



BML487890

Laboratory Investigation Report

Name : Ms. TEOPISTA NAMIREMBE

30 Y / Female

DOB : 29/11/1993

Referred by : CITICARE MEDICAL CENTER
Centre : CITICARE MEDICAL CENTER

Ref No. : 44869

Sample No. : 2411498673

Collected : 11/11/2024 12:10 **Registered** : 11/11/2024 23:21

Reported : 12/11/2024 00:14

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
URIC ACID (SERUM)	3		mg/dL	2.4 - 5.7 Please note change. Source: Roche IFU.	Enzymatic colorimteric assay
C-REACTIVE PROTEIN (CRP)	< 0.6		mg/L	< 5.0 Please note change. Source: Roche IFU.	Particle-enhanced immunoturbidimetric assay

INTERPRETATION NOTES:

Age / Gender

- 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

Gome V. Shah

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Laboratory Technician
Printed on: 12/11/2024 00:18

HARSHAD MANIKANDAN

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.

Dubai, UAE









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HENATOLOGY

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HEMATOLOGY										
Test	Result	Flag	Unit	Reference Range	Methodology					
COMPLETE BLOOD COUNT (CBC)										
HEMOGLOBIN	9.5	L	g/dL	12 - 15.5	Photometric					
RBC COUNT	4.1		10^6/μL	3.9 - 5	Electrical Impedance					
HEMATOCRIT	29.3	L	%	35 - 45	Calculation					
MCV	70.9	L	fL	82 - 98	Calculation					
МСН	23.1	L g	pg	27 - 32	Calculation					
мснс	32.5		g/dL	32 - 37	Calculation					
RDW	18.9	Н	%	11.9 - 15.5	Calculation					
RDW-SD	48.1		fL		Calculation					
MPV	7.4	L	fL	7.6 - 10.8	Calculation					
PLATELET COUNT	358		10^3/uL	150 - 450	Electrical Impedance					
РСТ	0.3		%	0.01 - 9.99	Calculation					
PDW	16.5		Not Applicable	0.1 - 99.9	Calculation					
NUCLEATED RBC (NRBC)^	0.2		/100 WBC		VCS 360 Technology					
ABSOLUTE NRBC COUNT^	0.01		10^3/uL		Calculation					
EARLY GRANULOCYTE COUNT (EGC)^	0		%		VCS 360 Technology					
ABSOLUTE EGC^	0		10^3/uL		Calculation					
WBC COUNT	4.8		10^3/μL	4 - 11	Electrical Impedance					
DIFFERENTIAL COUNT (DC)										
NEUTROPHILS	39	L	%	40 - 75	VCS 360 Technology					
LYMPHOCYTES	56		%	30 - 60	VCS 360 Technology					
EOSINOPHILS	1		%	0 - 6	VCS 360 Technology					
MONOCYTES	4		%	1 - 6	VCS 360 Technology					
BASOPHILS	0		%	0 - 1	VCS 360 Technology					
ABSOLUTE COUNT										
ABSOLUTE NEUTROPHIL COUNT	1.7		10^3/uL	1.6 - 8.25	Calculation					
ABSOLUTE LYMPHOCYTE COUNT	2.7		10^3/uL	1.2 - 6.6	Calculation					
ABSOLUTE MONOCYTE COUNT	0.3		10^3/uL	0.04 - 0.66	Calculation					
ABSOLUTE EOSINOPHIL COUNT	0		10^3/uL	0 - 0.66	Calculation					
ABSOLUTE BASOPHIL COUNT	0		10^3/uL	0 - 0.11	Calculation					

Gome V. Shah

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

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HALEEM HAKKIM Laboratory Technician Printed on: 12/11/2024 00:18

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HEMATOLOGY

End of Report

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

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

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IMMUNOLOGY

Test Flag Unit **Reference Range** Result Methodology RHEUMATOID FACTOR (QUANTITATIVE) < 11.27 IU/mL < 14.0

> Please note change. Source: Roche IFU.

Immunoturbidimetry

INTERPRETATION NOTES:

Rheumatoid factors (RF) are a heterogeneous group of autoantibodies that are associated with the diagnosis of rheumatoid arthritis (RA), but can also be found in other inflammatory rheumatic and nonrheumatic conditions. This is a presumptive test, confirm with Anti-CCP test if needed. Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

Sample Type: Serum

End of Report

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

M.D (Pathology) **Clinical Pathologist**

Dr. Vyoma V Shah

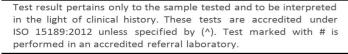
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