

Al Abbar Laboratories for Research and مختبرات العبارللأبحاث و التحاليل الطبية Medical Analysis



إدارة دبن للإعتماد طبقا لمواصفات الأيزو ١٥١٨٩ ما Dubai Accreditation Department for ISO 15189

LABORATORY REPORT

Name : BIJAYA ADHIKARI SHANKHAR ADHIKARI

DOB/Gender : 26-10-1981 (42 Yrs 2 Month 8 Days/Female)

Lab No. : **22240030124**

Request Date : 03-01-2024 13:42:10

Insurance : No

File. No. : **AAL02-368573**

Referral Doctor : Dr. Sajid Sanaullah Khan

Referral Clinic : Peshawar(Irham Medical Center)

Clinic File No : 28569

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
COMPLETE BLOOD COUNT (CBC	C) WITH DIFFERENTI	AL		
RBC	4.08	10^12/L	3.80 - 4.80	Hydrodynamic focusing (DC Detection)
Haemoglobin	11.8 ^L	g/dl	12.0 - 15.0	Photometry-SLS
НСТ	36.1	%	36.0 - 46.0	Hydrodynamic focusing (HF)
MCV	88.5	fl	83.0 - 101.0	Calculation
MCH	28.9	pg	27-32	Calculation
MCHC	32.7	g/dL	31.5 - 34.5	Calculation
Platelet Count	257	10^3/uL	150-400	HF (DCD)
WBC	8.96	10^3/uL	4.00 - 10.00	Flow Cytometry
DIFFERENTIAL COUNT (%)				
Neutrophils	48.0	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	42.6 ^H	%	20.0 - 40.0	Flow Cytometry
Monocytes	6.6	%	2-10	Flow Cytometry
Eosinophils	1.7	%	1 - 6	Flow Cytometry
Basophils	1.1	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
DIFFERENTIAL COUNT (ABSOLU	JTE)			
Neutrophils (Absolute)	4.30	10^3/uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	3.82 ^H	10^3/uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.59	10^3/uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.15	10^3/uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.10	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. Sample Type: EDTA WB

These tests are accredited under ISO 15189:2012 unless specified by (*)
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: 03-01-2024 10:00:00 Received On: 03-01-2024 13:43:00 Authenticated On: 03-01-2024 16:00:38 Released On: 03-01-2024 16:10:29

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Padmapriya Kumareshan Sr. Technician

DHA/LS2992011/243822





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إدارة دبي للإعتماد طبقا لمواصفات الأيزو ١٥١٨٩ IONA ا Dubai Accreditation Department for ISO المائية 101٨٩ المائية المواصفات الأيزو

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CLINICAL BIOCHEMISTRY	
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CENTICAL BIOCHEMISTIC						
Test Name	Result	Units	Ref. Range	Method		
Alanine Aminotransferase (ALT / GPT)	55.70 ^H	U/L	10.0 - 35.0	NADH w/ P5P		
Please note Reference Range Reviewed w.	ef 15/10/23					
Albumin	4.35	g/dL	3.97 - 4.94	Colorimetric - BCG		
Please note Reference Range Reviewed w. Aspartate Aminotransferase(AST / GOT)	ef 15/10/23 43.30 H	U/L	10 - 35	NADH w/ P5P		
Please note Reference Range Reviewed w.	ef 15/10/23					
Creatinine (serum)	0.87	mg/dL	0.50-0.90	Jaffe-Alkaline Picrate		
Please note Reference Range Reviewed w.	ef 15/10/23					
Ferritin	18.70	ng/mL	13-150	ECLIA		

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 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 58.70 μg/dL 33 - 193 Colorimetric-FerroZine

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

remozine

anemia, hemochromatosis and chronic renal disease. Please note Reference Range Reviewed w.ef 15/10/23.

Sodium 135.70 mmol/L 136 - 145 ISE Indirect

Please note Reference Range Reviewed w.ef 15/10/2023.

Total Iron Binding Capacity (TIBC) 412.70 ug/dL 250.0 - 460.0 Ferrozine-

Calculation

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.

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Laboratory Director DHA/LS/248469

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Test Name	Result	Units	Ref. Range	Method
Urea	33.40	mg/dL	12.86-42.64	Urease/GLDH
Please note Reference Range Reviewe	ed w.ef 15/10/23			
# 25-OH Vitamin D Total	12.80 ^L	ng/mL	Deficiency: < 10 Insufficiency: 10-30 Sufficiency: 30-50 Optimal: 50-100 Excess: >100 Toxicity: >150	CMIA

Conversion Formula: (Concentration in ng/mL) x (2.5) = nmol/L.

Vitamin D3 and Vitamin D2 are the most abundant forms of Vitamin D in the body. Vitamin D3 is synthesized in the skin from 7-dehydrocholesterol in response to sunlight. The best nutrition sources of D3 are oily fish primary salmon and mackerel. Vitamin D2' nutrition sources are from some vegetables, yeast and fungi. The vegetarian diet is abundant in Vitamin D2.

Vitamin D (D3, D2 and metabolites) is converted to 25-hydroxyvitamin D in the liver. The measurement of 25-OH vitamin D concentration in the serum or plasma is the best indicator of vitamin D nutritional status.

Vitamin D deficiency is commonly treated with vitamin D2 or D3 medications. Fortified foods and nutrition supplements may contain either form. 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: Serum

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CMIA

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HORMONES/ENDOCRINE/TUMOR MARKERS

Test Name Result Units Ref. Range Method **TSH (Thyroid Stimulating Hormone)** μIU/mL 0.27-4.20 **ECLIA** 3.6400 Pregnancy: 1st Trimester: 0.33 - 4.59 2nd Trimester: 0.35 - 4.10

3rd Trimester: 0.21 - 3.15

Conversion Formula: (Concentration in IU/ mL) x (1.0) = mIU/L. The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH level. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. Please note Reference Range Reviewed w.ef 15/10/23.

Total T4 (serum) 4.87 - 11.72 7.47 ug/dL

Sample Type: Serum

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

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