

BML476731

Laboratory Investigation Report

Name : Ms. CARLA MARIE BEZUIDENHOUT
DOB : 20/06/2005
Age / Gender : 19 Y / Female
Referred by : DR AHSAN
Centre : CITICARE MEDICAL CENTER

Ref No. : 44384
Sample No. : 2410487288
Collected : 12/10/2024 14:51
Registered : 12/10/2024 21:56
Reported : 12/10/2024 22:54

HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	14.4		g/dL	12 - 15.5	Photometric
RBC COUNT	4.5		10 ⁶ /μL	3.9 - 5	Electrical Impedance
HEMATOCRIT	42.5		%	35 - 45	Calculation
MCV	94.3		fL	82 - 98	Calculation
MCH	32		pg	27 - 32	Calculation
MCHC	33.9		g/dL	32 - 37	Calculation
RDW	12.8		%	11.9 - 15.5	Calculation
RDW-SD	41.1		fL		Calculation
MPV	10.3		fL	7.6 - 10.8	Calculation
PLATELET COUNT	205		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) [^]	0.2		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT [^]	0.02		10 ³ /uL		Calculation
EARLY GRANULOCYTE COUNT (EGC) [^]	0.3		%		VCS 360 Technology
ABSOLUTE EGC [^]	0		10 ³ /uL		Calculation
WBC COUNT	10.2		10 ³ /μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	69		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	24	L	%	30 - 60	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	7.0		10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.4		10 ³ /uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.4		10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.1		10 ³ /uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10 ³ /uL	0 - 0.11	Calculation

Vyoma V. Shah

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

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

Mubasher

MUBASHER ZAHOOR
Laboratory Technologist

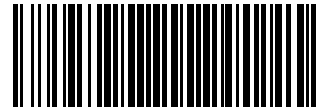
This is an electronically authenticated report

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Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.





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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

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

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

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MUBASHER ZAHOOR
Laboratory Technologist

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IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
IGE TOTAL ANTIBODY	186	H	IU/mL	Refer to Table below in interpretation notes	ECLIA

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)	

- Immunoglobulin E (IgE) is a type of antibody synthesized by plasma cells
- IgE plays an important role in immunological protection against parasitic infections and in allergy (type 1 hypersensitivity).
- 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.
- 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.
- 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.
- 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:

- Kit Insert
- Dati F, Ringel KP. Reference values for serum IgE in healthy non- atopic children and adults. Clin Chem 1982;28(7):1556.
- 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

End of Report

Gyoma V. Shah

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

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Clinical Pathologist

Mohammed Rashid Chenangadath

MOHAMMED RASHID CHENANGADATH
Laboratory Technologist

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