



BML516657

Laboratory Investigation Report

Name	: Mr. SHAKEEL MUKHTYAR THANGE	Ref No.	: 40666
DOB	: 29/09/1986	Sample No.	: 2501529282
Age / Gender	: 38 Y / Male	Collected	: 23/01/2025 11:09
Referred by	: DR. HUMAIRA MUMTAZ	Registered	: 24/01/2025 12:13
Centre	: CITICARE MEDICAL CENTER	Reported	: 24/01/2025 14:44

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
CHOLESTEROL (TOTAL)	245	H	mg/dl	Desirable: < 200 Borderline High: 200 - 239 High: = 240 Please note change. Source: Roche IFU.	Enzymatic colorimetric assay

INTERPRETATION NOTES :

Increased level seen in primary hypercholesterolemia, secondary hyperlipoproteinemias including nephrotic syndrome, hypothyroidism, primary biliary cirrhosis, and some cases of diabetes mellitus.
Low levels have been found in cases of malnutrition, malabsorption, hyperthyroidism, myeloma, macroglobulinemia of Waldenstrom, polycythemia vera, myeloid metaplasia, myelofibrosis, chronic myelocytic leukemia, analphalipoproteinemia (Tangier disease), abetalipoproteinemia (Bassen-Kornzweig syndrome) (acanthocytosis).

TRIGLYCERIDES	265	H	mg/dl	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500 Source: Roche IFU.	Enzymatic colorimetric assay
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INTERPRETATION NOTES :

High triglycerides level is seen in Cirrhosis or liver damage, Nephrotic syndrome (a kidney disorder), hypothyroidism, diabetes, obesity, Diet low in protein and high in carbohydrates, Disorder passed down through families in which there are high amounts of cholesterol and triglycerides in the blood.
Low triglycerides level is seen in Hyperthyroidism, low fat diet, malabsorption syndrome, malnutrition.

Sample Type : Serum

End of Report

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

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

Haleem
HALEEM HAKKIM
Laboratory Technician

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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	16.3		g/dL	13.5 - 17.5	Photometric
RBC COUNT	5.2		10 ⁶ /μL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	46.9		%	38 - 50	Calculation
MCV	90.1		fL	82 - 98	Calculation
MCH	31.3		pg	27 - 32	Calculation
MCHC	34.7		g/dL	32 - 37	Calculation
RDW	13.2		%	11.8 - 15.6	Calculation
RDW-SD	41.6		fL		Calculation
MPV	9.7		fL	7.6 - 10.8	Calculation
PLATELET COUNT	225		10 ³ /uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	17.1		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.1		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT^	0.01		10 ³ /uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.4		%		VCS 360 Technology
ABSOLUTE EGC^	0.0		10 ³ /uL		Calculation
WBC COUNT	9.4		10 ³ /μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	58		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	34		%	20 - 45	VCS 360 Technology
EOSINOPHILS	3		%	0 - 6	VCS 360 Technology
MONOCYTES	5		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	5.5		10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	3.2		10 ³ /uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.5		10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.3		10 ³ /uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10 ³ /uL	0 - 0.11	Calculation

Dr. Adley Mark Fernandes
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Pathologist

Gyoma V. Shah
Dr. Vyoma V Shah
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Clinical Pathologist

Jillian Joy Garcia
Jillian Joy Garcia
Laboratory Technologist

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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
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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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M.D (Pathology)
Pathologist

Vyoma V. Shah
Dr. Vyoma V Shah
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