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MEDICAL LABORATORY

BML443109

Laboratory Investigation Report

Name	:	Mr. MOHAMMED SHAHABUDDIN ABDUL MABUD	**Ref No.**	:	40544
DOB	:	08/03/1985	**Sample No.**	:	2407452925
Age / Gender	:	39 Y / Male	**Collected**	:	24/07/2024 13:10
Referred by	:	Dr. Enomen Goodluck Ekata	**Registered**	:	24/07/2024 13:26
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	24/07/2024 15:45

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
C-REACTIVE PROTEIN (CRP)	1.4		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

BHAVYA THENDANKANDY
Biochemistry Technologist

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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	16.0		g/dL	13.5 - 17.5	Spectrophotometry (Oxyhemoglobin)
RBC COUNT	5.5		10^6/µL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	48.3		%	38 - 50	Calculation
MCV	87.2		fL	82 - 98	Calculation
MCH	28.9		pg	27 - 32	Calculation
MCHC	33.1		g/dL	32 - 37	Calculation
RDW	13.4		%	11.8 - 15.6	Calculation
RDW-SD	40.7		fL		Calculation
MPV	10.5		fL	7.6 - 10.8	Calculation
PLATELET COUNT	188		10^3/uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	17.2		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.1		/100 WBC		Flow Cytometry
ABSOLUTE NRBC COUNT^	0.01		10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.2		%		Flow Cytometry
ABSOLUTE EGC^	0.0		10^3/uL		Calculation
WBC COUNT	7.9		10^3/µL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	58		%	40 - 75	Flow Cytometry
LYMPHOCYTES	33		%	20 - 45	Flow Cytometry
EOSINOPHILS	5		%	0 - 6	Flow Cytometry
MONOCYTES	4		%	1 - 6	Flow Cytometry
BASOPHILS	0		%	0 - 1	Flow Cytometry
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	4.5		10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.6		10^3/uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.3		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.4		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10^3/uL	0 - 0.11	Calculation

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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.

Sample Type : *EDTA Whole Blood*

End of Report

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IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
IGE TOTAL ANTIBODY	708	H	IU/mL	Refer to Table below in interpretation notes	ECLIA

Comments : Please correlate clinically

INTERPRETATION NOTES :

Age – wise Reference Range:

Age group	IU/mL
Neonates	<1.5
Infants in 1st year of life	<15
Children aged 1 - 5 years	<60
Children aged 6 - 9 years	<90
Children aged 10 - 15 years	<200
Adults	<100
Please note change in reference range (Source: Roche)	

1. Immunoglobulin E (IgE) is a type of antibody synthesized by plasma cells
2. IgE plays an important role in immunological protection against parasitic infections and in allergy (type 1 hypersensitivity).
3. The IgE concentration in serum is normally very low as IgE is the least abundant antibody in serum (0.05 % of the IgG concentration). The IgE concentration is age-dependent, with the lowest values being measured at birth. Its concentration gradually increases and becomes stabilized between the age of 5-7, although the IgE values vary greatly within particular age groups.
4. Elevated IgE concentrations are seen in patients with Type 1 hypersensitivity reactions such as Anaphylactic reactions (reaction to drugs, bee stings, latex, vaccines, or antigen preparation used in desensitization immunotherapy), allergic diseases such as hay fever, atopic bronchitis, asthma, food allergies, urticaria and dermatitis.
5. Increased IgE concentrations can also occur in non-allergic diseases, e.g. congenital immunodeficiency syndromes, HIV infection, graft-versus- host disease, severe burns, some inflammatory diseases, certain cancers and parasitic diseases.
6. Low IgE levels may be seen in auto-immune disorders.

Note: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration.

References:

1. Kit Insert
2. Dati F, Ringel KP. Reference values for serum IgE in healthy non- atopic children and adults. Clin Chem 1982;28(7):1556.
3. Gould HJ, Sutton BJ, Beavil AJ, Beavil RL, McCloskey N, Coker HA, et al. (2003). "The biology of IGE and the basis of allergic disease". Annual Review of Immunology. 21: 579–628

Sample Type : Serum

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