

LABORATORY REPORT

Name : **UZAIR AHMED RAJA AFTAB RAZA** File. No. : **AAL02-406207**
DOB/Gender : **23-09-2001 (22 Yrs 9 Month 25 Days/Male)** Referral Doctor : **Dr. Humaira Mumtaz**
Lab No. : **22242000386** Referral Clinic : **Citicare Medical Center LLC**
Request Date : **18-07-2024 21:46** Clinic File No : **35870**
Insurance : **NATIONAL GENERAL INSURANCE (HEALTHNET)**

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	15.9	g/dl	13.0 - 17.0	Photometry-SLS
HCT	45.3	%	40.0 - 50.0	Hydrodynamic focusing (HF)
MCV	86.3	fl	83.0 - 101.0	Calculation
MCH	30.3	pg	27-32	Calculation
MCHC	35.1^H	g/dL	31.5 - 34.5	Calculation
Platelet Count	237	10 ³ /uL	150 - 400	HF (DCD)
WBC	8.57	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	47.0	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	42.5^H	%	20.0 - 40.0	Flow Cytometry
Monocytes	8.6	%	2.0-10.0	Flow Cytometry
Eosinophils	1.5	%	1 - 6	Flow Cytometry
Basophils	0.4	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	4.03	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	3.64^H	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.74	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.13	10 ³ /uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.03	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) AUTOMATED

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

Sample processed on the same day of receipt unless specified otherwise.

Test results pertain 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

Patient Sample Collected On : 18-07-2024 15:14:00
Authenticated On : 18-07-2024 22:47:11
Printed On : 18-07-2024 23:33:21

Received On : 18-07-2024 21:47:00
Released On : 18-07-2024 23:01:36
Reprinted On : 19-07-2024 05:29:30

Pring

Padmapriya Kumaresan
Sr. Technician
DHA-P-2992011

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Test Name	Result	Units	Ref. Range	Method
ESR (whole blood)	4	mmhr	up to 10	Modified Westergren

Sample Type : EDTA WB

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MICROBIOLOGY/BACTERIOLOGY/BODY FLUIDS

Test Name	Result	Units	Ref. Range	Method
<u>URINE ROUTINE (URINALYSIS)</u>				
<u>PHYSICAL EXAMINATION</u>				
Color	Light Yellow		Yellow	Light Scatter
Appearance	Clear		Clear	Light Scatter
Specific Gravity	1.009		1.005 - 1.030	Refractrometry
PH	6.00		4.6 - 8.0	Litmus reaction
Glucose	Negative		Negative	Enz.Rn/Reflect
Ketone	Negative		Negative	Legal's method
Protein	Negative		Negative	Dye Binding
Blood	Negative		Negative	Peroxidase Activity/Reflectance
Bilirubin	Negative		Negative	Acidified Diazo Coupling
Urobilinogen	Normal	mg/dL	Normal 0.2 - 1.0	Buffered Diazo Coupling
Nitrite	Negative		Negative	Mod. Gries Rn
Leukocytes.	Negative		Negative	Enz.Rn/Reflect
<u>MICROSCOPIC EXAMINATION</u>				
Pus Cells	1 - 2	/HPF	1 - 4	F.D.I/Microscopy
RBC's	0 - 1	/HPF	0 - 2	F.D.I/Microscopy
Epithelial cells	0 - 1	/HPF	1 - 4	F.D.I/Microscopy
Bacteria	Absent	/HPF	Absent	F.D.I/Microscopy
Yeast cells	Absent	/HPF	Absent	F.D.I/Microscopy
Trichomonas Vaginalis	Absent	/HPF	Absent	F.D.I/Microscopy
Mucus Threads	Absent	/HPF	Absent	F.D.I/Microscopy
Crystals	Absent	/HPF	Absent	F.D.I/Microscopy
Casts	Absent	/LPF	Absent	F.D.I/Microscopy

Bilirubin and Urobilinogen when exposed to sunlight leads to artificially low results, hence recommended to collect urine in dark container for analyzing Urine

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Test Name	Result	Units	Ref. Range	Method
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Bilirubin and Urobilinogen if clinically indicated.

Kindly note that there are chances of false negative result for *Trichomonas vaginalis*, as *Trichomonas vaginalis* viability is temperature and time sensitive.

Kindly note the new methodology is effective from 31-10-2022.

Sample Type : Urine

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

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