



Laboratory Investigation Report

BML265880

Name : KIM
DOB :
Age / Gender : 35 Y / Female
Referred by : DR. RESHMI
Centre : Peshawar Medical Center LLC

Ref No. : 39006
Sample No. : 2309269298
Collected : 14/09/2023 16:00
Registered : 14/09/2023 20:33
Reported : 15/09/2023 02:13

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
CREATININE (SERUM)	0.82		mg/dL	0.59 - 1.04	Alkaline picrate (IFCC standardised)
Interpretation Notes :					
Please note update in reference range with effect from 31/10/2020 (Source: Mayo Clinical Laboratories).					
UREA (SERUM)	18		mg/dL	14.98 - 38.52	Kinetic test with urease and glutamate

Dr. Adley Mark Fernandes

M.D (Pathology)

Pathologist

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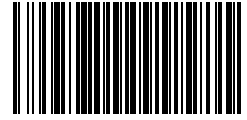
MOHAMMED RASHID CHENANGADATH

Laboratory Technologist

Printed on: 15/09/2023 11:09

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BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
ELECTROLYTES (Na,K,Cl)					
SODIUM (NA)	139		mmol/L	136 - 145	ISE (Indirect)
POTASSIUM (K)	4.5		mmol/L	3.5 - 5.1	ISE (Indirect)
CHLORIDE (CL)	103		mmol/L	98 - 107	ISE (Indirect)

Interpretation Notes :

Sodium (NA)

Hypernatremia will be seen in dehydration, Cushing syndrome, central or nephrogenic diabetes insipidus with insufficient fluids, primary aldosteronism, lactic acidosis, azotemia, weight loss, nonketotic hyperosmolar coma. Hyponatremia occurs with nephrotic syndrome, cachexia, hypoproteinemia, intravenous glucose infusion, in congestive heart failure, and other clinical entities. Serum sodium is a predictor of cardiovascular mortality in patients in severe congestive heart failure. Addison disease, hypopituitarism, cirrhosis, hypertriglyceridemia, and psychogenic polydipsia.

Chloride (CL)

Increased level is seen in dehydration, with ammonium chloride administration, with renal tubular acidosis (hyperchloremic metabolic acidosis), and with an excessive infusion of normal saline, hyperparathyroidism. Decreased level with overhydration, congestive failure, syndrome of inappropriate secretion of ADH, vomiting, gastric suction, chronic respiratory acidosis, Addison disease, salt-losing nephritis, burns, metabolic alkalosis, and in some instances of diuretic therapy.

Sample Type : Serum

End of Report

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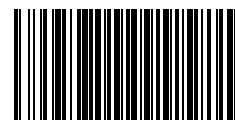
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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	13.7		g/dL	12 - 15.5	Spectrophotometry (Oxyhemoglobin)
RBC COUNT	4.6		10 ⁶ /μL	3.9 - 5	Electrical Impedance
HEMATOCRIT	41.7		%	35 - 45	Calculation
MCV	89.9		fL	82 - 98	Calculation
MCH	29.6		pg	27 - 32	Calculation
MCHC	32.9		g/dL	32 - 37	Calculation
RDW	12.8		%	11.9 - 15.5	Calculation
RDW-SD	41.1		fL		Calculation
MPV	10		fL	7.6 - 10.8	Calculation
PLATELET COUNT	239		10 ³ /μL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	16.9		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0		/100 WBC		Flow Cytometry
ABSOLUTE NRBC COUNT^	0		10 ³ /uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.4		%		Flow Cytometry
ABSOLUTE EGC^	0		10 ³ /uL		Calculation
WBC COUNT	9.2		10 ³ /μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	76	H	%	40 - 75	Flow Cytometry
LYMPHOCYTES	16	L	%	30 - 60	Flow Cytometry
EOSINOPHILS	1		%	0 - 6	Flow Cytometry
MONOCYTES	6		%	1 - 6	Flow Cytometry
BASOPHILS	1		%	0 - 1	Flow Cytometry
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	7		10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	1.5		10 ³ /uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.6		10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.1		10 ³ /uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.1		10 ³ /uL	0 - 0.11	Calculation

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MIDHUN MANIKANDAN GEETHA

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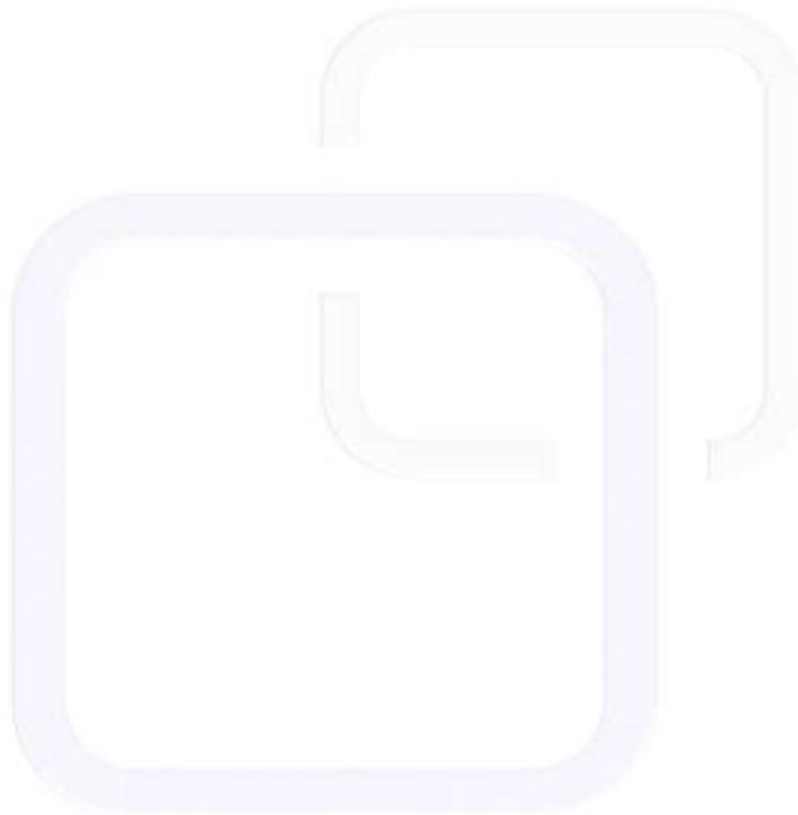
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COMPLETE BLOOD COUNT (CBC)

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

Sample Type : EDTA Whole Blood

End of Report



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