biosytech
MEDICAL LABORATORY

BML442179

Laboratory Investigation Report

Name	:	Mr. DAVEED FRANCIS THEKKEVILATHARAYIL VALIYAMALIL JOHN	**Ref No.**	:	28523
DOB	:	01/06/1961	**Sample No.**	:	2407451987
Age / Gender	:	63 Y / Male	**Collected**	:	22/07/2024 11:00
Referred by	:	Dr. Enomen Goodluck Ekata	**Registered**	:	22/07/2024 13:56
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	22/07/2024 14:40

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
GLUCOSE (FASTING)	116	H	mg/dL	< 100 Please note change. Source: The American Diabetes Association (ADA)	Hexokinase

Sample Type : *Fluoride Plasma*

End of Report

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

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

ELOISA MAY DELMO
Laboratory Technologist

This is an electronically authenticated report

Printed on: 23/07/2024 14:21

P.O Box: 49527 Dubai, UAE Tel: +971 4 398 8567 reports@biosytech.ae www.biosytech.com

biosytech
MEDICAL LABORATORY

BML442179

Laboratory Investigation Report

Name	:	Mr. DAVEED FRANCIS THEKKEVILATHARAYIL VALIYAMALIL JOHN	**Ref No.**	:	28523
DOB	:	01/06/1961	**Sample No.**	:	2407451987
Age / Gender	:	63 Y / Male	**Collected**	:	22/07/2024 11:00
Referred by	:	Dr. Enomen Goodluck Ekata	**Registered**	:	22/07/2024 13:56
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	22/07/2024 14:40

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
C-REACTIVE PROTEIN (CRP)	< 0.6		mg/L	< 5.0 Please note change. Source: Roche IFU.	Immunoturbidimetry

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

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

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

ELOISA MAY DELMO
Laboratory Technologist
Printed on: 23/07/2024 14:21

This is an electronically authenticated report

P.O Box: 49527 Dubai, UAE Tel: +971 4 398 8567 reports@biosytech.ae www.biosytech.com

biosytech
MEDICAL LABORATORY

BML442179

Laboratory Investigation Report

Name	:	Mr. DAVEED FRANCIS THEKKEVILATHARAYIL VALIYAMALIL JOHN	**Ref No.**	:	28523
DOB	:	01/06/1961	**Sample No.**	:	2407451987
Age / Gender	:	63 Y / Male	**Collected**	:	22/07/2024 11:00
Referred by	:	Dr. Enomen Goodluck Ekata	**Registered**	:	22/07/2024 13:56
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	22/07/2024 18:45

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
GLYCATED HEMOGLOBIN (HbA1C) ^					
HBA1C	**7.3**	**H**	%	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 therapy: < 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

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

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

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

This is an electronically authenticated report

P.O Box: 49527 Dubai, UAE Tel: +971 4 398 8567 reports@biosytech.ae www.biosytech.com

biosytech
MEDICAL LABORATORY

BML442179

Laboratory Investigation Report

Name	:	Mr. DAVEED FRANCIS THEKKEVILATHARAYIL VALIYAMALIL JOHN	**Ref No.**	:	28523
DOB	:	01/06/1961	**Sample No.**	:	2407451987
Age / Gender	:	63 Y / Male	**Collected**	:	22/07/2024 11:00
Referred by	:	Dr. Enomen Goodluck Ekata	**Registered**	:	22/07/2024 13:56
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	22/07/2024 14:40

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	L	mg/dl	40 - 60 Please note change. Source: Roche IFU.	Homogeneous enzymatic colorimetric assay
LDL CHOLESTEROL DIRECT	121		mg/dl	Optimal: < 100 Near/Above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: ≥ 190 Please note change. Source: Roche IFU.	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL	50	H	mg/dL	< 30	Calculation
NON-HDL CHOLESTEROL	171	H	mg/dL	< 140	Calculation
TRIGLYCERIDES	249	H	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	H	--	< 4.5	Calculation
LDL / HDL RATIO	3.6	H	--	< 3.5	Calculation

Sample Type : Serum

End of Report

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

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

ELOISA MAY DELMO
Laboratory Technologist

This is an electronically authenticated report

Printed on: 23/07/2024 14:21

P.O Box: 49527 Dubai, UAE Tel: +971 4 398 8567 reports@biosytech.ae www.biosytech.com

biosytech
MEDICAL LABORATORY

BML442179

Laboratory Investigation Report

Name	:	Mr. DAVEED FRANCIS THEKKEVILATHARAYIL VALIYAMALIL JOHN	**Ref No.**	:	28523
DOB	:	01/06/1961	**Sample No.**	:	2407451987
Age / Gender	:	63 Y / Male	**Collected**	:	22/07/2024 11:00
Referred by	:	Dr. Enomen Goodluck Ekata	**Registered**	:	22/07/2024 13:56
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	22/07/2024 15:57

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
MCH	28.8		pg	27 - 32	Calculation
MCHC	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

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

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

Thahsina Anees
Laboratory Technologist

This is an electronically authenticated report

Printed on: 23/07/2024 14:21

P.O Box: 49527 Dubai, UAE Tel: +971 4 398 8567 reports@biosytech.ae www.biosytech.com

biosytech
MEDICAL LABORATORY

BML442179

Laboratory Investigation Report

Name	:	Mr. DAVEED FRANCIS THEKKEVILATHARAYIL VALIYAMALIL JOHN	**Ref No.**	:	28523
DOB	:	01/06/1961	**Sample No.**	:	2407451987
Age / Gender	:	63 Y / Male	**Collected**	:	22/07/2024 11:00
Referred by	:	Dr. Enomen Goodluck Ekata	**Registered**	:	22/07/2024 13:56
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	22/07/2024 15:57

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.

Sample Type : *EDTA Whole Blood*

End of Report

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

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

Thahsina Anees
Laboratory Technologist

This is an electronically authenticated report

Printed on: 23/07/2024 14:21

P.O Box: 49527 Dubai, UAE Tel: +971 4 398 8567 reports@biosytech.ae www.biosytech.com