

LABORATORY REPORT

Name : **PREEMA CAREL LOBO PATRICK PETER TAURO** File. No. : **AAL02-305134**
DOB/Gender : **25-02-1987 (36 Yrs 2 Month 8 Days/Female)** Referral Doctor : **Dr. Farideh Moradimoghaddam**
Lab No. : **22231220589** Referral Clinic : **Peshawar(Irham Medical Center)**
Request Date : **02-05-2023 22:17** Clinic File No : **40021**
Insurance : **NEURON**

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	5.12^H	10 ¹² /L	3.80 - 4.80	Hydrodynamic focusing (DC Detection)
Haemoglobin	10.2^L	g/dl	12.0 - 15.0	Photometry-SLS
HCT	33.1^L	%	36.0 - 46.0	Hydrodynamic focusing
MCV	64.6^L	fl	83.0 - 101.0	Calculation
MCH	19.9^L	pg	27-32	Calculation
MCHC	30.8^L	g/dL	31.5 - 34.5	Calculation
Platelet Count	327	10 ³ /uL	150-400	Hydrodynamic Focusing(DCD)
WBC	8.66	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	63.9	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	25.6	%	20.0 - 40.0	Flow Cytometry
Monocytes	7.6	%	2-10	Flow Cytometry
Eosinophils	2.3	%	1 - 6	Flow Cytometry
Basophils	0.6	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	5.53	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	2.22	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.66	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.20	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:

These tests are accredited under ISO 15189:2012 unless specified by (*)

Sample processed on the same day of receipt unless specified otherwise.

Test results pertains only the sample tested and to be correlated with clinical history.

Reference range related to Age/Gender.

Dr. Solmaz Siddiqui
Laboratory Director
DHA/LS/248469

H/L Collected On : 02-05-2023 20:00:00
Authenticated On : 03-05-2023 00:56:29
Printed On : 03-05-2023 01:12:47

Received On : 02-05-2023 22:21:00
Released On : 03-05-2023 01:01:57
Reprinted On : 03-05-2023 13:55:34



Esmeralda Obenita
Lab Incharge
DHA/LS/2992011/ 241430

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Lab No.	: 22231220589	Referral Clinic	: Peshawar(Irham Medical Center)
Request Date	: 02-05-2023 22:17	Clinic File No	: 40021
Insurance	: NEURON		

Test Name	Result	Units	Ref. Range	Method
Recommended to do peripheral smear, iron studies and thalassemia screening. Test result to be interpreted in the light of clinical history and to be investigated further if necessary.				
Sample Type : EDTA WB				

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Lab No. : **22231220589** Referral Clinic : **Peshawar(Irham Medical Center)**
Request Date : **02-05-2023 22:17** Clinic File No : **40021**
Insurance : **NEURON**

CLINICAL BIOCHEMISTRY

Test Name	Result	Units	Ref. Range	Method
ALT / GPT (serum)	15.1	U/L	<= 55	NADH w/o P5P
AST / GOT - (serum)	13.3	U/L	5.0 - 34.0	NADH w/o P5P
CRP - quant (serum)	2.76	mg/L	< 5.0	Immunoturbidimetric
Creatinine (serum)	0.86	mg/dL	0.5 - 1.0	Alkaline Picrate

Kindly note that the reference range is effective from 17-01-2023.

Sample Type : Serum

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HORMONES/ENDOCRINE/TUMOR MARKERS

Test Name	Result	Units	Ref. Range	Method
TSH (serum)	0.9372	μIU/mL	0.3500 - 4.9400 Pregnancy First Trimester : 0.1 - 2.5 Second Trimester : 0.2 - 3.0 Third Trimester : 0.3 - 3.0	CMIA

Sample Type : Serum

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

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