



Laboratory Investigation Report

Mr. TARIQ AHMAD BHAT Ref No.

DOB 01/01/1993 Sample No. 2501522428

Age / Gender 32 Y / Male **Collected** 06/01/2025 22:00 Referred by Dr. Enomen Goodluck Ekata Registered 07/01/2025 19:54 CITICARE MEDICAL CENTER Reported 07/01/2025 21:27

BIOCHEMISTRY

Flag Unit Result Test **Reference Range** Methodology

C-REACTIVE PROTEIN (CRP) 2.8 < 5.0 Particle-enhanced mg/L Please note change. immunoturbidimetric assay

Source: Roche IFU.

INTERPRETATION NOTES:

Name

Centre

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.

C-reactive protein is the classic acute phase protein in inflammatory reactions.

- 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.

Serum Sample Type:

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**

Page 1 of 3

Tel: +971 4 398 8567

NAZAR MOHAMED ALI Laboratory Technologist Printed on: 07/01/2025 21:29

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Dubai, UAE





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HEMATOLOGY				
Test	Result Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)				
HEMOGLOBIN	15.1	g/dL	13.5 - 17.5	Photometric
RBC COUNT	4.8	10^6/μL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	44.5	%	38 - 50	Calculation
MCV	91.8	fL	82 - 98	Calculation
МСН	31.2	pg	27 - 32	Calculation
мснс	34	g/dL	32 - 37	Calculation
RDW	12.6	%	11.8 - 15.6	Calculation
RDW-SD	40.7	fL		Calculation
MPV	10.4	fL	7.6 - 10.8	Calculation
PLATELET COUNT	230	10^3/uL	150 - 450	Electrical Impedance
РСТ	0.2	%	0.01 - 9.99	Calculation
PDW	18.1	Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.7	/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNTA	0.05	10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.0	%		VCS 360 Technology
ABSOLUTE EGC^	0.0	10^3/uL		Calculation
WBC COUNT	6.3	10^3/μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)				
NEUTROPHILS	60	%	40 - 75	VCS 360 Technology
LYMPHOCYTES	34	%	20 - 45	VCS 360 Technology
EOSINOPHILS	2	%	0 - 6	VCS 360 Technology
MONOCYTES	4	%	1 - 6	VCS 360 Technology
BASOPHILS	0	%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT				
ABSOLUTE NEUTROPHIL COUNT	3.4	10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.1	10^3/uL	0.8 - 4.95	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

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

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MOHAMMED RASHID CHENANGADATH

Laboratory Technologist Printed on: 07/01/2025 21:29

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Result Flag Unit **Reference Range** Methodology **Test**

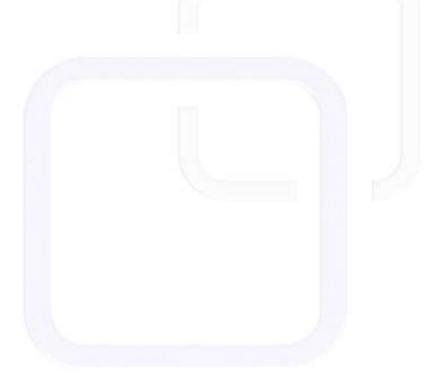
COMPLETE BLOOD COUNT (CBC)

INTERPRETATION NOTES:

Please note update on CBC report format, reference ranges and method(Beckman Coulter).

EDTA Whole Blood Sample Type:

End of Report



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

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