

Patient Name	: Mr. ABDIL KABETO WAKO	Sample UID No.	: 4088149
Age / Gender	: 37 Y / Male	Sample Collected On	: 17-06-2025 15:09
Patient ID	: QLD087962	Registered On	: 17-06-2025 22:39
Referred By	: DR FARHAN	Reported on	: 18-06-2025 06:43
Referral Client	: CITICARE MEDICAL CENTER	External Patient ID	: 47172
Emirates ID / Passport No	:	Print Version	: V.1

Department of BIOCHEMISTRY

Investigation	Results	Flag	Units	Biological Reference Interval	Method
* C-REACTIVE PROTEIN (CRP)	0.4		mg/L	< 5	Particle enhanced immunoturbidimetric assay

Sample: Serum

Comments :

CLINICAL IMPLICATIONS:

1. CRP is the most sensitive acute phase reactant that can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery or neoplastic proliferation. CRP levels may predict future cardiovascular events and can be used as a screening tool.
2. The traditional test of CRP has added significance over the elevated ESR, which may be influenced by altered physiologic states. CRP tends to increase before rises in antibody titres and ESR level occurs. CRP levels also tend to decrease sooner than ESR levels.
3. The traditional test for CRP is elevated in rheumatic fever, RA, myocardial infarction, malignancy, bacterial and viral infections. The positive test indicates active inflammation but not its cause. In RA, the traditional test for CRP becomes negative with successful treatment and indicates that the inflammation has subsided.
4. High sensitive measurement of CRP (hs-CRP) are useful in assessing vascular inflammation and cardiovascular stratification. A single test for hs-CRP may not reflect an individual patient basal hs-CRP level, therefore follow up tests or serial measurements may be required in patients presenting with increased hs-CRP levels.

INTERFERING FACTORS: Haemolysed or lipemic sample may alter the results.

REFERENCE:

- 1) Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]
- 2) Tietz clinical guide to Laboratory tests(Fourth edition) ALAN H.B.WU

- END OF REPORT -

Note:

"The analytes with asterix (*) symbol are non-accredited parameters."
"QLabs compliance with ISO 15189:2022 standards"

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Department of CLINICAL PATHOLOGY

COMPREHENSIVE URINE ANALYSIS

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
Sample: URINE					
MACROSCOPIC EXAMINATION					
COLOR	Yellow			Pale to Dark Yellow	Colorimetric
APPEARANCE	Clear			-	Turbidometric Method
CHEMISTRY EXAMINATION					
SPECIFIC GRAVITY	1.020			1.002 - 1.035	Reflectance photometry
pH	6			4.5 - 8	Reflectance photometry
PROTEIN	Neg.			Negative	Reflectance photometry
GLUCOSE	Neg.			Negative	Reflectance photometry
KETONE	Neg.			Negative	Reflectance photometry
UROBILINOGEN	1+	H		Negative	Reflectance photometry
BILIRUBIN	Neg.			Negative	Reflectance photometry
BLOOD	Neg.			Negative	Reflectance photometry
LEUCOCYTES	Neg.			Negative	Reflectance photometry
MICROSCOPIC EXAMINATION					
NITRATE	Neg.			NEGATIVE	Reflectance photometry
PUS CELLS	Nil		/HPF	0 - 5	Microscopy
RBC	Nil		/HPF	0 - 3	Microscopy
NRBC	Nil		/HPF	0 - 3	Microscopy
DRBC	Nil		/HPF	0 - 3	Microscopy
RBC CLUMP	Nil		/HPF	0 - 3	Microscopy
SQUAMOUS EPITHELIAL CELLS	Nil		/HPF	0 - 5	Microscopy

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COMPREHENSIVE URINE ANALYSIS

Investigation	Results	Flag	Units	Biological Reference Interval	Method
OTHER EPITHELIAL CELLS	Nil		/HPF	0 - 5	Microscopy
BACTERIA	Nil		/HPF	0 - 5	Microscopy
BACTERIA CLUMP	Nil		/HPF	0 - 5	Microscopy
BACTERIA RODS	Nil		/HPF	0 - 5	Microscopy
BACTERIA COCCI	Nil		/HPF	0 - 5	Microscopy
HYALINE CAST	Nil		/HPF	NIL	Microscopy
PATHOLOGICAL CAST	Nil		/HPF	NIL	Microscopy
GRANULAR CAST	Nil		/HPF	NIL	Microscopy
CELLULAR CAST	Nil		/HPF	NIL	Microscopy
WAXY CAST	Nil		/HPF	NIL	Microscopy
RBC CAST	Nil		/HPF	NIL	Microscopy
WBC CAST	Nil		/HPF	NIL	Microscopy
FACT	Nil		/HPF	NIL	Microscopy
CALCIUM OXALATE CRYSTALS	Few		/HPF	NIL	Microscopy
MONOHYDRATE CALCIUM CRYSTALS	Nil		/HPF	NIL	Microscopy
TRIPLE PHOSPHATE CRYSTALS	Nil		/HPF	NIL	Microscopy
URIC ACID CRYSTALS	Nil		/HPF	NIL	Microscopy
OTHER SMALL CRYSTALS	Nil		/HPF	NIL	Microscopy
CALCIUM PHOSPHATE CRYSTALS	Nil		/HPF	NIL	Microscopy
LEUCINE CRYSTALS	Nil		/HPF	NIL	Microscopy
CYSTINE CRYSTALS	Nil		/HPF	NIL	Microscopy

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Department of CLINICAL PATHOLOGY

COMPREHENSIVE URINE ANALYSIS

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
TYROSINE CRYSTALS	Nil		/HPF	NIL	Microscopy
AMORPHOUS CRYSTALS	Nil		/HPF	NIL	Microscopy
CHOLESTEROL CRYSTALS	Nil		/HPF	NIL	Microscopy
FAT	Nil		/HPF	NIL	Microscopy
MUCUS	Few		/HPF	NIL	Microscopy
YEAST	Nil		/HPF	NIL	Microscopy
UNCLASSIFIED	Nil		/HPF	NIL	Microscopy
OTHERS	Nil		/HPF	NIL	Microscopy

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Department of HEMATOLOGY

COMPREHENSIVE COMPLETE BLOOD COUNT

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
HEMOGLOBIN	13.1		g/dl	13-17	photometric
RBC COUNT	4.29	L	10 ⁶ /uL	4.5-5.5	Electrical Impedance
HEMATOCRIT	38.3	L	%	42-52	Calculation
MCV	89.2		fL	78-100	Calculation
MCH	30.5		pg	27-31	Calculation
MCHC	34.2		g/dl	31-35	Calculation
RDW	13.4		%	9.3-16	Calculation
RDW-SD	42		fL	38.9-49	Calculation
MPV	8.6	L	fL	8.8-12.5	Calculation
PLATELET COUNT	187		10 ³ /uL	150-400	Electrical Impedance
* PCT	0.2		%	0.01-9.99	Calculation
* PDW	17.6			0.1-99.9	Calculation
* NUCLEATED RBC (NRBC)^	0.21		/100 WBC		Flow Cytometry
* ABSOLUTE NRBC COUNT^	0.01		10 ³ /uL		Calculation
* EARLY GRANULOCYTE COUNT (EGC)^	0		%		Flow Cytometry
* ABSOLUTE EGC^	0		10 ³ /uL		Calculation
WBC COUNT	3.6	L	10 ³ /uL	4-11	Electrical Impedance
* Neutrophil	42.23		%	40-80	VCS-Method
* Lymphocyte	44.09	H	%	20-40	VCS-Method
* Eosinophil	4.79		%	1-8	VCS-Method
* Monocyte	8.17		%	2-10	VCS-Method
* Basophil	0.72		%	0-2	VCS-Method
* ABSOLUTE NEUTROPHIL COUNT	1.53		10 ³ /uL	1.5-7	Calculation
* ABSOLUTE LYMPHOCYTE COUNT	1.59		10 ³ /uL	1.5-4	Calculation
* ABSOLUTE MONOCYTE COUNT	0.29		10 ³ /uL	0-0.8	Calculation
* ABSOLUTE EOSINOPHIL COUNT	0.17		10 ³ /uL	0-0.6	Calculation
* ABSOLUTE BASOPHIL COUNT	0.03		10 ³ /uL	0-0.2	Calculation

Sample: EDTA Whole Blood

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