

Mr. GABRIEL



Laboratory Investigation Report

Ref No. : 28686

DOB : **Sample No.** : 2406439374

 Age / Gender
 : 59 Y / Male
 Collected
 : 28/06/2024 21:00

 Referred by
 : DR ENOMAN
 Registered
 : 28/06/2024 23:14

 Centre
 : Peshawar Medical Center LLC
 Reported
 : 29/06/2024 00:32

BIOCHEMISTRY

Test	Result	Flag Unit	Reference Range	Methodology
TROPONIN I (QUANTITATIVE)				
# TROPONIN I (QUANTITATIVE)	< 0.10	ng/mL	0 - 0.16 Source: Roche IFU.	ECLIA

Interpretation Notes:

Interpretation:

Name

The Global MI Task Force's third version of the universal definition of myocardial infarction defined AMI as evidence of myocardial necrosis in a clinical setting consistent with acute myocardial ischemia. Under these circumstances, the following criterion meets the diagnosis of AMI:

Detection of a rise and/or fall of cardiac biomarker values (preferably cardiac troponin) with at least one value above the 99th percentile upper reference limit (URL) and with at least one of the following conditions:

- -Symptoms of ischemia.
- -New or presumed new significant ST-segment-T wave (ST-T) changes or new left bundle branch block (LBB).
- -Development of pathological Q waves in the electrocardiogram (EKG).
- -Imaging evidence of new loss of viable myocardium, or new regional wall motion abnormality.
- -Identification of an intracoronary thrombus by angiography or autopsy.

The cardiac specificity of this isoform improves the accuracy of detection of cardiac muscle ischemia in patients with acute or chronic skeletal muscle injury and possible concomitant myocardial injury, and is the basis for its selection as a cardiac marker in the diagnosis of AMI.

Increased troponin levels may also be due to abnormally fast heart beat, High blood pressure in lung arteries (pulmonary hypertension), Blockage of a lung artery by a blood clot, fat or tumor cells (pulmonary embolus) Congestive heart failure, coronary artery spasm, myocarditis, prolonged exercise, cardiomyopathy, long term kidney disease. Increased troponin levels may also result from certain medical procedures such as cardiac angioplasty/stenting, heart defibrillation or electrical cardioversion (purposeful shocking of the heart by medical personnel to correct an abnormal heart rhythm), open heart surgery, radiofrequency ablation of the heart.

Reference: Siemens ADVIA Centaur kit insert.

Sample Type : Serum

End of Report

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

This is an electronically authenticated report

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Page 1 of 3

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Dubai, UAE

HARSHAD MANIKANDAN
Laboratory Technician

Printed on: 29/06/2024 11:18





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HENJATOLOGY

HEMATOLOGY								
Test	Result Flag	Unit	Reference Range	Methodology				
COMPLETE BLOOD COUNT (CBC)								
HEMOGLOBIN	15.6	g/dL	13.5 - 17.5	Spectrophotometry (Oxyhemoglobin)				
RBC COUNT	5.5	10^6/μL	4.3 - 5.7	Electrical Impedance				
HEMATOCRIT	46.9	%	38 - 50	Calculation				
MCV	84.9	fL	82 - 98	Calculation				
МСН	28.2	pg	27 - 32	Calculation				
МСНС	33.3	g/dL	32 - 37	Calculation				
RDW	13.1	%	11.8 - 15.6	Calculation				
RDW-SD	38.9	fL		Calculation				
MPV	8.4	fL	7.6 - 10.8	Calculation				
PLATELET COUNT	260	10^3/uL	150 - 450	Electrical Impedance				
PCT	0.2	%	0.01 - 9.99	Calculation				
PDW	16.7	Not Applicable	0.1 - 99.9	Calculation				
NUCLEATED RBC (NRBC)^	0	/100 WBC		Flow Cytometry				
ABSOLUTE NRBC COUNT^	0.0	10^3/uL		Calculation				
EARLY GRANULOCYTE COUNT (EGC)^	0.4	%		Flow Cytometry				
ABSOLUTE EGC^	0.0	10^3/uL		Calculation				
WBC COUNT	8.9	10^3/μL	4 - 11	Electrical Impedance				
DIFFERENTIAL COUNT (DC)								
NEUTROPHILS	60	%	40 - 75	Flow Cytometry				
LYMPHOCYTES	31	%	20 - 45	Flow Cytometry				
EOSINOPHILS	2	%	0 - 6	Flow Cytometry				
MONOCYTES	6	%	1 - 6	Flow Cytometry				
BASOPHILS	1	%	0 - 1	Flow Cytometry				
ABSOLUTE COUNT								
ABSOLUTE NEUTROPHIL COUNT	5.1	10^3/uL	1.6 - 8.25	Calculation				
ABSOLUTE LYMPHOCYTE COUNT	2.8	10^3/uL	0.8 - 4.95	Calculation				
ABSOLUTE MONOCYTE COUNT	0.5	10^3/uL	0.04 - 0.66	Calculation				
ABSOLUTE EOSINOPHIL COUNT	0.2	10^3/uL	0 - 0.66	Calculation				
ABSOLUTE BASOPHIL COUNT	0.1	10^3/uL	0 - 0.11	Calculation				

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Reena Babu Laboratory Technologist Printed on: 29/06/2024 11:18

Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.







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HEMATOLOGY

Test Result Flag Unit **Reference Range** Methodology

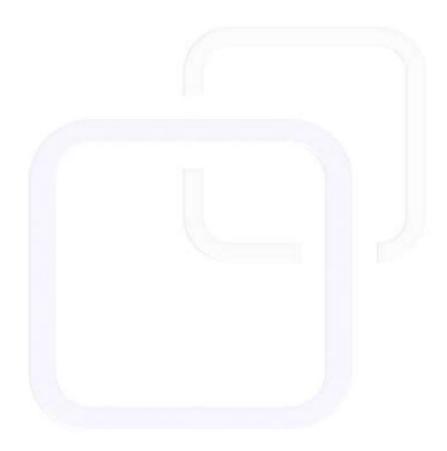
COMPLETE BLOOD COUNT (CBC)

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

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ACCREDITED



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Reena Babu **Laboratory Technologist**

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