



Name : Ms. AMAL FAWZI Ref No. : 43557

DOB 27/06/1976 Sample No. 2407447546 Age / Gender 48 Y 0 / Female 12/07/2024 17:57 Collected Referred by DR ENOMEN Registered 12/07/2024 21:20 CITICARE MEDICAL CENTER 12/07/2024 22:17 Centre Reported

HEMATOLOGY Flag Unit Result Test **Reference Range** Methodology **COMPLETE BLOOD COUNT (CBC)** HEMOGLOBIN Spectrophotometry 12.1 g/dL 12 - 15.5 (Oxyhemoglobin) **RBC COUNT** 4.3 10^6/μL 3.9 - 5 **Electrical Impedance** HEMATOCRIT % Calculation 36.4 35 - 45 MCV Calculation 84.3 82 - 98 MCH 27 - 32 Calculation 28.1 pg MCHC g/dL 32 - 37 Calculation 33.3 **RDW** 15 % 11.9 - 15.5 Calculation **RDW-SD** 44 2 fL Calculation MPV 8.5 fL 7.6 - 10.8 Calculation PLATELET COUNT 10^3/uL Electrical Impedance 375 150 - 450PCT 0.01 - 9.99Calculation 0.3 Calculation PDW Not Applicable 0.1 - 99.916.5 **NUCLEATED RBC (NRBC)^** /100 WBC Flow Cytometry 0.1 ABSOLUTE NRBC COUNT^ 10^3/uL 0.01 Calculation **EARLY GRANULOCYTE COUNT (EGC)^** Flow Cytometry 0.4 ABSOLUTE EGC^ 0.0 10^3/uL Calculation **WBC COUNT** 10^3/μL 4 - 11 **Electrical Impedance** 4.5 **DIFFERENTIAL COUNT (DC) NEUTROPHILS** 53 % 40 - 75 Flow Cytometry 30 - 60 LYMPHOCYTES 39 Flow Cytometry **EOSINOPHILS** 1 0 - 6 Flow Cytometry % **MONOCYTES** Flow Cytometry 6 1 - 6 **BASOPHIIS** Flow Cytometry 1 0 - 1 **ABSOLUTE COUNT** ABSOLUTE NEUTROPHIL COUNT 2.2 10^3/uL 1.6 - 8.25 Calculation ABSOLUTE LYMPHOCYTE COUNT 1.2 - 6.6 10^3/uL Calculation 1.8 ABSOLUTE MONOCYTE COUNT 0.4 10^3/uL 0.04 - 0.66 Calculation ABSOLUTE EOSINOPHIL COUNT 10^3/uL 0 - 0.66 Calculation 0.0

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ABSOLUTE BASOPHIL COUNT

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Calculation

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0.0



0 - 0.11



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10^3/uL





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Ref No.

Laboratory Investigation Report

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HEMATOLOGY

Test Result Flag Unit **Reference Range** Methodology

COMPLETE BLOOD COUNT (CBC)

INTERPRETATION NOTES: Please note update on CBC report format and changes in reference ranges.

EDTA Whole Blood Sample Type:

End of Report



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

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Reena Babu **Laboratory Technologist** Printed on: 13/07/2024 12:55

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ENDOCRINOLOGY

Test Result Flag Unit Reference Range Methodology

ESTRADIOL (E2) 112 pg/mL Follicular Phase: 19.5 - 144.2 ECLIA

Mid Cycle Peak: 63.9 - 356.7 Luteal Phase: 55.8 - 214.2 Post Menopausal: 0.00 - 32.2

INTERPRETATION NOTES:

Table 1, Females				
Tanner Stage #	Mean Age	Reference Range		
Stage I (>14 days and prepubertal)	7.1 years	Undetectable - 20 pg/mL		
Stage II	10.5 years	Undetectable - 24 pg/mL		
Stage III	11.6 years	Undetectable - 60 pg/mL		
Stage IV	12.3 years	15 - 85 pg/mL		
Stage V	14.5 years	15 - 350 pg/mL **		

Table 2, Males					
Tanner Stage #	Mean Age	Reference Range			
Stage I (>14 days and prepubertal)	7.1 years	Undetectable - 13pg/mL			
Stage II	12.1 years	Undetectable - 16 pg/mL			
Stage III	13.6 years	Undetectable - 26 pg/mL			
Stage IV	15.1 years	Undetectable - 38 pg/mL			
Stage V	18 years	10 - 40 pg/mL			

Increased level is seen in early puberty, tumors in the ovaries or testes, gynecomastia, hyperthyroidism, cirrhosis of liver.

Decreased level is seen in menopause, Turner syndrome, ovarian failure, polycystic ovarian syndrome (PCOS), depleted estrogen production, which can be caused by low body fat, hypopituitarism, hypogonadism.

FOLLICLE STIMULATING HORMONE (FSH) 4.5 mlU/mL Follicular phase: 2.5 - 10.2 ECLIA

Midcycle Peak: 3.4 - 33.4 Luteal Phase: 1.5 - 9.1 Postmenopausal: 23 - 116.3

Pregnant: < 0.3

INTERPRETATION NOTES:

Increased level of FSH and LH are found in hypogonadism, anorchia, gonadal failure, complete testicular feminization syndrome, menopause, Klinefelter syndrome, alcoholism, and castration.

Decreased level is seen in pituitary or hypothalamic failure

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ENDOCRINOLOGY

Flag Unit Test Result **Reference Range** Methodology Follicular Phase: 1.9 - 12.5 **LUTEINISING HORMONE (LH)** IU/L **ECLIA** 3.7 Mid Cycle Peak: 8.7 - 76.3 Luteal phase: 0.5 - 16.9 Post Menopausal: 15.9 - 54.0 Pregnant: < 0.1 - 1.5 Contraceptives: 0.7 - 5.6 ng/mL **PROGESTERONE** 0.21 Postmenopause: 0.108-0.151 ECLIA 1st trimester: 39.6-48.9 2nd trimester: 78.9-99.1

2nd trimester: 78.9-99.1 3rd trimester: 191-260 Follicular phase 0.183-0.282 Ovulation:1.94-6.09 Luteal phase: 13.5-20.3

INTERPRETATION NOTES:

Progesterone is increased in congenital adrenal hyperplasia, ovarian cancer, adrenal cancer.

Progesterone is decreased in primary or secondary hypogonadism and short luteal phase syndrome, lack of periods, ectopic pregnancy, miscarriage and fetal death.

PROLACTIN 544 mIU/L Refer to Interpretation. ECLIA

INTERPRETATION NOTES:

FEMALE REFERENCE RANGE (Please note change):

Stages	Reference Range (mIU/L)	
Tanner Stage I:	76.596 - 255.319	Source: Quest Diagnostics
Tanner Stage II-III:	55.319 - 382.979	Source: Quest Diagnostics
Tanner Stage IV-V:	68.085 - 425.532	Source: Quest Diagnostics
Non Pregnant:	102-496	Source: Roche Cobas Elecsys IFU
Pregnant:	212.766 - 4446.808	Source: Quest Diagnostics
Postmenopausal:	42.553 - 425.532	Source: Quest Diagnostics

High prolactin level is seen in pituitary gland tumour(prolactinoma), diseases of the hypothalamus, pregnancy, PCOS, liver disease (cirrhosis), kidney disease, anorexia nervosa hypothyroidism. Drugs that can cause an elevated prolactin include estrogen, tricyclic antidepressants, risperidone, opiates, amphetamines.

Levels of prolactin that are below normal are not usually treated but may be indicative of a general decrease in pituitary hormones caused by a

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Laboratory Technician

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ENDOCRINOLOGY

Result Flag Unit **Test Reference Range** Methodology

pituitary disorder such as hypopituitarism. drugs such as dopamine, levodopa and ergot alkaloid derivatives decrease prolactin level.

TESTOSTERONE (TOTAL) nmol/L **ECLIA** 0.73 0.29 - 1.67

> Please note change in method and reference range.

Source: Roche IFU.

INTERPRETATION NOTES:

Tanner Stage Interpretation Table (Source:Roche IFU):

Tanner Stage	Reference Ranges (Male)	Reference Ranges (Female)	
Tanner Stage I (> 14 days):	Undetectable - 0.087	Undetectable - 0.21	
Tanner Stage II (11.5 years):	Undetectable - 14.99	Undetectable - 0.36	
Tanner Stage III (13.6 years):	2.25 - 27.00	Undetectable - 0.82	
Tanner Stage IV (15.1 years):	6.24 - 26.45	Undetectable - 0.92	
Tanner Stage V (18.0 years):	6.51 - 30.50	0.16 - 1.32	

High amounts of testosterone in the body can lead to a lower sperm count.

Low testosterone concentrations can be caused by testicular failure (primary hypogonadism) or inadequate stimulation by pituitary gonadotropins (secondary hypogonadism).

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ENDOCRINOLOGY

ENDOCKINOLOGY							
Test	Result	Flag	Unit	Reference Range	Methodology		
THYROID FUNCTION TEST (FT3+FT4+TSH)		_		_			
TRIIODOTHYRONINE, FREE (FT3)	4.9		pmol/L	3.71 – 6.70	ECLIA		
				Reference Range for			
				Pregnant:			
				First Trimester: 3.78 – 5.97			
				Second Trimester:			
				3.21 – 5.45			
				Third Trimester: 3.09 – 5.03			
				Please note change in			
				method and reference range.			
				Source: Roche IFU.			
THYROXINE, FREE (FT4)	15.6		pmol/L	12.3 – 20.2	ECLIA		
				Reference Range for			
				Pregnant:			
				First Trimester: 12.1 – 19.6			
				Second Trimester:			
				9.63 – 17.0			
				Third Trimester: 8.39 – 15.6			
				Discourate discours in			
				Please note change in			
				method and reference range. Source: Roche IFU.			
			,		5014		
THYROID STIMULATING HORMONE (TSH)	1.34		uIU/mL	0.27 - 4.2	ECLIA		
				Reference Range for			
				Pregnant:			
				First Trimester: 0.24 – 2.99			
				Second Trimester:			
				0.46 - 2.95			
				Third Trimester: 0.43 – 2.78			

Sample Type : Serum

End of Report

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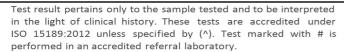
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