



Ms. HASEENA MAI MOHAMMAD RIAZ

PID NO: 44585

Age: 41 Years Sex: Female

DOB: 01-Jan-1984



Reference : DR. AISHA

Sample Collected At:

CITICARE MEDICAL CENTER

Unit G03, Al Barsha South Bldg, Al Barhsa South

Third, Dubai

VID: 5060104885

Registered on:

17-Jun-2025 12:56 AM

Collected on :

16-Jun-2025 05:30 PM Reported on :

17-Jun-2025 01:34 AM

Investigation	Observed Value	<u>Flag</u>	<u>Unit</u>	Biological Reference Int	erval <u>Method</u>
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	12.6		g/dL	12 - 15.5	Photometric
RBC COUNT	4.5		10^6/μL	3.9 - 5	Electrical Impedance
HEMATOCRIT	38.2		%	35 - 45	Calculation
MCV	85.4		fL	82 - 98	Calculation
МСН	28.3		pg	27 - 32	Calculation
МСНС	33.1		g/dL	32 - 37	Calculation
* RDW	14.2		%	11.9 - 15.5	Calculation
* RDW-SD	42.00		fL		Calculation
MPV	8.4		fL	7.6 - 10.8	Calculation
PLATELET COUNT	269		10^3/uL	150 - 450	Electrical Impedance
* NUCLEATED RBC (NRBC)	0.10		/100 WBC		VCS 360 Technology
* ABSOLUTE NRBC COUNT	0.02		10^3/uL		Calculation
TOTAL & DIFFERENTIAL COUNT (DC)					
WBC COUNT	10.3		10^3/μL	4 - 11	Electrical Impedance
NEUTROPHILS	66		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	27	L	%	30 - 60	VCS 360 Technology
EOSINOPHILS	2		%	0 - 6	VCS 360 Technology
MONOCYTES	5		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	6.8		10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.8		10^3/uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.5		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.2		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0		10^3/uL	0 - 0.11	Calculation

Cyona V. Shah

DR. ADLEY MARK FERNANDES M.D (Pathology) Pathologist

Sample Type: EDTA Whole Blood

DR. VYOMA SHAH M.D (Pathology) Clinical Pathologist PRADEEP DAMOTHARAN Laboratory Technologist

This is an Electronically Authenticated Report.

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 unless specified by (*).







Page 1 of 2







Ms. HASEENA MAI MOHAMMAD RIAZ

PID NO: 44585

Age: 41 Years Sex: Female

DOB: 01-Jan-1984



Reference: DR. AISHA

Sample Collected At:

CITICARE MEDICAL CENTER

Unit G03, Al Barsha South Bldg, Al Barhsa South

Third, Dubai

VID: 5060104885

Registered on:

17-Jun-2025 12:56 AM

Collected on :

16-Jun-2025 05:30 PM

Reported on :

17-Jun-2025 01:23 AM

<u>Investigation</u> <u>Observed Value</u> <u>Flag</u> <u>Unit</u> <u>Biological Reference Interval</u>

* C-REACTIVE PROTEIN (CRP)

(Serum, Particle-enhanced immunoturbidimetric assay)

4.57 mg/L < 5.0

Please note change. Source: Roche IFU.

INTERPRETATION:

- 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."

Cyma V. Shah

DR. ADLEY MARK FERNANDES M.D (Pathology) Pathologist DR. VYOMA SHAH M.D (Pathology) Clinical Pathologist

Printed on: 17

Laboratory Technician

HARSHAD MANIKANDAN

17-Jun-2025 01:36 AM

This is an Electronically Authenticated Report.

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 unless specified by (*).





