



BML489706

Laboratory Investigation Report

Name : Ms. SHARON XAVIER KULLNACHERRY

DOB : 28/11/1985
Age / Gender : 38 Y / Female
Referred by : DR.ENOMEN

Centre : CITICARE MEDICAL CENTER

Ref No. : 44918

Sample No. : 2411500541

Collected : 16/11/2024 08:41 **Registered** : 16/11/2024 15:34

Reported : 16/11/2024 18:41

BIOCHEMISTRY

 Test
 Result
 Flag
 Unit
 Reference Range
 Methodology

 C-REACTIVE PROTEIN (CRP)
 58.6
 CH
 mg/L
 < 5.0</td>
 Particle-enhanced immunoturbidimetric assay

Source: Roche IFU.

Sou

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

This is an electronically authenticated report

P.O Box: 49527

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

Gome V. Shah

Page 1 of 5

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HARSHAD MANIKANDAN Laboratory Technician Printed on: 16/11/2024 18:44

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Dubai, UAE









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CLINICAL PATHOLOGY

Test	Result		AL PATHU		Mothodology
	Result	riag	Unit	Reference Range	Methodology
URINE ANALYSIS (ROUTINE) COLOR	Yellow			Pale to Dark Yellow	Photometry
APPEARANCE	Clear			-	Turbidimetry
CHEMISTRY EXAMINATION	Clear				rarbianneary
SPECIFIC GRAVITY	1.013			1.002 - 1.035	Refractometry
РН	6			5 - 9	Litmus paper
GLUCOSE	Negative			Negative	GOD / POD
BLOOD	Negative			Negative	Peroxidase
PROTEIN	Negative			Negative	Protein error of pH indicator
LEUKOCYTE ESTERASE	+			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	2-4		/HPF	1 - 4	Automated Microscopy
ERYTHROCYTES	0-2		/HPF	0 - 2	Automated Microscopy
SQUAMOUS EPITHELIAL CELLS	5-10		/HPF	< 20	Automated Microscopy
NON-SQUAMOUS EPITHELIAL CELLS	-		/HPF	Variable	Automated Microscopy
BACTERIA	Present		/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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Dr. Adley Mark Fernandes Dr. Vyoma V Shah
M.D (Pathology) M.D (Pathology)
Pathologist Clinical Pathologist

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Jillian Joy GarciaLaboratory Technologist
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Methodology **Automated Microscopy Automated Microscopy**

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CLINICAL PATHOLOGY

Test	Result	Flag	Unit	Reference Range
CALCIUM OXALATE	-		/HPF	Absent
CALCIUM CARBONATE	-		/HPF	Absent
CALCIUM PHOSPHATE	-		/HPF	Absent
TRIPLE PHOSPHATE	-		/HPF	Absent
URIC ACID CRYSTAL	-		/HPF	Absent
AMMONIUM BIURATE	-		/HPF	Absent
AMORPHOUS URATES	-		/HPF	Absent
AMORPHOUS PHOSPHATES	-		/HPF	Absent
CYSTINE	-		/HPF	Absent
LEUCINE	-		/HPF	Absent
TYROSINE	-		/HPF	Absent
DRUG CRYSTAL	-		/HPF	Absent
MUCUS THREADS	Present		/HPF	Absent
BUDDING YEAST CELLS	Present		/HPF	Absent
НҮРНАЕ	-		/HPF	Absent
OVA	-		/HPF	Absent
CYST	-		/HPF	Absent
PARASITE	-		/HPF	Absent
ARTIFACTS	-		/HPF	Absent
Comments : Please correlate clinically				

Comments: Please correlate clinically

INTERPRETATION NOTES:

Please note change in method (Roche Cobas U6500).

Note: "-" means Absent

Sample Type : URINE

End of Report

Dr. Adley Mark Fernandes M.D (Pathology)

Pathologist

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HEMATOLOGY									
Test	Result	Flag	Unit	Reference Range	Methodology				
COMPLETE BLOOD COUNT (CBC)									
HEMOGLOBIN	10.1	L	g/dL	12 - 15.5	Photometric				
RBC COUNT	4.2		10^6/μL	3.9 - 5	Electrical Impedance				
HEMATOCRIT	31.1	L	%	35 - 45	Calculation				
MCV	74.7	L	fL	82 - 98	Calculation				
мсн	24.1	L	pg	27 - 32	Calculation				
мснс	32.3		g/dL	32 - 37	Calculation				
RDW	19.5	н	%	11.9 - 15.5	Calculation				
RDW-SD	51.6		fL		Calculation				
MPV	10.2		fL	7.6 - 10.8	Calculation				
PLATELET COUNT	184		10^3/uL	150 - 450	Electrical Impedance				
PCT	0.2		%	0.01 - 9.99	Calculation				
PDW	16.8		Not Applicable	0.1 - 99.9	Calculation				
NUCLEATED RBC (NRBC)^	0.2		/100 WBC		VCS 360 Technology				
ABSOLUTE NRBC COUNTA	0.01		10^3/uL		Calculation				
EARLY GRANULOCYTE COUNT (EGC)^	0.6		%		VCS 360 Technology				
ABSOLUTE EGC^	0		10^3/uL		Calculation				
WBC COUNT	5.6		10^3/μL	4 - 11	Electrical Impedance				
DIFFERENTIAL COUNT (DC)									
NEUTROPHILS	68		%	40 - 75	VCS 360 Technology				
LYMPHOCYTES	23	L	%	30 - 60	VCS 360 Technology				
EOSINOPHILS	3		%	0 - 6	VCS 360 Technology				
MONOCYTES	6		%	1 - 6	VCS 360 Technology				
BASOPHILS	0		%	0 - 1	VCS 360 Technology				
ABSOLUTE COUNT									
ABSOLUTE NEUTROPHIL COUNT	3.8		10^3/uL	1.6 - 8.25	Calculation				
ABSOLUTE LYMPHOCYTE COUNT	1.3		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				

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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

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