



Name Miss. VISHAKHA YOGESH DHILLOD

DOB 08/07/2002 Age / Gender 21 Y / Female

Serum

**C-REACTIVE PROTEIN (CRP)** 

Sample Type :

Referred by Dr. Enomen Goodluck Ekata Peshawar Medical Center LLC Centre

Ref No. 41868

Sample No. 2312326113

Collected 16/12/2023 10:00 Registered 16/12/2023 14:10

Reported 16/12/2023 18:50

Immunoturbidimetry

**BIOCHEMISTRY** 

mg/L

**Test** Result Flag Unit **Reference Range** Methodology

10.8

Please note change in

reference range.

< 5.0

End of Report



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

Dr. Vyoma V Shah M.D (Pathology) **Clinical Pathologist** This is an electronically authenticated report

Page 1 of 6

HARSHAD MANIKANDAN Laboratory Technician Printed on: 16/12/2023 21:03

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Name : Miss. VISHAKHA YOGESH DHILLOD

DOB : 08/07/2002 Age / Gender : 21 Y / Female

Referred by : Dr. Enomen Goodluck Ekata
Centre : Peshawar Medical Center LLC

Ref No. : 41868

**Sample No.** : 2312326113

**Collected** : 16/12/2023 10:00 **Registered** : 16/12/2023 14:10

**Reported** : 16/12/2023 17:01

### **CLINICAL PATHOLOGY**

Test	Result	Flag	Unit	Reference Range	Methodology
URINE ANALYSIS ( ROUTINE)					
MACROSCOPIC EXAMINATION					
COLOR	DARK YELLOW	'		Pale to Dark Yellow	Visual
APPEARANCE	TURBID			-	Visual
CHEMISTRY EXAMINATION					
SPECIFIC GRAVITY	>=1.030			1.002 - 1.035	Bromothymol blue
PH	6.0			4.5 - 8.0	Litmus paper
GLUCOSE	NEGATIVE			Negative	GOD / POD
BLOOD	NEGATIVE			Negative	Peroxidase
PROTEIN	TRACE			Negative	Protein error of pH indicator
LEUKOCYTE ESTERASE	NEGATIVE			Negative	Esterase
UROBILINOGEN	1.0		E.U./dL	0.2 - 1.0	Diazo
BILIRUBIN	NEGATIVE			Negative	Diazo
KETONE	++			Negative	Legal's test
NITRITE	NEGATIVE			Negative	Griess test
MICROSCOPIC EXAMINATION					
LEUCOCYTES	2 - 4		/HPF	1 - 4	Microscopy
ERYTHROCYTES	0 - 2		/HPF	0 - 2	Microscopy
EPITHELIAL CELLS	0 - 2		/HPF	Variable	Microscopy
BACTERIA	ABSENT		/HPF	Absent	Microscopy
CASTS	ABSENT		/HPF	Absent	Microscopy
CRYSTALS	PRESENT		/HPF	Absent	Microscopy
CALCIUM OXALATE	+	Н	/HPF	Absent	Microscopy
AMORPHOUS URATES	+++		/HPF	1. 1	Microscopy
OVA	ABSENT		/HPF	Absent	Microscopy and Micrometry

Comments: Please correlate clinically.

Interpretation Notes:

Instrumentation used for Chemistry test: Siemens Clinitek Advantus.

Sample Type: URINE

End of Report

Dr. Adley Mark Fernandes Dr. Vyoma V Shah
M.D (Pathology) M.D (Pathology)
Pathologist Clinical Pathologist

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YAZEEDAH ABDUL MUNEER

Medical Microbiology Technologist

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41868

# **Laboratory Investigation Report**

Name : Miss. VISHAKHA YOGESH DHILLOD

DOB : 08/07/2002 Age / Gender : 21 Y / Female

Referred by : Dr. Enomen Goodluck Ekata
Centre : Peshawar Medical Center LLC

BML321638

Ref No.

**Sample No.** : 2312326113

**Collected** : 16/12/2023 10:00 **Registered** : 16/12/2023 14:10

**Reported** : 16/12/2023 18:25

HEMATOLOGY										
Test	Result FI	ag Unit	Reference Range	Methodology						
COMPLETE BLOOD COUNT (CBC)										
HEMOGLOBIN	13.1	g/dL	12 - 15.5	Spectrophotometry (Oxyhemoglobin)						
RBC COUNT	5.2 H	10^6/μL	3.9 - 5	Electrical Impedance						
HEMATOCRIT	40.3	%	35 - 45	Calculation						
MCV	77.6 L	fL	82 - 98	Calculation						
МСН	25.2 L	pg	27 - 32	Calculation						
МСНС	32.5	g/dL	32 - 37	Calculation						
RDW	14	%	11.9 - 15.5	Calculation						
RDW-SD	38.1	fL		Calculation						
MPV	9.7	fL	7.6 - 10.8	Calculation						
PLATELET COUNT	254	10^3/μL	150 - 450	Electrical Impedance						
PCT	0.2	%	0.01 - 9.99	Calculation						
PDW	16.8	Not Applicable	0.1 - 99.9	Calculation						
NUCLEATED RBC (NRBC)^	0.2	/100 WBC		Flow Cytometry						
ABSOLUTE NRBC COUNTA	0.02	10^3/uL		Calculation						
EARLY GRANULOCYTE COUNT (EGC)^	0.2	%		Flow Cytometry						
ABSOLUTE EGC^	0	10^3/uL		Calculation						
WBC COUNT	9.8	10^3/μL	4 - 11	Electrical Impedance						
DIFFERENTIAL COUNT (DC)										
NEUTROPHILS	64	%	40 - 75	Flow Cytometry						
LYMPHOCYTES	32	%	30 - 60	Flow Cytometry						
EOSINOPHILS	0	%	0 - 6	Flow Cytometry						
MONOCYTES	4	%	1 - 6	Flow Cytometry						
BASOPHILS	0	%	0 - 1	Flow Cytometry						
ABSOLUTE COUNT										
ABSOLUTE NEUTROPHIL COUNT	6.3	10^3/uL	1.6 - 8.25	Calculation						
ABSOLUTE LYMPHOCYTE COUNT	2.4	10^3/uL	1.2 - 6.6	Calculation						
ABSOLUTE MONOCYTE COUNT	0.4	10^3/uL	0.04 - 0.66	Calculation						
ABSOLUTE EOSINOPHIL COUNT	0	10^3/uL	0 - 0.66	Calculation						
ABSOLUTE BASOPHIL COUNT	0.1	10^3/uL	0 - 0.11	Calculation						

Dr. Adley Mark Fernandes Dr. Vyoma V Shah
M.D (Pathology) M.D (Pathology)
Pathologist Clinical Pathologist

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HALEEM HAKKIM Laboratory Technician Printed on: 16/12/2023 21:03

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 : 08/07/2002
 Sample No.
 : 2312326113

 Age / Gender
 : 21 Y / Female
 Collected
 : 16/12/2023 10:00

Referred by: Dr. Enomen Goodluck EkataRegistered: 16/12/2023 14:10Centre: Peshawar Medical Center LLCReported: 16/12/2023 18:25

### **HEMATOLOGY**

Test Result Flag Unit Reference Range Methodology

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

Name

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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Dr. Vyoma V Shah M.D (Pathology) Clinical Pathologist

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Claleem

HALEEM HAKKIM Laboratory Technician Printed on: 16/12/2023 21:03

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Ref No.

Sample No. 2312326113

Collected 16/12/2023 10:00 Registered 16/12/2023 14:10

Reported 16/12/2023 19:45

### **ENDOCRINOLOGY**

Test Result Flag Unit **Reference Range** Methodology **BETA HCG** BETA HCG CLIA 138152.4 mIU/mL Refer to Interpretation. Please note change in method.

#### Interpretation Notes:

Non-Pregnant:< or =5.0 Post-Menopausal: < or =7.0

### Reference Range According to Weeks of gestation

Gestational Week	Referen	Reference Range			
3 weeks	5.8	- 71.2			
4 weeks	9.5	- 750			
5 weeks	217	- 7138			
6 weeks	158	- 31795			
7 weeks	3697	- 163563			
8 weeks	32065	- 149571			
9 weeks	63803	- 151410			
10 weeks	46509	- 186977			
12 weeks	27832	- 210612			
14 weeks	13950	- 62530			
15 weeks	12039	- 70791			
16 - 29 weeks	1400	- 53000			
29 - 41 weeks	940	- 6000			

High levels may be indicative of a number of conflicting situations, including everything from a normal pregnancy to ovarian cancer to choriocarcinoma of the uterus or hydatidiform mole of the uterus. Low levels may be indicative of a dead fetus, incomplete miscarriage, or threatened spontaneous abortion.

Serum Sample Type:

End of Report

**Dr. Adley Mark Fernandes** Dr. Vyoma V Shah M.D (Pathology) M.D (Pathology) **Pathologist Clinical Pathologist** 

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P.O Box: 49527

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**ACCREDITED** 

HARSHAD MANIKANDAN Laboratory Technician

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Dubai, UAE









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: 41868

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**Collected** : 16/12/2023 10:00 **Registered** : 16/12/2023 14:10

**Reported** : 16/12/2023 20:48

#### **HAEMATOLOGY**

Test Result Flag Unit Reference Range Methodology

ERYTHROCYTE SEDIMENTATION RATE (ESR) 23 H mm/hr < 20 Automated

Please note change in reference range and method.

Interpretation Notes:

Name

Increased ESR is seen in inflammation, pregnancy, anemia, autoimmune disorders (such as rheumatoid arthritis and lupus), infections, some kidney diseases and some cancers (such as lymphoma and multiple myeloma).

The ESR is decreased in polycythemia, hyperviscosity, sickle cell anemia, leukemia, low plasma protein (due to liver or kidney disease), congestive heart failure,

hypofibrinogenemia and leukocytosis.

Sample Type: EDTA Whole Blood

End of Report



Dr. Adley Mark Fernandes M.D (Pathology) Pathologist Dr. Vyoma V Shah M.D (Pathology) Clinical Pathologist

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HALEEM HAKKIM Laboratory Technician Printed on: 16/12/2023 21:03

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CAF

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