



Patient Name : MR.ADEL SAYED RAMADAN

Patient Id

: 35411

Age/DOB/Gender

: 49Y/1974-02-26/Male

Nationality

Customer Type Ref. Doctor Name : Dr.FATHIMA

: Customer Clinic

External Patient Id: 69103

Registered On

: 28-11-2023 10:05

Sample Collected On

: 28-11-2023:09:20

Reported On Sample UID No.

: 28-11-2023 15:46 : D001B018028127

Customer Name

: Lifenity Barsha

Print Version

: v.1

Complete Blood Count

Investigation	Result	Units	Biological Reference Interval
Hemoglobin	15.6	g/dl	13-17
Total Leucocyte Count	8.28	thou/ul	4-11
Red cell counts	4.78	million/ul	4.5-5.5
Hematocrit	48	%	42-52
MCV	100.4	fl	78-100
MCH	32.6	pg	27-31
MCHC	32.5	g/dl	31-35
RDW	12.6	%	11.6-14.0
RDW-SD	56.3	fl	38.9-49
MPV	11.1	fl	6.8-10.9
Platelet Count	182	thou/ul	150-400
Neutrophil	58.7	%	40-80
Lymphocyte	25.6	%	30-40
Monocyte	7.7	%	2-10
Eosinophil	6.9	%	1-8
Basophil	1.1	%	0-2

Interpretation -

Comments:

Verified By Rajesh Thapa Lab Technologist DHA No. 45935548-001





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Reported On Sample UID No. **Customer Name**

: 28-11-2023 10:05 : 28-11-2023:09:20 : 28-11-2023 22:21

: D001B018028126 : Lifenity Barsha

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Creatinine

Investigation

Method: Enzymatic Vitros

Result

Units

Biological Reference Interval

Creatinine

0.80

mg/dl

0.66-1.25

Comments:

Clinical implications: .In chronic renal disease ,BUN/creatinine ratio is a better indicator to evaluate the renal problem than evaluating either alone.For each 50% reduction in GFR serum creatinine doubles.In chronic renal disease the plasma levels of creatinine may be more sensitive to changes in glomerular function than creatinine clearance ,which may be factitiously higher than the true value. Interfering factors: 1) A diet high in meat, ketoacidosis, ascorbic acid, antibiotics may cause false increase in creatinine level. 2) Creatinine is falsely decrease by bilirubin, glucose.

-- End Of Report--

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Triglyceride

Investigation

Result

Units

Biological Reference Interval

Triglyceride

106

mg/dl

Normal Upto 150 Borderline-High 150 - 199 High 200 - 499, Very High > 500

Method: Enzymatic, end point

-- End Of Report --

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Customer Name

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Total Cholestrol

Investigation

Result

Units

Biological Reference Interval

Total Cholestrol

238

mg/dl

Desirable < 200 Borderline 200 - 239

High > 240

Method: Enzymatic COD/POD

Comments:

CLINICAL IMPLICATIONS:

1. Cholesterol testing evaluates the risk for atherosclerosis, myocardial occlusion and coronary artery occlusion. Elevated cholesterol levels are a major component in the hereditary hyper lipoproteinemia. It is also used to monitor effectiveness of diet, medications, lifestyle and stress management.

INTERFERING FACTORS:

1.Seasonal and positional variations may alter the cholesterol levels. Estrogens, ascorbic acid, bilirubin decreases the cholesterol levels. Pregnancy, bile salt, high saturated fat, high cholesterol diet may increase the cholesterol values. Prolonged fasting with ketosis may increase the value.

REFERENCE:

1) Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition] 2) Tietz clinical guide to Laboratory tests (Fourth edition) ALAN H.B.WU

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Methodology: WBC Count, RBC Count, Platelet Count - Electrical Impedance: Hemoglobin - Photometry; Differential Count - Flow cytometry; Hematocrit, RBC & Platelet Indices - Calculated. Interfering factors: Factors such as age, gender, pregnancy, drug intake, excessive fluid intake, dehydration, hyperlipidemia, stress, exercise, post-operative state, new born, clotted specimen may interfere with test results. Hence recommended fresh EDTA blood sample for confirmation. Reference - Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]

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High > 240

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Total Cholestrol

Investigation	Result	Units	Biological Reference Interval
Total Cholestrol	238	mg/dl	Desirable < 200 Borderline 200 - 239

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Comments:

CLINICAL IMPLICATIONS:

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