biosytech
MEDICAL LABORATORY

BML523110

Laboratory Investigation Report

Name	:	Mr. AMER JAMIL HAMADEH BAKIR	**Ref No.**	:	45785
DOB	:	18/07/1960	**Sample No.**	:	2502535870
Age / Gender	:	64 Y / Male	**Collected**	:	08/02/2025 15:00
Referred by	:	CITICARE MEDICAL CENTER	**Registered**	:	08/02/2025 17:26
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	08/02/2025 18:42

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
URIC ACID (SERUM)	6.1		mg/dL	3.4 - 7.0 Please note change. Source: Roche IFU.	Enzymatic colorimteric assay
CREATININE (SERUM)	0.89		mg/dL	0.8 - 1.3 Please note change. Source: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics	Kinetic colorimetric assay based on Jaffe method

INTERPRETATION NOTES :

1. Creatinine measurements are used as an aid in diagnosis and monitoring of renal disorders, Chronic Kidney disease (CKD) and in monitoring of renal dialysis and also used for the calculation of the fractional excretion of other urine analytes (e. g., albumin, α-amylase).
2. Creatinine is a break-down product of creatine phosphate in muscle, and is produced at a fairly constant rate by the body (depending on muscle mass). It is freely filtered by the glomeruli and, under normal conditions, is not reabsorbed by the tubules to any appreciable extent. A small but significant amount is also actively secreted. Its concentration is thus, inversely related to glomerular filtration rate (GFR).
3. Physiological factors affecting serum creatinine concentration include age, gender, race, muscularity, exercise, pregnancy, certain drugs, diet, dehydration and nutritional status.
4. Low serum Creatinine levels is seen in cases of low muscle mass like muscular atrophy, or aging.
5. High serum creatinine levels is seen in Acute and Chronic kidney disease, obstruction.
6. Since a rise in blood creatinine is observed only with marked damage of the nephrons, it is not suited to detect early stage kidney disease.

UREA (SERUM)	27		mg/dL	17.14 - 49.28 Please note change. Source: Roche IFU	Kinetic test with urease and glutamate dehydrogenase

Sample Type : Serum

End of Report

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

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

Pradeep Dhamotharan
Laboratory Technologist

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CLINICAL PATHOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
URINE ANALYSIS (ROUTINE)					
COLOR	Yellow			Pale to Dark Yellow	Photometry
APPEARANCE	Turbid			-	Turbidimetry
CHEMISTRY EXAMINATION					
SPECIFIC GRAVITY	1.015			1.002 - 1.035	Refractometry
PH	6.0			5 - 9	Litmus paper
GLUCOSE	Negative			Negative	GOD / POD
BLOOD	++++			Negative	Peroxidase
PROTEIN	++			Negative	Protein error of pH indicator
LEUKOCYTE ESTERASE	Negative			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	1-4		/HPF	1 - 4	Microscopy
ERYTHROCYTES	>100	H	/HPF	0 - 2	Microscopy
SQUAMOUS EPITHELIAL CELLS	0-1		/HPF	< 20	Microscopy
NON-SQUAMOUS EPITHELIAL CELLS	-		/HPF	Variable	Microscopy
BACTERIA	-		/HPF	Absent	Microscopy
CASTS	-		/HPF	Absent	Microscopy
HYALINE CAST	-		/HPF	Absent	Microscopy
FINE GRANULAR CAST	-		/HPF	Absent	Microscopy
COARSE GRANUALR CAST	-		/HPF	Absent	Microscopy
WAXY CAST	-		/HPF	Absent	Microscopy
FATTY CAST	-		/HPF	Absent	Microscopy
RBC CAST	-		/HPF	Absent	Microscopy
WBC CAST	-		/HPF	Absent	Microscopy
BACTERIAL CAST	-		/HPF	Absent	Microscopy
EPITHELIAL CAST	-		/HPF	Absent	Microscopy
CRYSTALS	-		/HPF	Absent	Microscopy

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HALEEM HAKKIM
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CLINICAL PATHOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
CALCIUM OXALATE	-		/HPF	Absent	Microscopy
CALCIUM CARBONATE	-		/HPF	Absent	Microscopy
CALCIUM PHOSPHATE	-		/HPF	Absent	Microscopy
TRIPLE PHOSPHATE	-		/HPF	Absent	Microscopy
URIC ACID CRYSTAL	-		/HPF	Absent	Microscopy
AMMONIUM BIURATE	-		/HPF	Absent	Microscopy
AMORPHOUS URATES	-		/HPF	Absent	Microscopy
AMORPHOUS PHOSPHATES	-		/HPF	Absent	Microscopy
CYSTINE	-		/HPF	Absent	Microscopy
LEUCINE	-		/HPF	Absent	Microscopy
TYROSINE	-		/HPF	Absent	Microscopy
DRUG CRYSTAL	-		/HPF	Absent	Microscopy
MUCUS THREADS	-		/HPF	Absent	Microscopy
BUDDING YEAST CELLS	-		/HPF	Absent	Microscopy
HYPHAE	-		/HPF	Absent	Microscopy
OVA	-		/HPF	Absent	Microscopy
CYST	-		/HPF	Absent	Microscopy
PARASITE	-		/HPF	Absent	Microscopy
ARTIFACTS	-		/HPF	Absent	Microscopy

INTERPRETATION NOTES :

Please note change in method (Roche Cobas U6500).

Note: "-" means Absent

Sample Type : *URINE*

End of Report

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HAEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
APTT (ACTIVATED PARTIAL THROMBOPLASTIN TIME)	28.9		seconds	25.4 - 38.4 Please note change in method and reference range (Source: Kit literature)	Photo-Optical

INTERPRETATION NOTES :

For unfractionated heparin the activated partial thromboplastin time (aPTT) and/or activated clotting time are commonly used, but the heparin assay (factor Xa inhibition) may also be employed. For low molecular weight heparin or danaparoid, monitoring is often not necessary, but the heparin assay (Xa inhibition assay) may be used in certain circumstances, as the aPTT is generally insensitive to the effect of these agents. Direct parenteral thrombin inhibitors are often monitored using the aPTT. The thrombin time may be useful to qualitatively verify the presence of direct thrombin inhibitors. Direct oral anticoagulant medications (non-vitamin K) should not be monitored with PT/INR or aPTT because the effect of these tests is not predictable.

PROTHROMBIN TIME (PT-INR)					
Prothrombin Time	**12.8**	**H**	seconds	9.1 - 12.1	Photo-Optical
CONTROL (PT)	11.9		seconds	9.9 - 12.9	Photo-Optical
International Normalized Ratio (INR)	1.126			0.8 - 1.2 Therapeutic range: Refer below*	Calculation

INTERPRETATION NOTES :

For vitamin K antagonists (eg, warfarin), the prothrombin time (PT/INR) is recommended. Direct oral anticoagulant medications (non-vitamin K) should not be monitored with PT/INR or aPTT because the effect of these tests is not predictable.

***INR THERAPEUTIC RANGE:**

Standard intensity warfarin therapeutic range: 2.0 – 3.0

High intensity warfarin therapeutic range: 2.5 – 3.5

Source: Mayo Clinic Laboratories

Sample Type : *Citrated Plasma*

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NAZAR MOHAMED ALI
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TUMOUR MARKER

Test	Result	Flag	Unit	Reference Range	Methodology
PSA TOTAL (PROSTATE SPECIFIC ANTIGEN, TOTAL)	0.319		ng/mL	< 4.1 Please note change in method and reference range. Source: Roche Cobas Elecsys IFU.	ECLIA

INTERPRETATION NOTES :

Increased level can be seen in case of prostatitis, benign prostatic hyperplasia (BPH), urethral or prostatic trauma.
Decreased level can be seen in case of Surgical castration or medical castration. Drugs like Finasteride and dutasteride (5-? reductase inhibitors) can reduce PSA level.

When Total PSA is in the range of 4.0 - 10.0 ng/mL, a free:total PSA ratio < or = 0.10 indicates 49% - 65% risk of prostate cancer depending on age; a free:total PSA ratio > 0.25 indicates a 9% - 16% risk of prostate cancer depending on age.

Based on free:total PSA ratio, the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free:total PSA ratio: < or = 0.10
50 - 59 years: 49.2%
60 - 69 years: 57.5%
= or > 70 years: 64.5%

Free:total PSA ratio: 0.11 - 0.18
50 - 59 years: 26.9%
60 - 69 years: 33.9%
= or > 70 years: 40.8%

Free:total PSA ratio: 0.19 - 0.25
50 - 59 years: 18.3%
60 - 69 years: 23.9%
= or > 70 years: 29.7%

Free:total PSA ratio: >0.25
50 - 59 years: 9.1%
60 - 69 years: 12.2%
= or > 70 years: 15.8%

Source: Roche IFU.

The measured value of a patient's sample can vary depending on the testing procedure used. If there is a change in the assay procedure used while monitoring therapy, then the values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both

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TUMOUR MARKER

Test	Result	Flag	Unit	Reference Range	Methodology

methods.

Sample Type : Serum

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