



Laboratory Investigation Report

Name : Mr. SHAKEEL MUKHTYAR THANGE

DOB : 29/09/1986 **Age / Gender** : 38 Y / Male

Referred by : DR. HUMAIRA MUMTAZ
Centre : CITICARE MEDICAL CENTER

Ref No. : 40666

Sample No. : 2501529282

Collected : 23/01/2025 11:09 **Registered** : 24/01/2025 12:13

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. vietnoaology

Enzymatic colorimteric 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

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

This is an electronically authenticated report

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

Page 1 of 3

HALEEM HAKKIM Laboratory Technician Printed on: 24/01/2025 19:01

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Ref No. 40666 Sample No. 2501529282

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24/01/2025 18:59 Reported

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
мсн	31.3	pg	27 - 32	Calculation
мснс	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. Vyoma V Shah **Dr. Adley Mark Fernandes** M.D (Pathology) M.D (Pathology) **Pathologist Clinical Pathologist**

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Jillian Joy Garcia Laboratory Technologist

Printed on: 24/01/2025 19:01

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HEMATOLOGY

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

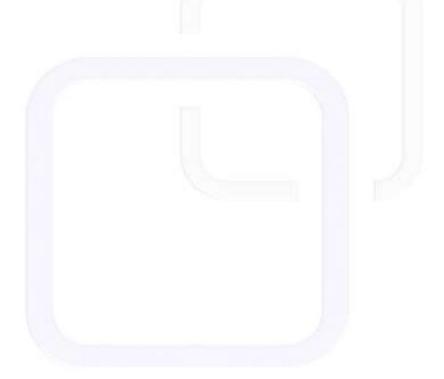
COMPLETE BLOOD COUNT (CBC)

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

Page 3 of 3



Jillian Joy Garcia **Laboratory Technologist** Printed on: 24/01/2025 19:01

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