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MEDICAL LABORATORY

BML529460

Laboratory Investigation Report

Name	:	Miss. NAZEEMA PETERSEN	**Ref No.**	:	41928
DOB	:	26/11/1993	**Sample No.**	:	2502542402
Age / Gender	:	31 Y / Female	**Collected**	:	22/02/2025 16:50
Referred by	:	DR. HUMAIRA MUMTAZ	**Registered**	:	23/02/2025 11:23
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	23/02/2025 13:21

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
C-REACTIVE PROTEIN (CRP)	1.3		mg/L	< 5.0 Please note change. Source: Roche IFU.	Particle-enhanced immunoturbidimetric assay

INTERPRETATION NOTES :

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.
2. C-reactive protein is the classic acute phase protein in inflammatory reactions.
3. 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.

Sample Type : Serum

End of Report

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

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

Greeshma P Sidharthan

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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	12.2		g/dL	12 - 15.5	Photometric
RBC COUNT	4.1		10^6/µL	3.9 - 5	Electrical Impedance
HEMATOCRIT	36.5		%	35 - 45	Calculation
MCV	88.7		fL	82 - 98	Calculation
MCH	29.7		pg	27 - 32	Calculation
MCHC	33.5		g/dL	32 - 37	Calculation
RDW	14.2		%	11.9 - 15.5	Calculation
RDW-SD	44.2		fL		Calculation
MPV	8.1		fL	7.6 - 10.8	Calculation
PLATELET COUNT	278		10^3/uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	16		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.4		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT^	0.01		10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	1.7		%		VCS 360 Technology
ABSOLUTE EGC^	0.1		10^3/uL		Calculation
WBC COUNT	**3.7**	**L**	10^3/µL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	**35**	**L**	%	40 - 75	VCS 360 Technology
LYMPHOCYTES	55		%	30 - 60	VCS 360 Technology
EOSINOPHILS	5		%	0 - 6	VCS 360 Technology
MONOCYTES	5		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	**1.3**	**L**	10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.0		10^3/uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.2		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.2		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10^3/uL	0 - 0.11	Calculation

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ANJUMOL D V
Laboratory Technologist

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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
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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