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|---|---|---|---|
| **Patient Name** | : MS.SITINA ACHISO SULTAN | **Registered On** | : 29-02-2024 20:42 |
| **Patient Id** | : 10480 | **Sample Collected On** | : 29-02-2024 21:31 |
| **Age/DOB/Gender** | : 27Y/1996-09-11/Female | **Reported On** | : 29-02-2024 23:38 |
| **Nationality** | : Ethiopian | **Sample UID No.** | : D002W000002002 |
| **Customer Type** | : - | **Customer Name** | : Self |
| **Ref. Doctor Name** | : - | **Patient UID No.** | : 784199615302389 (Emirates ID) |
| **Print Version** | : v.1 | | |

## FASTING BLOOD SUGAR

| Investigation | Result | Units | Biological Reference Interval |
|---|---|---|---|
| **FASTING BLOOD SUGAR** | **85** | mg/dL | Normal =< 100<br>Prediabetes 100 - 125<br>Diabetes >/=126 |

Sample Type :Plasma
Method : GOD-POD

### Interpretation -

Fasting plasma glucose of 100-125 mg/dL is defined as impaired fasting glucose (IFG)
Fasting plasma glucose of >126 mg/dLafter a fast of at least 8 hr on two occasions is diagnostic of diabetes mellitus.

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| **Nationality** | : Ethiopian | **Sample UID No.** | : D002W000002003 |
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## VITAMIN D3

| Investigation | Result | Units | Biological Reference Interval |
|---|---|---|---|
| **VITAMIN D3** | **11.4** | ng/mL | Deficiency: <10<br>Insufficiency: 10 - 29<br>Sufficiency: 30 - 100<br>Toxicity: > 100 |

Sample Type :Serum
Method : CLIA

### Interpretation -

Studies show that 25-hydroxyvitamin D2 and D3 (25-OH-VitD) levels below 25 ng/mL are associated with an increased risk of secondary hyperparathyroidism, reduced bone mineral density, and fractures, particularly in the elderly. Intervention studies support this clinical cutoff, showing a reduction of fracture risk with 25-OH-VitD replacement.

Levels less than 10 ng/mL may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid, resulting in rickets in children and osteomalacia in adults. In these individuals, serum calcium levels may be marginally low, and parathyroid hormone (PTH) and serum alkaline phosphatase are usually elevated. Definitive diagnosis rests on the typical radiographic findings or bone biopsy/histomorphometry.

### Comments:

Baseline biochemical work-up of suspected cases of rickets and osteomalacia should include measurement of serum calcium, phosphorus, PTH, and 25-OH-VitD. In patients where testing is not completely consistent with the suspected diagnosis, in particular, if serum 25-OH-VitD levels are greater than 10 ng/mL, an alternative cause for impaired mineralization should be considered.
Possible differential diagnosis includes: partly treated vitamin D deficiency, extremely poor calcium intake, vitamin D resistant rickets, renal failure, renal tubular mineral loss with or without renal tubular acidosis, hypophosphatemic disorders (eg, X-linked or autosomal dominant hypophosphatemic rickets), congenital hypoparathyroidism, activating calcium sensing receptor mutations, and osteopetrosis. Measurement of serum urea, creatinine, magnesium, and 1,25-dihydroxyvitamin D (DHVD) is recommended as a minimal additional workup for these patients.

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| **Nationality** | : Ethiopian | **Sample UID No.** | : D002W000002003 |
| **Customer Type** | : - | **Customer Name** | : Self |
| **Ref. Doctor Name** | : - | **Patient UID No.** | : 784199615302389 (Emirates ID) |
| **Print Version** | : v.1 | | |

## TSH

| Investigation | Result | Units | Biological Reference Interval |
|---|---|---|---|
| **TSH** | 1.15 | µIU/ml | 0.3-4.5 |
| Sample Type :Serum | | | |
| Method : CLIA | | | |

**Comments:**

**Note:** 1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

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| **Nationality** | : Ethiopian | **Sample UID No.** | : D002W000002003 |
| **Customer Type** | : - | **Customer Name** | : Self |
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| **Print Version** | : v.1 | | |

## LIVER FUNCTION TEST

| Investigation | Result | Units | Biological Reference Interval |
|---|---|---|---|
| **ALT (SGPT)**<br>Sample Type :Serum<br>Method : ALTv- VITROS | 12 | U/L | 7-45 |
| **AST (SGOT)**<br>Sample Type :Serum<br>Method : AST- Vitros | 17 | U/L | Males<br>0-11 months: not established<br>1-13 years: 8-60<br>>/=14 years: 8-48<br>Females<br>0-11 months: not established<br>1-13 years: 8-50<br>>/=14 years: 8-43 |
| **ALKALINE PHOSPHATASE**<br>Sample Type :Serum<br>Method : NPP, AMP Buffer-VITROS | 44 | U/L | 30-120 |
| **GAMMA GT SERUM**<br>Sample Type :Serum<br>Method : Vitros Microslide | 10 | U/L | 4-44 |
| **BILIRUBIN TOTAL SERUM**<br>Sample Type :Serum<br>Method : Diphylline, Diazonium Salt-VITROS | 0.3 | mg/dL | 0.1-1.3 |
| **BILIRUBIN DIRECT**<br>Sample Type :Serum<br>Method : Spectrophotometer | 0.1 | mg/dL | 0-0.3 |
| **BILIRUBIN INDIRECT**<br>Sample Type :Serum<br>Method : Direct measured | 0.2 | mg/dL | 0-6 days: 0.1 – 1.0<br>7-14 days: < 15.0<br>15 days to 17 years: < 1.0<br>>/=18 years: > 1.2 mg/ dL |
| **TOTAL PROTEIN SERUM**<br>Sample Type :Serum<br>Method : Biuret | 6.7 | g/dL | 6.3-8.2 |
| **ALBUMIN SERUM**<br>Sample Type :Serum<br>Method : Dye Binding BCG | 4.2 | g/dL | 3.5-5.0 |

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| **Nationality** | : Ethiopian | **Sample UID No.** | : D002W000002003 |
| **Customer Type** | : - | **Customer Name** | : Self |
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|---|---|---|---|
| **GLOBULIN** | 2.50 | g/dL | 2.3-3.5 |
| Sample Type :Serum | | | |
| Method : Calculated | | | |
| **ALBUMIN GLOBULIN RATIO** | 1.68 | -- | 1.2-1.8 |
| Sample Type :Serum | | | |
| Method : Calculated | | | |

**Interpretation -**

Hepatic function panel results are not diagnostic of a specific condition; they indicate that there may be a problem with the liver. In a person who does not have symptoms or identifiable risk factors, abnormal liver test results may indicate a temporary liver injury or reflect something that is happening elsewhere in the body-such as in the skeletal muscles, pancreas, or heart. It may also indicate early liver disease and the need for further testing and periodic monitoring.

Results of liver panels are usually evaluated together. Several sets of results from tests performed over a few days or weeks are often assessed together to determine if a pattern is present. Each person will have a unique set of test results that will typically change over time. A healthcare practitioner evaluates the combination of liver test results to gain clues about the underlying condition. Often, further testing is necessary to determine what is causing the liver damage or disease.

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## RENAL FUNCTION TEST

| Investigation | Result | Units | Biological Reference Interval |
|---|---|---|---|
| **BLOOD UREA**<br>Sample Type :Serum<br>Method : Urease, colorimetric | 17 | mg/dL | 12.84-42.8 |
| **BLOOD UREA NITROGEN**<br>Sample Type :Serum<br>Method : Urease, colorimetric | 7.94 | mg/dL | 6-20 |
| **CREATININE SERUM**<br>Sample Type :Serum<br>Method : Enzymatic-VITROS, IFCC-IDMS Standardized | **0.5** | mg/dL | 0.6-1.12 |
| **URIC ACID SERUM**<br>Sample Type :Serum<br>Method : URICASE, ENZYMATIC COLORIMETRIC | 2.7 | mg/dL | 2.5-6.2 |
| **e-GFR**<br>Sample Type :Serum<br>Method : Enzymatic-VITROS, IFCC-IDMS Standardized | 148 | mL/min/1.73m2 | 75-190 |
| **BUN CREATININE RATIO**<br>Sample Type :Serum<br>Method : Calculated | 15.88 | -- | 10-20 |

**Interpretation -**

Interpretation of renal function tests requires considering multiple factors, including the patient's age, sex, muscle mass, medications, and clinical history. It's important to note that renal function tests are not diagnostic on their own and are often used in conjunction with other clinical assessments and imaging studies to evaluate kidney function comprehensively.

Abnormal results may indicate various kidney conditions, including acute or chronic kidney disease, glomerulonephritis, kidney infections, kidney stones, and renal tubular disorders. They can also point to non-renal conditions such as heart failure, liver disease, or dehydration.

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| **Customer Type** | : - | **Customer Name** | : Self |
| **Ref. Doctor Name** | : - | **Patient UID No.** | : 784199615302389 (Emirates ID) |
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## LIPID PROFILE

| Investigation | Result | Units | Biological Reference Interval |
|---|---|---|---|
| **TOTAL CHOLESTEROL**<br>Sample Type :Serum<br>Method : Vitros Microslide | 155 | mg/dL | <200 Desirable<br>200-239 Borderline high<br>>240 High |
| **TRIGLYCERIDE SERUM**<br>Sample Type :Serum<br>Method : AST- Vitros | 78 | mg/dL | Normal: <150<br>Borderline high: 150-199<br>High: 200-499<br>Very high: >500 |
| **HDL CHOLESTEROL**<br>Sample Type :Serum<br>Method : Direct measure, PTA/MgCl2-VITROS | 58 | mg/dL | High risk: < 40<br>Low risk: > 60 |
| **LDL CHOLESTEROL**<br>Sample Type :Serum<br>Method : Calculated | 81.40 | mg/dL | Optimal: <100<br>Near optimal: 100-129<br>Borderline high: 130-159<br>High: 160-189<br>Very high: >190 |
| **VLDL CHOLESTEROL**<br>Sample Type :Serum<br>Method : Calculated | 15.60 | mg/dL | < 30 |
| **NON HDL CHOLESTEROL**<br>Sample Type :Serum<br>Method : Calculated | 97.00 | mg/dL | Desirable < 130<br>Borderline 130 - 159<br>High >160 |
| **TG/HDL Ratio**<br>Sample Type :Serum<br>Method : Calculated | 1.34 | -- | Ideal: </=2.0<br>Good: </=6.0<br>Bad: >6.0 |
| **TOTAL CHOLESTEROL HDL RATIO**<br>Sample Type :Serum | **2.67** | -- | Low risk 3.3 - 4.4<br>Average Risk 4.5 - 7.0<br>Moderate Risk 7.1 - 11.0<br>High Risk >11.0 |

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Method : Calculated

| | | | |
|---|---|---|---|
| **LDL HDL ratio** | 1.40 | -- | Low Risk < 3.0<br>Borderline 3.1 - 6.0<br>High Risk >6.0 |

Sample Type :Serum
Method : Calculated

### Interpretation -

A complete cholesterol test includes the calculation of four types of fats in your blood:
Total cholesterol. This is a sum of your blood's cholesterol content.
Low-density lipoprotein (LDL) cholesterol. This is called the "bad" cholesterol. Too much of it in your blood causes the buildup of fatty deposits (plaques) in your arteries (atherosclerosis), which reduces blood flow. These plaques sometimes rupture and can lead to a heart attack or stroke.
High-density lipoprotein (HDL) cholesterol. This is called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and your blood flowing more freely.
Triglycerides. Triglycerides are a type of fat in the blood. When you eat, your body converts calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels.

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| **Customer Type** | : - | **Customer Name** | : Self |
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## IRON, SERUM

| Investigation | Result | Units | Biological Reference Interval |
|---|---|---|---|
| **IRON SERUM** | **37** | µg/dL | 50-170 |
| Sample Type :Serum | | | |
| Method : Pyridyl azo dye | | | |

### Comments:

**Increased :** Pernicious, aplastic, and hemolytic anemias; hemochromatosis, acute leukemia, lead poisoning, acute hepatitis, vitamin B6 deficiency, thalassemia, excessive Fe therapy, repeated transfusions, acute Fe poisoning (children), and nephritis
**Decreased:** Iron-deficiency anemia, remission of PA; acute and chronic infection, carcinoma, nephrosis, hypothyroidism, postoperative state, and kwashiorkor

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| **Nationality** | : Ethiopian | **Sample UID No.** | : D002W000002003 |
| **Customer Type** | : - | **Customer Name** | : Self |
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## FERRITIN, SERUM

| Investigation | Result | Units | Biological Reference Interval |
|---|---|---|---|
| **FERRITIN SERUM** | 48.8 | ng/mL | 12-150 |
| Sample Type :Serum | | | |
| Method : CLIA | | | |

### Interpretation -

Serum ferritin concentration is a very sensitive and early indicator of iron deficiency that is uncomplicated by other concurrent disease, idiopathic hemochromatosis, and transfusion siderosis.
Serum ferritin levels decrease with iron deficiency associated with generalized malnutrition but remain normal in the presence of inflammation associated with iron deficiency. The combination of ferritin and transferrin levels is therefore useful in differentiating thesedisorders.

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| **Age/DOB/Gender** | : 27Y/1996-09-11/Female | **Reported On** | : 29-02-2024 21:52 |
| **Nationality** | : Ethiopian | **Sample UID No.** | : D002W000002001 |
| **Customer Type** | : - | **Customer Name** | : Self |
| **Ref. Doctor Name** | : - | **Patient UID No.** | : 784199615302389 (Emirates ID) |
| **Print Version** | : v.1 | | |

## COMPLETE BLOOD COUNT (CBC)

| Investigation | Result | Units | Biological Reference Interval |
|---|---|---|---|
| **HAEMOGLOBIN** | **6.6** | g/dL | 12-16 |
| Test Comment : All parameters of CBC values rechecked. Suggested clinical correlation. | | | |
| **HEMATOCRIT** | **22.4** | % | 33-51 |
| **RBC COUNT** | **3.72** | X 10^6/µL | 4.00-5.20 |
| **MCV** | **60.2** | fL | 77-100 |
| **MCH** | **17.7** | Pg | 26-34 |
| **MCHC** | **29.3** | g/dL | 32-36 |
| **RDW-CV** | **19.2** | % | 11.5-17 |
| **PLATELET COUNT** | 179 | x10^3/ul | 150-450 |
| **MPV** | 9 | fL | 7.5-12.0 |
| **TOTAL LEUKOCYTE COUNT** | **3.4** | x10^3/ul | 4.5-11.0 |
| **NEUTROPHIL** | **33.4** | % | 40-73 |
| **LYMPHOCYTE** | **50.8** | % | 25-45 |
| **MONOCYTE** | 11.7 | % | 4-12 |
| **EOSINOPHIL** | 2.3 | % | 0-7 |
| **BASOPHIL** | 1.8 | % | 0-2 |
| **ABSOLUTE NEUTROPHIL COUNT** | **1.13** | x10^3/ul | 1.5-7.0 |
| **ABSOLUTE LYMPHOCYTE COUNT** | 1.72 | x10^3/ul | 1.1-5.0 |
| **ABSOLUTE EOSINOPHIL COUNT** | **0.08** | x10^3/ul | 0.15-0.5 |
| **ABSOLUTE MONOCYTE COUNT** | 0.39 | x10^3/ul | 0.2-0.8 |
| **ABSOLUTE BASOPHIL COUNT** | 0.06 | x10^3/ul | 0-0.15 |

Sample Type :EDTA Whole Blood

**Interpretation -**

**Method:** EDTA Whole Blood: Tests done on Automated Five Part Cell Counter. (Hb by Photometry method .RBC & PLT by Electric Impedance, PCV by Numeric Integration method. WBC and Differential count by Double Hydrodynamic Sequential System (DHSS). Other parameters Calculated.) All Abnormal Haemograms are reviewed confirmed microscopically.

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| **Nationality** | : Ethiopian | **Sample UID No.** | : D002W000002001 |
| **Customer Type** | : - | **Customer Name** | : Self |
| **Ref. Doctor Name** | : - | **Patient UID No.** | : 784199615302389 (Emirates ID) |
| **Print Version** | : v.1 | | |

Disclaimer:

1) The above result relate only to the specimens. Received and tested in laboratory and should be always correlate with clinical findings and other laboratory markers.

2) Improper specimen collection, handling. Storage and transportation may result in false negative/Positive results.

**Comments:**

A complete blood count (CBC) test is a commonly performed blood test that provides important information about the components of your blood. It measures various parameters related to red blood cells, white blood cells, and platelets. **Useful for :**Detecting and diagnosing medical conditions, Preoperative assessment, Detecting and diagnosis disorders of RBCs, WBCs & Platelets.As a Screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy.

**Reference:** Horiba Yumizen 550, Performance and Reference: Tools for Accreditation 3.4.15. Reference Values, page 47

**--End Of Report--**

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