

LABORATORY REPORT

Name : **AYESHA BABAR BABAR BASHIR** File. No. : **AAL02-363603**
DOB/Gender : **10-06-1997 (26 Yrs 5 Month 29 Days/Female)** Referral Doctor : **Dr. Enomen Goodluck Ekata**
Lab No. : **22233430094** Referral Clinic : **Peshawar(Irham Medical Center)**
Request Date : **09-12-2023 13:42** Clinic File No : **39019**
Insurance : **NATIONAL GENERAL INSURANCE (HEALTHNET)**

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	4.96^H	10 ¹² /L	3.80 - 4.80	Hydrodynamic focusing (DC Detection)
Haemoglobin	12.7	g/dl	12.0 - 15.0	Photometry-SLS
HCT	38.0	%	36.0 - 46.0	Hydrodynamic focusing
MCV	76.6^L	fl	83.0 - 101.0	Calculation
MCH	25.6^L	pg	27-32	Calculation
MCHC	33.4	g/dL	31.5 - 34.5	Calculation
Platelet Count	337	10 ³ /uL	150-400	Hydrodynamic Focusing(DCD)
WBC	8.63	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	52.7	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	38.5	%	20.0 - 40.0	Flow Cytometry
Monocytes	6.1	%	2-10	Flow Cytometry
Eosinophils	2.0	%	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)	4.55	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	3.32^H	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.53	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.17	10 ³ /uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.06	10 ³ /uL	0.02 - 0.10	Calculation
Band Forms (Absolute)	0.00	10 ³ /uL	< 0.66	Calculation

Remarks:

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.

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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 : 09-12-2023 12:00:00 Received On : 09-12-2023 18:50:00
Authenticated On : 09-12-2023 21:08:12 Released On : 09-12-2023 21:22:17
Printed On : 10-12-2023 10:07:06



Esmeralda Obenita
Lab Incharge
DHA/LS/2992011/ 241430

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Test Name	Result	Units	Ref. Range	Method
<u>ERYTHROCYTE SEDIMENTATION RATE (ESR) AUTOMATED</u>				
ESR (whole blood)	11	mmhr	up to 15	Modified Westergren

Sample Type : EDTA WB

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CLINICAL BIOCHEMISTRY

Test Name	Result	Units	Ref. Range	Method
**Uric Acid	4.47	mg/dL	2.40 - 5.70	Uricase

Please note Reference Range Reviewed w.ef 15/10/23

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	Slightly-Cloudy		Clear	Light Scatter
Specific Gravity	1.016		1.005 - 1.030	Refractrometry
PH	5.00		4.6 - 8.0	Litmus reaction
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	25 - 50	/HPF	1 - 4	F.D.I/Microscopy
RBC's	6 - 8	/HPF	0 - 2	F.D.I/Microscopy
Epithelial cells	4 - 6	/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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Bilirubin and Urobilinogen if clinically indicated.

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

Remarks:

Test results to be interpreted in light of clinical history. To be investigated further if clinically indicated.

Sample Type : Urine

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

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