



46104

Particle-enhanced

2503548834

09/03/2025 09:40

09/03/2025 15:50

09/03/2025 17:27

Laboratory Investigation Report

Name : Ms. SURRAINA BALTAZAR CARLOS

DOB : 16/08/1984

Age / Gender : 40 Y 6 M / Female

Referred by : CITICARE MEDICAL CENTER
Centre : CITICARE MEDICAL CENTER

BIOCHEMISTRY

Test Result Flag Unit Reference Range Methodology

 $\textbf{C-REACTIVE PROTEIN (CRP)} \hspace{1.5cm} < 0.6 \hspace{1.5cm} \text{mg/L} \hspace{1.5cm} < 5.0$

Please note change. immunoturbidimetric assay

Ref No.

Sample No.

Collected

Registered

Reported

Source: Roche IFU.

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 have marrow transplant rejection.

distinguish between infection and bone marrow transplant rejection.

13 - 60

Enzymatic colorimetric assay

Please note change. Source: Roche IFU.

INTERPRETATION NOTES:

- 1. Lipases are group of enzymes which catalyze the cleavage of triglycerides to diglycerides with subsequent formation of monoglycerides and fatty acids.
- 2. Lipase is produced by the pancreas, liver, intestine, tongue, stomach, and many other cells.
- 3. The lipase activity determination has gained increasing international recognition because of its high specificity and rapid response. After acute pancreatitis, the lipase activity increases within 4-8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the lipase activity determined in serum and the extent of damage to the pancreas.
- 4. Because lipase levels remain elevated longer than amylase and its sensitivity in acute alcoholic pancreatitis is increased, serum lipase may be a more reliable test than serum amylase for the initial diagnosis of acute pancreatitis. Daily measurements of lipase are of no value in the assessment of the patient's clinical progress or ultimate prognosis. Because of its sensitivity, lipase testing is not very useful in chronic pancreatitis or pancreatic cancer
- 5. Along with pancreatic disorders, lipase testing is also indicated in the diagnosis of peritonitis, strangulated or infarcted bowel, and pancreatic cyst.

References:

1. Kit insert

2. Williamson MA, Snyder LM, Wallach JB. Wallach's interpretation of diagnostic tests. 9th ed. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins Health; 2011.

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

This is an electronically authenticated report

Page 1 of 3

ANJUMOL D V
Laboratory Technologist

Printed on: 10/03/2025 15:07

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.





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Laboratory Investigation Report

Ms. SURRAINA BALTAZAR CARLOS Ref No. : 46104

 Age / Gender
 : 40 Y 6 M / Female
 Collected
 : 09/03/2025 09:40

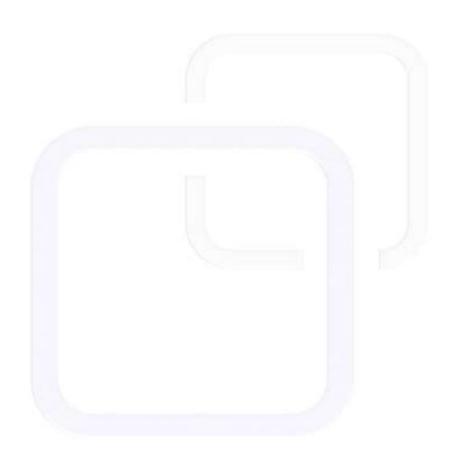
 Referred by
 : CITICARE MEDICAL CENTER
 Registered
 : 09/03/2025 15:50

 Centre
 : CITICARE MEDICAL CENTER
 Reported
 : 09/03/2025 17:27

Sample Type : Serum

Name

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 2 of 3

ANJUMOL D V
Laboratory Technologist

Printed on: 10/03/2025 15:07

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Laboratory Investigation Report

Name Ms. SURRAINA BALTAZAR CARLOS

DOB 16/08/1984

Age / Gender 40 Y 6 M / Female

Referred by CITICARE MEDICAL CENTER Centre CITICARE MEDICAL CENTER

Ref No.

46104

Sample No. 2503548834

Collected 09/03/2025 22:57

Registered 09/03/2025 15:50

Reported 09/03/2025 23:13

CLINICAL PATHOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
STOOL ANALYSIS (ROUTINE)					
MACROSCOPIC EXAMINATION					
COLOR	Light Brown			-	Visual
CONSISTENCY	Formed			-	Visual
BLOOD	Absent			Absent	Visual
MUCUS	Absent			Absent	Visual
MICROSCOPIC EXAMINATION					
LEUCOCYTES	0-1		/HPF	Absent	Microscopy
ERYTHROCYTES	0-1			0 - 2	Microscopy
OVA	Absent			Absent	Microscopy and Micrometry
CYST	Absent		/HPF	Absent	Microscopy and Micrometry
ENTAMOEBA	Absent		/HPF	Absent	Microscopy
YEAST CELLS	Absent		/HPF	Absent	Microscopy
UNDIGESTED FOOD PARTICLES	Present	Н	/HPF	Absent	Microscopy
OTHERS	Absent		/HPF	Absent	Microscopy
STOOL OCCULT BLOOD	Negative			Negative	Immunochromatography

INTERPRETATION NOTES:

Positive result is seen in cases of Benign anorectal disease (Haemorrhoids, Anal fissure, Fistula-in-ano.), Diverticular disease, Inflammatory bowel disease (Crohn's disease, Ulcerative colitis), Colonic polyp, Colorectal or anal cancer, Infectious gastroenteritis, Coagulopathies, Arteriovenous malformation (angiodysplasia), Massive upper gastrointestinal (GI) bleeding, Ischaemic colitis (mesenteric vascular insufficiency), Solitary rectal ulcer, Dieulafoy's lesion of small or large bowel, Rectal varices, GI tract invasion of non-GI tract malignancy. *Please note change in reference range, method and unit.

HELICOBACTER PYLORI ANTIGEN (STOOL) Negative **Immunochromatography** Negative Sample Type: Stool

End of Report

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

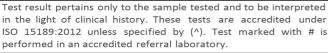
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ACCREDITED

Jillian Joy Garcia Laboratory Technologist

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