

External Visit Id

PO BOX 214-545, S-G09 / S-G10 , Al Garhoud Business Centre , Al Garhoud , Dubai, UAE.

Toll Free: 800 325 222

Email: info@fortecl.ae | Web: www.fortecl.ae

CONFIDENTIAL LABORATORY REPORT

: Final Report

: 47169

 Patient Name
 : Ms. ALINA QUSSAMA RADIEDDINE
 Request Date
 : 16/06/2025 21:37

 Age / Sex
 : 25 Y / Female
 Collected Date
 : 16/06/2025 21:35

 DOB
 : 29/09/1999
 Acceptance Date
 : 16/06/2025 22:55

 Referral Doctor
 : 17/06/2025 06:14

Referrer : CITICARE MEDICAL CENTER L.L.C Report Status

SID.No. : **FD026654**

Patient No : FCL026792

INVESTIGATION / SPECIMEN	RESULT	UNIT	REFERENCE RANGE	METHOD
HAEMATOLOGY				
CITICARE PULSEFIT PACKAGE				
COMPLETE BLOOD COUNT (CBC	E)			
EDTA Whole Blood			10 15 5	.
HEMOGLOBIN	12.7	g/dL	12 - 15.5	Colorimetric
RBC COUNT	4.54	10^6/uL	3.5 - 5.5	EI
HEMATOCRIT	39	%	37 - 54	Calculation
MCV	86	fL	80 - 100	Calculation
MCH	28	pg	27 - 34	Calculation
MCHC	32.5	g/dL	32 - 36	Calculation
RDW	12.8	%	11 - 16	Calculation
MPV	9.1	fL	8 - 12	Calculation
PLATELET COUNT	279	10^3 /uL	140 - 450	EI
WBC COUNT	9.71	10^3 /uL	4 - 10	EI
DIFFERENTIAL COUNT (DC)				
EDTA Whole Blood				
NEUTROPHILS	66	%	50 - 70	Flow Cytometry
LYMPHOCYTES	29.5	%	20 - 40	Flow Cytometry
EOSINOPHILS	1	%	0.5 - 5	Flow Cytometry
MONOCYTES	3.3	%	3 - 12	Flow Cytometry
BASOPHILS	0.2	%	0 - 1	Flow Cytometry
ABSOLUTE NEUTROPHIL COUNT	6.41	10^3 cells/u	L 2-7	

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ABSOLUTE LYMPHOCYTE COUNT

ABSOLUTE MONOCYTE COUNT

ABSOLUTE EOSINOPHIL COUNT

ABSOLUTE BASOPHIL COUNT

Sheena Medical Laboratory Technologist

2.87

0.32

0.09

0.02

10^3 cells/uL 0.8 - 4

10^3 cells/uL 0 - 0.1

10^3 cells/uL 0.12 - 1.2

10^3 cells/uL 0.02 - 0.5

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CLINICAL BIOCHEMISTRY CITICARE PULSEFIT PACKAGE				
GLUCOSE (RANDOM)	88	mg/dL	< 200	GOD - POD
Fluoride Plasma GLYCATED HEMOGLOBIN (HbA1C) ^				
EDTA Whole Blood				
HBA1C	5.1	%	Normal:4.6-5.6 Prediabetes: 5.7- 6.4 Diabetes: >6.5	HPLC
eAG (estimated Average Glucose)	100	%		Calculation
BLOOD UREA NITROGEN (SERUM)				
Serum				
UREA	24.4	mg/dL	16.87 - 43.37	Urease-glutamate Dehydrogenase, UV method
BUN	11.4	mg/dL	7 - 18	Calculation
CREATININE	0.69	mg/dL	0.5 - 1.1	Sarcosine Oxidase
Serum				
BUN/CREATININE RATIO	16.52	NULL	Prerenal: > 20:1 Normal or Postrenal: 10-20:1 Intrarenal: < 10:1	Calculation
Serum				
URIC ACID	3.4	mg/dL	1.9 - 7.5	Uricase - POD
Serum IRON	41.3	ug/dL	37 - 145	Ferrozine
Serum				
CHOLESTEROL (TOTAL)	137.2	mg/dL	Desirable: < 200 Borderline High: 200 - 239 High: > 239	CHOD-POD
Serum		,	4.40	
NON-HDL CHOLESTEROL	86.6	mg/dL	< 140	Calculation
Serum				

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INVESTIGATION / SPECIMEN	RESULT	UNIT	REFERENCE RANGE	METHOD
CLINICAL BIOCHEMISTRY				
CITICARE PULSEFIT PACKAG	ìΕ			
TRIGLYCERIDES	146.3	mg/dl	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 499	GPO-POD
Serum				
HDL CHOLESTEROL	50.6	mg/dL	Optimum>60 Borderline : 50-59 High risk : <50	Direct
Serum			3	
LDL CHOLESTEROL	81.7	mg/dl	Optimal: < 100 Near/Above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 189	Direct
Serum				
VLDL CHOLESTEROL	29.26	mg/dL	0 - 30	Calculation
Serum				
LDL / HDL RATIO	1.6		< 3.5	Calculation
Serum				

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INVESTIGATION / SPECIMEN	RESULT	UNIT	REFERENCE RANGE	METHOD
CLINICAL BIOCHEMISTRY				
CITICARE PULSEFIT PACKAGE				
TOTAL CHOLESTEROL / HDL RATIO	2.7		< 4.5	Calculation
Serum				

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CLINICAL BIOCHEMISTRY				
CITICARE PULSEFIT PACKAGE BILIRUBIN (TOTAL)	0.34	mg/dL	Up to 1.2	DSA
Serum BILIRUBIN (DIRECT)	0.11	mg/dL	0.00 - 0.4	DSA
Serum INDIRECT BILIRUBIN	0.23	mg/dL	< or = 0.90	Calculation
Serum TOTAL PROTEIN	6.7	g/dL	6 - 8	Biuret
Serum ALBUMIN (SERUM)	4.1	g/dL	3.5 - 4.8	Bromcresol green (BCG)
Serum GLOBULIN	2.6	g/dL	2.0 - 3.5	Calculation
Serum ALBUMIN / GLOBULIN RATIO	1.58	NULL	0.8 - 2.0	Calculation
Serum ALT / SGPT	10.9	U/L	10 - 40	IFCC
Serum ALP (ALKALINE PHOSPHATASE)	41.9	U/L	30 - 115	IFCC
Serum GGT (GAMMA GLUTAMYL TRANSFERASE)	8.3	U/L	7 - 50	IFCC
Serum AST / SGOT	18.2	U/L	10 - 40	IFCC
Serum				

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ENDOCRINOLOGY				
CITICARE PULSEFIT PACKAGE DEHYDROEPIANDROSTERONE SULFATE (DHEAS)	261	ug/dL	18 - 391	CLIA
Serum TRIIODOTHYRONINE, TOTAL (T3)	0.71	ng/mL	0.8 - 1.9	CLIA
Serum THYROXINE, TOTAL (T4)	5.7	ug/dL	5 - 13	CLIA
Serum THYROID STIMULATING HORMONE (TSH)	0.835	μIU/mL	0.35 - 4.75	CLIA
Serum FOLLICLE STIMULATING HORMONE (FSH)	12.753	mIU/mL	Follicular phase: 2.50 - 11.40 Midcycle Peak: 3.3 - 21.7 Luteal Phase: 1.2 - 7.0 Postmenopausal: 18.8 - 132.0	CLIA
Serum LUTEINISING HORMONE (LH)	11.475	mIU/mL	Follicular phase: 1.2 - 12.7 Midcycle Peak: 15.2 - 90.0 Luteal Phase: 0.5 - 14.6 Postmenopausal: 15.6 - 72.0	CLIA
Serum PROLACTIN	191.247	uIU/mL	51 - 580	CLIA
Serum TESTOSTERONE (TOTAL)	0.18	ng/mL	0.1 - 0.9	CLIA
Serum TESTOSTERONE (FREE)	0.003	ng/mL	0.0002 -0.0085	Calculation
Serum SHBG (SEX HORMONE BINDING GLOBULIN)	49.52	nmol/L	17 - 136	CLIA
Serum VITAMIN B12	445.674	pg/mL	164 - 905	CLIA
Serum VITAMIN D, 25-OH (TOTAL)	25	ng/mL	Deficient : < 20 Insufficient: 20 - 30	CLIA

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INVESTIGATION / SPECIMEN RESULT UNIT **REFERENCE RANGE METHOD**

ENDOCRINOLOGY CITICARE PULSEFIT PACKAGE

Sufficient: 30 - 100

Upper Safety Limit:: > 100

Serum

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ENDOCRINOLOGY CITICARE PULSEFIT PACKAGE				
BETA HCG	0.001	mIU/mL	Non-Pregnant Females: <2.9 Week after LMP 1-10 weeks 195 – 229796 11-15 weeks 22305 – 233036 16-22 weeks 7902 – 49645 23-40 weeks 1580 - 48608	CLIA

Serum

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ENDOCRINOLOGY				
CITICARE PULSEFIT PACKAGE				
ESTRADIOL (E2)	32.2	pg/mL	Follicular Phase: 30 - 150 Mid Cycle Peak: 60 - 480 Luteal Phase: 45 - 250 Post Menopausal: < 60.0	CLIA
Serum			·	
PROGESTERONE	0.503	ng/mL	Follicular Phase: 0.00 - 1.40 Luteal Phase: 3.34 - 25.56 Mid luteal phase: 4.44 - 28.03 Post Menopausal: 0.00 - 0.73 First trimester: 11.22 - 90.0 Second trimester: 25.55 - 89.40 Third trimester: 48.40- 422.50	CLIA

Serum

Interpretation Notes: A progesterone test may be used: To help recognize and manage some causes of infertility. Since progesterone levels vary throughout the menstrual cycle, multiple (serial) measurements can be used for this purpose. To determine whether or not a woman has ovulated, when ovulation occurred, or to monitor the success of induced ovulation learly pregnancy to help diagnose an ectopic or failing pregnancy, along with human chorionic gonadotropin (hCG) testing To monitor a high-risk pregnancy to help evaluate placenta and fetal healthlif a woman is receiving progesterone injections to help support her early pregnancy, to help determine the effectiveness of the replacement treatmentAlong with other tests such as an FSH, LH, hCG, thyroid tests, clotting tests, and a complete blood count (CBC) to help determine the cause of abnormal uterine bleeding in non-pregnant women

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