - 46.0	Hydrodynamic focusing
MCV	86.3	fl	83.0 - 101.0	Calculation
MCH	29.1	pg	27-32	Calculation
MCHC	33.7	g/dL	31.5 - 34.5	Calculation
Platelet Count	301	10 ³ /uL	150-400	Hydrodynamic Focusing(DCD)
WBC	7.36	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	65.2	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	20.9	%	20.0 - 40.0	Flow Cytometry
Monocytes	12.9 ^H	%	2-10	Flow Cytometry
Eosinophils	0.3 ^L	%	1 - 6	Flow Cytometry
Basophils	0.7	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	4.80	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	1.54	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.95	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.02	10 ³ /uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.05	10 ³ /uL	0.02 - 0.10	Calculation
Band Forms (Absolute)	0.00	10 ³ /uL	< 0.66	Calculation

Remarks:

Test result to be interpreted in the light of clinical history and to be investigated further if necessary.

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Reference range related to Age/Gender.

Dr. Solmaz Siddiqui
Laboratory Director
DHA/LS/248469

H/L Collected On : 03-04-2023 12:00:00
Authenticated On : 03-04-2023 15:20:07
Printed On : 03-04-2023 15:43:12

Received On : 03-04-2023 13:11:00
Released On : 03-04-2023 15:22:22

Pring

Padmapriya Kumaresan
Sr. Technician
DHA/LS2992011/243822

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Test Name	Result	Units	Ref. Range	Method
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Sample Type : EDTA WB

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CLINICAL BIOCHEMISTRY

Test Name	Result	Units	Ref. Range	Method
CRP - quant (serum)	3.97	mg/L	< 5.0	Immunoturbidimetric

Sample Type : Serum

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MICROBIOLOGY/BACTERIOLOGY/BODY FLUIDS

Test Name	Result	Units	Ref. Range	Method
<u>URINE ROUTINE (URINALYSIS)</u>				
<u>PHYSICAL EXAMINATION</u>				
Color	Yellow		Yellow	Light Scatter
Appearance	Turbid		Clear	Light Scatter
Specific Gravity	1.025		1.005 - 1.030	Refractrometry
PH	5.00		4.6 - 8.0	pH.I/Reflectance
Glucose	Negative		Negative	Enz.Rn/Reflect
Ketone	Negative		Negative	Legal's method
Protein	Negative		Negative	Dye Binding
Blood	Trace		Negative	Peroxidase Activity/Reflectance
Bilirubin	Negative		Negative	Acidified Diazo Coupling
Urobilinogen	Normal	mg/dL	Normal 0.2 - 1.0	Buffered Diazo Coupling
Nitrite	Negative		Negative	Mod. Gries Rn
Leukocytes.	++		Negative	Enz.Rn/Reflect
<u>MICROSCOPIC EXAMINATION</u>				
Pus Cells	15 - 25	/HPF	1 - 4	F.D.I/Microscopy
RBC's	4 - 6	/HPF	0 - 2	F.D.I/Microscopy
Epithelial cells	6 - 10	/HPF	1 - 4	F.D.I/Microscopy
Bacteria	Absent	/HPF	Absent	F.D.I/Microscopy
Yeast cells	Absent	/HPF	Absent	F.D.I/Microscopy
Trichomonas Vaginalis	Absent	/HPF	Absent	F.D.I/Microscopy
Mucus Threads	Few	/HPF	Absent	F.D.I/Microscopy
Crystals	Absent	/HPF	Absent	F.D.I/Microscopy
Casts	Absent	/LPF	Absent	F.D.I/Microscopy

Bilirubin and Urobilinogen when exposed to sunlight leads to artificially low results, hence recommended to collect urine in dark container for analyzing Urine

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Test Name	Result	Units	Ref. Range	Method
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Bilirubin and Urobilinogen if clinically indicated.

Kindly note the new methodology is effective from 31-10-2022.

Sample Type : Mid-stream Urine

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**INFLUENZA VIRUS TYPE A & B ANTIGEN
IMMUNOLOGY/SEROLOGY/INFECTIOUS DISEASES**

Test Name	Result	Units	Ref. Range	Method
*Influenza Virus Type A Antigen	Negative	Qualitative	Negative	Immunochromatography

Please note, the sensitivity of this Immunoassay is 50 - 70 % according to the Center of Disease Control (CDC), Atlanta. According to the manufacturer the sensitivity is 90 %. Therefore we recommend to better test for PCR.

*Influenza Virus Type B Antigen	Negative	Qualitative	Negative	Immunochromatography
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Sample Type : Nasopharyngeal Swab

----- End Of Report -----

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