

LABORATORY REPORT

Name	: MUHAMMAD ABBAS MUHAMMAD ASHRAF	File. No.	: AAL02-367227
DOB/Gender	: 13-02-1980 (43 Yrs 10 Month 13 Days/Male)	Referral Doctor	: Dr. Sajid Sanaullah Khan
Lab No.	: 22233600090	Referral Clinic	: Peshawar(Irham Medical Center)
Request Date	: 26-12-2023 13:07	Clinic File No	: 27034
Insurance	: No		

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	5.25	10 ¹² /L	4.50 - 5.50	Hydrodynamic focusing (DC Detection)
Haemoglobin	15.0	g/dl	13.0 - 17.0	Photometry-SLS
HCT	45.0	%	40.0 - 50.0	Hydrodynamic focusing (HF)
MCV	85.7	fl	83.0 - 101.0	Calculation
MCH	28.6	pg	27-32	Calculation
MCHC	33.3	g/dL	31.5 - 34.5	Calculation
Platelet Count	221	10 ³ /uL	150 - 400	HF (DCD)
WBC	8.38	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	50.2	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	36.8	%	20.0 - 40.0	Flow Cytometry
Monocytes	9.5	%	2.0-10.0	Flow Cytometry
Eosinophils	2.4	%	1 - 6	Flow Cytometry
Basophils	1.1	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	4.21	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	3.08 ^H	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.80	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.20	10 ³ /uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.09	10 ³ /uL	0.02 - 0.10	Calculation
Band Forms (Absolute)	0.00	10 ³ /uL	< 0.66	Calculation

Remarks:

Test result to be interpreted in the light of clinical history and to be investigated further if necessary.

ERYTHROCYTE SEDIMENTATION RATE (ESR)

These tests are accredited under ISO 15189:2012 unless specified by (*)

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Reference range related to Age/Gender.

Dr. Solmaz Siddiqui
Laboratory Director
DHA/LS/248469

H/L Collected On : 26-12-2023 11:00:00
Authenticated On : 26-12-2023 16:59:46
Printed On : 26-12-2023 18:03:11

Received On : 26-12-2023 13:55:00
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Reprinted On : 30-12-2023 16:47:49

Prings

Padmapriya Kumaresan
Sr. Technician
DHA/LS2992011/243822

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Lab No. : **22233600090** Referral Clinic : **Peshawar(Irham Medical Center)**
Request Date : **26-12-2023 13:07** Clinic File No : **27034**
Insurance : **No**

Test Name	Result	Units	Ref. Range	Method
ESR (whole blood)	5	mmhr	up to 10	Modified Westergren

Sample Type : EDTA WB

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CLINICAL BIOCHEMISTRY

Test Name	Result	Units	Ref. Range	Method
HbA1c (Glycosylated Hb)	5.87^H	%	Normal: =< 5.6 High risk/prediabetes: 5.7-6.4 Diabetes: =>6.5	TINIA(turbidimetric inhibition immunoassay)

In the absence of unequivocal hyperglycemia, result should be confirmed by repeat testing. Diabetic patients with HbA1c less than 7% meets the therapeutic goals of the American Diabetes Association (ADA 2010). Please note Reference Range Reviewed w.ef 15/10/23 .

Remarks:

Test result to be interpreted in the light of clinical history and to be investigated further if necessary.

Sample Type : EDTA WB

Alanine Aminotransferase (ALT / GPT)	20.10	U/L	10-50.0	NADH w/ P5P
Please note Reference Range Reviewed w.ef 15/10/23				
Alkaline Phosphatase	62.60	U/L	40-129	Colorimetric -P-NPT
Please note Reference Range Reviewed w.ef 15/10/23				
Aspartate Aminotransferase(AST / GOT)	17.50	U/L	10 - 50	NADH w/ P5P
Please note Reference Range Reviewed w.ef 15/10/23				
C-Reactive Protein (CRP)	0.71	mg/L	Negative < or = to 5.0	Immunoturbidimetric Assay

CRP is an acute phase protein whose concentration rises non -specifically in response to inflammation. CRP values should not be interpreted without a complete clinical evaluation. Follow-up testing of patients with elevated values is recommended in order to help rule out a recent response to undetected infection or tissue injury. Please note Reference Range Reviewed w.ef 15/10/23

Creatinine (serum)	1.01	mg/dL	0.70-1.20	Jaffe-Alkaline Picrate
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Please note Reference Range Reviewed w.ef 15/10/23

Ferritin	57.30	ng/mL	30-400	ECLIA
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Ferritin provides a more sensitive, specific and reliable measurement for determining iron deficiency at an early stage. Ferritin measurements in combination with other parameters is useful in determining the rate and degree of body iron overload in such disorders as thalassemia, sideroblastic anemia and in

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Test Name	Result	Units	Ref. Range	Method
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determining the response of patients treated with iron chelators. In chronic inflammatory disorders, infections, and in chronic renal failure, there is a disproportionate increase in serum ferritin levels in relation to iron stores. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration Please note Reference Range Reviewed w.ef 14/12/23 .

Iron	117.00	µg/dL	33 - 193	Colorimetric-FerroZine
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Serum iron levels can show a diurnal variation. Iron (non-heme) measurements are used in the diagnosis and treatment of diseases such as iron deficiency anemia, hemochromatosis and chronic renal disease. Please note Reference Range Reviewed w.ef 15/10/23 .

Total Iron Binding Capacity (TIBC)	324.00	ug/dL	250.0 - 460.0	Ferrozine-Calculation
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In iron deficiency anemia the TIBC is elevated and the transferrin saturation is lowered to 15 % or less. Low serum iron associated with low TIBC is characteristic of the anemia of chronic disorders, malignant tumors, and infections. Please note Reference Range Reviewed w.ef 15/10/23 .

Uric Acid	5.70	mg/dL	3.40-7.00	Uricase
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Please note Reference Range Reviewed w.ef 15/10/23

Sample Type : Serum

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LIPID PROFILE I
CLINICAL BIOCHEMISTRY

Test Name	Result	Units	Ref. Range	Method
Cholesterol	170.00	mg/dL	Desirable: < 200 Borderline: 200-239 High: >or =240	Enzymatic-Cholesterol esterase
Please note Reference Range Reviewed w.ef 15/10/23				
Triglycerides	155.00^H	mg/dL	NCEP Adult Treatment Panel Normal: <150 Borderline: 150 - 199 High: 200-499 Very High: >or =500	Enzymatic GPO
Please note Reference Range Reviewed w.ef 15/10/23				
HDL Cholesterol	37.50^L	mg/dL	Major Risk: < 40	Homogeneous enzymatic-CHER & CHOD
Please note Reference Range Reviewed w.ef 15/10/23				
LDL Cholesterol	116.00	mg/dL	Optimal: < 100 Near or above optimal: 100-129 Borderline High: 130 - 159 High: 160-189 Very High: >or=190	Homo. Enz, Liq. Selective Surfactant
Please note Reference Range Reviewed w.ef 15/10/23				
**VLDL	31.00^H	mg/dL	5.0-30.0	Calculation
**Cholesterol / HDL	4.53^H	Ratio	Desirable: < 4.5 Borderline: 4.5 - 6 Undesirable: >6	Calculation

Remarks:

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Sample Type : Serum

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

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