



Name : Mr. DAVEED FRANCIS THEKKEVILATHARAYIL VALIYAMALIL JOHN

DOB : 01/06/1961 **Age / Gender** : 63 Y / Male

Referred by : Dr. Enomen Goodluck Ekata
Centre : CITICARE MEDICAL CENTER

Ref No. : 28523

Sample No. : 2407451987

Collected : 22/07/2024 11:00 **Registered** : 22/07/2024 13:56

Reported : 22/07/2024 14:40

BIOCHEMISTRY

End of Report

Test Result Flag Unit Reference Range Methodology GLUCOSE (FASTING) 116 H mg/dL < 100 Hexokinase

Please note change. Source: The American Diabetes Association (ADA)

Sample Type : Fluoride Plasma



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Pathologist Clinical Pathologist

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Laboratory Technologist Printed on: 23/07/2024 14:21

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Test Result Flag Unit Reference Range Methodology

C-REACTIVE PROTEIN (CRP) < 0.6 mg/L < 5.0 Immunoturbidimetry

Please note change. Source: Roche IFU.

INTERPRETATION NOTES:

1. CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.

2. C-reactive protein is the classic acute phase protein in inflammatory reactions.

- 3. CRP is the most sensitive of the acute phase reactants and its concentration increases rapidly during inflammatory processes. The CRP response frequently precedes clinical symptoms, including fever. After onset of an acute phase response, the serum CRP concentration rises rapidly and extensively. The increase begins within 6 to 12 hours and the peak value is reached within 24 to 48 hours. Levels above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).
- 4. CRP response may be less pronounced in patients suffering from liver disease.
- 5. CRP assays are used to detect systemic inflammatory processes (apart from certain types of inflammation such as systemic lupus erythematosus (SLE) and Colitis ulcerosa); to assess treatment of bacterial infections with antibiotics; to detect intrauterine infections with concomitant premature amniorrhexis; to differentiate between active and inactive forms of disease with concurrent infection, e.g. in patients suffering from SLE or Colitis ulcerosa; to therapeutically monitor rheumatic disease and assess anti-inflammatory therapy; to determine the presence of post-operative complications at an early stage, such as infected wounds, thrombosis and pneumonia, and to distinguish between infection and bone marrow transplant rejection.

Sample Type : Serum

End of Report

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BIOCHEMI	STRY
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Test	Result	Flag	Unit	Reference Range	Methodology
GLYCATED HEMOGLOBIN (HbA1C) ^					
HBA1C	7.3	Н	%	Non- diabetic: 4.0 - 5.6 Prediabetes (Increased risk): 5.7 - 6.4 Diabetes: = or > 6.5	Capillary electrophoresis
eAG (estimated Average Glucose)	163		mg/dL	-	Calculation

INTERPRETATION NOTES:

HbA1c Therapeutic goals for glycemic control (ADA)

Adults:

- Goal of the rapy: < 7.0 % - Action suggested: > 8.0 %

Pediatric patients:

- Toddlers and preschoolers: < 8.5 % (but > 7.5 %)

- School age (6-12 years): < 8.0 %

- Adolescents and young adults (13-19 years): < 7.5 %

Sample Type: EDTA Whole Blood

End of Report

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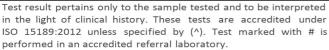
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MUBASHER ZAHOOR Laboratory Technologist

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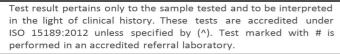
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BIOCHEMISTRY						
Test	Result	Flag	Unit	Reference Range	Methodology	
LIPID PROFILE TEST						
CHOLESTEROL (TOTAL)	190		mg/dl	Desirable: < 200 Borderline High: 200 - 239 High: ≥ 240 Please note change. Source: Roche IFU.	Enzymatic colorimteric assay	
HDL CHOLESTEROL	34	6	mg/dl	40 - 60	Homogeneous enzymatic	
				Please note change. Source: Roche IFU.	colorimetric assay	
LDL CHOLESTEROL DIRECT	121		mg/dl	Optimal: < 100 Near/Above Optimal: 100 - 129	Homogeneous enzymatic colorimetric assay	
				Borderline High: 130 - 159		
				High: 160 - 189 Very High: ≥ 190		
				Please note change. Source: Roche IFU.		
VLDL CHOLESTEROL	50	н	mg/dL	< 30	Calculation	
NON-HDL CHOLESTEROL	171	н	mg/dL	< 140	Calculation	
TRIGLYCERIDES	249	Н	mg/dl	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500 Source: Roche IFU.	Enzymatic colorimetric assay	
TOTAL CHOLESTEROL / HDL RATIO	5.6	Н		< 4.5	Calculation	
LDL / HDL RATIO	3.6	Н		< 3.5	Calculation	
Sample Type : Serum		End	d of Report			

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HEMATOLOGY					
Test	Result Flag	Unit	Reference Range	Methodology	
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	14.8	g/dL	13.5 - 17.5	Spectrophotometry (Oxyhemoglobin)	
RBC COUNT	5.2	10^6/μL	4.3 - 5.7	Electrical Impedance	
HEMATOCRIT	43.6	%	38 - 50	Calculation	
MCV	84.6	fL	82 - 98	Calculation	
МСН	28.8	pg	27 - 32	Calculation	
МСНС	34.1	g/dL	32 - 37	Calculation	
RDW	13.2	%	11.8 - 15.6	Calculation	
RDW-SD	38.9	fL		Calculation	
MPV	9.8	fL	7.6 - 10.8	Calculation	
PLATELET COUNT	187	10^3/uL	150 - 450	Electrical Impedance	
PCT	0.2	%	0.01 - 9.99	Calculation	
PDW	17.1	Not Applicable	0.1 - 99.9	Calculation	
NUCLEATED RBC (NRBC)^	0.2	/100 WBC		Flow Cytometry	
ABSOLUTE NRBC COUNT^	0.01	10^3/uL		Calculation	
EARLY GRANULOCYTE COUNT (EGC)^	0.2	%		Flow Cytometry	
ABSOLUTE EGC^	0	10^3/uL		Calculation	
WBC COUNT	6.6	10^3/μL	4 - 11	Electrical Impedance	
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	49	%	40 - 75	Flow Cytometry	
LYMPHOCYTES	40	%	20 - 45	Flow Cytometry	
EOSINOPHILS	5	%	0 - 6	Flow Cytometry	
MONOCYTES	6	%	1 - 6	Flow Cytometry	
BASOPHILS	0	%	0 - 1	Flow Cytometry	
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	3.2	10^3/uL	1.6 - 8.25	Calculation	
ABSOLUTE LYMPHOCYTE COUNT	2.6	10^3/uL	0.8 - 4.95	Calculation	
ABSOLUTE MONOCYTE COUNT	0.4	10^3/uL	0.04 - 0.66	Calculation	
ABSOLUTE EOSINOPHIL COUNT	0.3	10^3/uL	0 - 0.66	Calculation	
ABSOLUTE BASOPHIL COUNT	0.0	10^3/uL	0 - 0.11	Calculation	

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Usab sina

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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



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Dr. Vyoma V Shah

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