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MEDICAL LABORATORY

BML447287

Laboratory Investigation Report

Name	:	Mr. BHARAT DEOLKAR	**Ref No.**	:	
DOB	:	17/05/1976	**Sample No.**	:	2410482918
Age / Gender	:	48 Y / Male	**Collected**	:	30/09/2024 19:00
Referred by	:	Dr. Enomen Goodluck Ekata	**Registered**	:	01/10/2024 19:38
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	01/10/2024 21:16

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
C-REACTIVE PROTEIN (CRP)	**17.7**	**CH**	mg/L	< 5.0 Please note change. Source: Roche IFU.	Particle-enhanced immunoturbidimetric assay

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.

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

Dr. Vyoma V Shah
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Clinical Pathologist

NAZAR MOHAMED ALI
Laboratory Technologist

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BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
LIPID PROFILE TEST					
CHOLESTEROL (TOTAL)	192		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	118		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	41	H	mg/dL	< 30	Calculation
NON-HDL CHOLESTEROL	159	H	mg/dL	< 140	Calculation
TRIGLYCERIDES	205	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	3.5			< 3.5	Calculation

Sample Type : Serum

End of Report

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CLINICAL PATHOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
URINE ANALYSIS (ROUTINE)					
COLOR	Yellow			Pale to Dark Yellow	Photometry
APPEARANCE	Clear			-	Turbidimetry
CHEMISTRY EXAMINATION					
SPECIFIC GRAVITY	1.019			1.002 - 1.035	Refractometry
PH	8.0			5 - 9	Litmus paper
GLUCOSE	Negative			Negative	GOD / POD
BLOOD	Negative			Negative	Peroxidase
PROTEIN	Negative			Negative	Protein error of pH indicator
LEUKOCYTE ESTERASE	Negative			Negative	Esterase
UROBILINOGEN	Negative			Negative	Diazonium Salt
BILIRUBIN	Negative			Negative	Diazonium Salt
KETONE	Negative			Negative	Legal`s test
NITRITE	Negative			Negative	Griess test
MICROSCOPIC EXAMINATION					
LEUCOCYTES	1-4		/HPF	1 - 4	Automated Microscopy
ERYTHROCYTES	0-2		/HPF	0 - 2	Automated Microscopy
SQUAMOUS EPITHELIAL CELLS	0-1		/HPF	< 20	Automated Microscopy
NON-SQUAMOUS EPITHELIAL CELLS	-		/HPF	Variable	Automated Microscopy
BACTERIA	-		/HPF	Absent	Automated Microscopy
CASTS	-		/HPF	Absent	Automated Microscopy
HYALINE CAST	-		/HPF	Absent	Automated Microscopy
FINE GRANULAR CAST	-		/HPF	Absent	Automated Microscopy
COARSE GRANUALR CAST	-		/HPF	Absent	Automated Microscopy
WAXY CAST	-		/HPF	Absent	Automated Microscopy
FATTY CAST	-		/HPF	Absent	Automated Microscopy
RBC CAST	-		/HPF	Absent	Automated Microscopy
WBC CAST	-		/HPF	Absent	Automated Microscopy
BACTERIAL CAST	-		/HPF	Absent	Automated Microscopy
EPITHELIAL CAST	-		/HPF	Absent	Automated Microscopy
CRYSTALS	-		/HPF	Absent	Automated Microscopy

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CLINICAL PATHOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
CALCIUM OXALATE	-		/HPF	Absent	Automated Microscopy
CALCIUM CARBONATE	-		/HPF	Absent	Automated Microscopy
CALCIUM PHOSPHATE	-		/HPF	Absent	Automated Microscopy
TRIPLE PHOSPHATE	-		/HPF	Absent	Automated Microscopy
URIC ACID CRYSTAL	-		/HPF	Absent	Automated Microscopy
AMMONIUM BIURATE	-		/HPF	Absent	Automated Microscopy
AMORPHOUS URATES	-		/HPF	Absent	Automated Microscopy
AMORPHOUS PHOSPHATES	-		/HPF	Absent	Automated Microscopy
CYSTINE	-		/HPF	Absent	Automated Microscopy
LEUCINE	-		/HPF	Absent	Automated Microscopy
TYROSINE	-		/HPF	Absent	Automated Microscopy
DRUG CRYSTAL	-		/HPF	Absent	Automated Microscopy
MUCUS THREADS	Present		/HPF	Absent	Automated Microscopy
BUDDING YEAST CELLS	-		/HPF	Absent	Automated Microscopy
HYPHAE	-		/HPF	Absent	Automated Microscopy
OVA	-		/HPF	Absent	Automated Microscopy
CYST	-		/HPF	Absent	Automated Microscopy
PARASITE	-		/HPF	Absent	Automated Microscopy
ARTIFACTS	-		/HPF	Absent	Automated Microscopy

INTERPRETATION NOTES :

Please note change in method (Roche Cobas U6500).

Note: "-" means Absent

Sample Type : URINE

End of Report

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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	14.7		g/dL	13.5 - 17.5	Photometric
RBC COUNT	5.0		10^6/µL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	43		%	38 - 50	Calculation
MCV	85.8		fL	82 - 98	Calculation
MCH	29.4		pg	27 - 32	Calculation
MCHC	34.3		g/dL	32 - 37	Calculation
RDW	13.9		%	11.8 - 15.6	Calculation
RDW-SD	41.6		fL		Calculation
MPV	9.6		fL	7.6 - 10.8	Calculation
PLATELET COUNT	199		10^3/uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	17.4		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.7		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT^	0.06		10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0		%		VCS 360 Technology
ABSOLUTE EGC^	0		10^3/uL		Calculation
WBC COUNT	8.6		10^3/µL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	75		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	18	L	%	20 - 45	VCS 360 Technology
EOSINOPHILS	1		%	0 - 6	VCS 360 Technology
MONOCYTES	6		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	6.3		10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	1.5		10^3/uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.6		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.1		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	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, reference ranges and method(Beckman Coulter).

Sample Type : *EDTA Whole Blood*

End of Report

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