



Laboratory Investigation Report

Name Ms. SHALIKA MADUWANTHI KULAWANSHA KARUNA PELIGE

DOB 20/02/1996

Age / Gender 28 Y / Female Referred by DR HUMAIRA

CITICARE MEDICAL CENTER Centre

Ref No. 41356

Sample No. 2502539255

Collected 16/02/2025 09:52 Registered

16/02/2025 14:58

Reported 16/02/2025 15:52

BIOCHEMISTRY

Test Result Flag Unit **Reference Range** Methodology

C-REACTIVE PROTEIN (CRP) < 5.0 54.4 CH mg/L

Please note change.

Particle-enhanced immunoturbidimetric assay

Source: Roche IFU.

Comments: Please correlate clinically.

INTERPRETATION NOTES:

- 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).
- CRP response may be less pronounced in patients suffering from liver disease.
- 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**

P.O Box: 49527

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

This is an electronically authenticated report

ELOISA MAY DELMO Laboratory Technologist

Printed on: 16/02/2025 16:41

Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.

Dubai, UAE



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HEMATOLOGY					
Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	13		g/dL	12 - 15.5	Photometric
RBC COUNT	4.5		10^6/μL	3.9 - 5	Electrical Impedance
HEMATOCRIT	37.7		%	35 - 45	Calculation
MCV	83.6		fL	82 - 98	Calculation
МСН	28.7		pg	27 - 32	Calculation
мснс	34.4		g/dL	32 - 37	Calculation
RDW	13		%	11.9 - 15.5	Calculation
RDW-SD	38.5		fL		Calculation
MPV	7.6		fL	7.6 - 10.8	Calculation
PLATELET COUNT	296		10^3/uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	16.1		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNTA	0		10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.3		%		VCS 360 Technology
ABSOLUTE EGC^	0		10^3/uL		Calculation
WBC COUNT	17.9	н	10^3/μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	83	н	%	40 - 75	VCS 360 Technology
LYMPHOCYTES	14	L	%	30 - 60	VCS 360 Technology
EOSINOPHILS	0		%	0 - 6	VCS 360 Technology
MONOCYTES	3		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	14.8	н	10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.5		10^3/uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.5		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.0		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10^3/uL	0 - 0.11	Calculation

Dr. Adley Mark Fernandes M.D (Pathology)

Pathologist

Comments: Please correlate clinically.

Dr. Vyoma V Shah M.D (Pathology) **Clinical Pathologist** This is an electronically authenticated report

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ANJUMOL D V **Laboratory Technologist** Printed on: 16/02/2025 16:41

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HEMATOLOGY

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

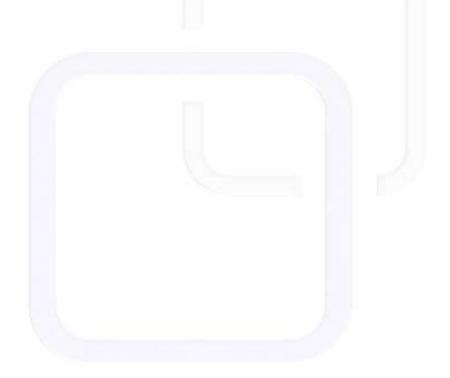
COMPLETE BLOOD COUNT (CBC)

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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