



# **Laboratory Investigation Report**

Name : Mr. MUHAMMAD USMAN MUHAMMAD EHSAN QADAR

DOB : 18/10/1996 Age / Gender : 26 Y 10 M / Male

Referred by : Peshawar Medical Center LLC
Centre : Peshawar Medical Center LLC

BML261557

**Ref No.** : 39650 **Sample No.** : 2309264953

**Collected** : 08/09/2023 13:53 **Registered** : 08/09/2023 13:55

**Reported** : 08/09/2023 15:30

### **BIOCHEMISTRY**

TestResultFlagUnitReference RangeMethodologyMAGNESIUM2.2mg/dL1.8 - 2.4Methylthymol blue

#### Interpretation Notes:

Increased magnesium levels relate mostly to patients in renal failure. Increased serum magnesium is also found with Addison disease and in pregnant patients with severe preëclampsia or eclampsia who are receiving magnesiumsulfate as an anticonvulsant. Hypermagnesemia may occur in patients using magnesium-containing cathartics. High magnesium levels are manifested by decreased reflexes, somnolence and heart block.

Decreased level or Hypomagnesia is seen in neuromuscular disorders. Hypomagnesemia is associated with hypocalcemia, hypokalemia, long-term hyperalimentation, intravenous therapy, diabetes mellitus, especially during treatment of ketoacidosis; alcoholism and other types of malnutrition; malabsorption; hyperparathyroidism; dialysis; pregnancy and hyperaldosteronism. Renal loss of magnesium occurs with cis-platinum therapy. Drugs like amphotericin toxicity will causes hypomagnesemia.

Sample Type: Serum

End of Report

Dr. Adley Mark Fernandes M.D (Pathology) Pathologist

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Laboratory Technologist Printed on: 09/09/2023 10:36

Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.







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Ref No. 39650

2309264953 Sample No.

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08/09/2023 17:36 Reported

HEMATOLOGY										
Test	Result	Flag	Unit	Reference Range	Methodology					
COMPLETE BLOOD COUNT (CBC)										
HEMOGLOBIN	13.4	L	g/dL	13.5 - 17.5	Spectrophotometry (Oxyhemoglobin)					
RBC COUNT	5.0		10^6/μL	4.3 - 5.7	Electrical Impedance					
HEMATOCRIT	41.1		%	38 - 50	Calculation					
MCV	82.8		fL	82 - 98	Calculation					
мсн	27.0		pg	27 - 32	Calculation					
мснс	32.6		g/dL	32 - 37	Calculation					
RDW	16.7	н	%	11.8 - 15.6	Calculation					
RDW-SD	49		fL		Calculation					
MPV	9.6		fL	7.6 - 10.8	Calculation					
PLATELET COUNT	297		10^3/μL	150 - 450	Electrical Impedance					
РСТ	0.3		%	0.01 - 9.99	Calculation					
PDW	16.8		Not Applicable	0.1 - 99.9	Calculation					
NUCLEATED RBC (NRBC)^	0.1		/100 WBC		Flow Cytometry					
ABSOLUTE NRBC COUNT^	0		10^3/uL		Calculation					
EARLY GRANULOCYTE COUNT (EGC)^	1.3		%		Flow Cytometry					
ABSOLUTE EGC^	0.1		10^3/uL		Calculation					
WBC COUNT	6.6		10^3/μL	4 - 11	Electrical Impedance					
DIFFERENTIAL COUNT (DC)										
NEUTROPHILS	62		%	40 - 75	Flow Cytometry					
LYMPHOCYTES	28		%	20 - 45	Flow Cytometry					
EOSINOPHILS	5		%	0 - 6	Flow Cytometry					
MONOCYTES	5		%	1 - 6	Flow Cytometry					
BASOPHILS	0		%	0 - 1	Flow Cytometry					
ABSOLUTE COUNT										
ABSOLUTE NEUTROPHIL COUNT	4.1		10^3/uL	1.6 - 8.25	Calculation					
ABSOLUTE LYMPHOCYTE COUNT	1.8		10^3/uL	0.8 - 4.95	Calculation					
ABSOLUTE MONOCYTE COUNT	0.3		10^3/uL	0.04 - 0.66	Calculation					
ABSOLUTE EOSINOPHIL COUNT	0.3		10^3/uL	0 - 0.66	Calculation					
ABSOLUTE BASOPHIL COUNT	0.0		10^3/uL	0 - 0.11	Calculation					

**Dr. Adley Mark Fernandes** M.D (Pathology)

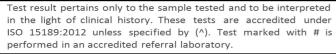
**Pathologist** 

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BMI 26155

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### **HEMATOLOGY**

Test Result Flag Unit Reference Range Methodology

### **COMPLETE BLOOD COUNT (CBC)**

Interpretation Notes: Please note update on CBC report format and changes in reference ranges.

Sample Type: EDTA Whole Blood

End of Report



Dr. Adley Mark Fernandes M.D (Pathology) Pathologist

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