

Patient Name	: Mr. MUHAMMAD NADEEM MUHAMMED SHAFI	Sample UID No.	: G4088991R
Age / Gender	: 38 Y / Male	Sample Collected On	: 20-06-2025 14:38
Patient ID	: QLD088803	Registered On	: 21-06-2025 00:02
Referred By	: Dr. AISHA	Reported on	: 21-06-2025 16:15
Referral Client	: CITICARE MEDICAL CENTER(INSURANCE)	External Patient ID	: 47199
Emirates ID / Passport No	:	Print Version	: V.1

Department of BIOCHEMISTRY

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
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GLUCOSE (RANDOM)

101

mg/dL

70 – 140

Hexokinase

Sample: Fluoride Plasma

Comments :

CLINICAL IMPLICATION:

ADA criteria for definitive test for diabetes:

- 1) Fasting blood glucose > 126 mg/dl (> 6.99 mmol/l) on at least two occasions
- 2) Symptoms of diabetes plus random blood glucose > 200 mg/dl (> 11.1 mmol/l)
- 3) OGTT with 2 hrs. post load (75 gm glucose load) > 200 mg/dl (> 11.1 mmol/l) 4) HbA1c > 6.5%

INTERFERING FACTORS:

- 1) Steroids, diuretics, pregnancy, surgical procedures, anesthesia, obesity, smoking may cause elevated glucose levels.
- 2) Hematocrit > 55%, intense exercise, drug intake may cause lowered glucose level.
- 3) Dawn Phenomenon-Increase in blood glucose typically between 4.00am and 8.00 am due to counter- regulatory hormones.

RECOMMENDATION:

As mild borderline cases may present with normal fasting glucose levels, recommended repeat testing on a different day.

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 -

"QLabs compliance with ISO 15189:2022 standards"

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Patient ID	: QLD088803	Registered On	: 21-06-2025 00:02
Referred By	: Dr. AISHA	Reported on	: 22-06-2025 11:47
Referral Client	: CITICARE MEDICAL CENTER(INSURANCE)	External Patient ID	: 47199
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Department of BIOCHEMISTRY

ELECTROLYTE PANEL

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
SODIUM (NA)	133	L	mmol/L	136-145	ISE (Indirect)
CHLORIDE (CL)	101		mmol/L	98-107	ISE (Indirect)

Interpretation Notes :

Clinical Implication:

- 1.Sodium levels detect changes in water balance rather than sodium balance and sodium levels are used to determine electrolytes, acid base balance, water balance, water intoxication, and dehydration.
- 2.Potassium,electrolytes of intracellular fluid is important to diagnose acid-base and water imbalance and the value varies with circulatory volume.
- 3.Chloride,blood electrolytes is helpful in diagnosing disorders of acid base, water balance and has reciprocal rise (or) fall in response to concentration of other anions.

Interfering factors:

- 1.Drugs like steroids, calcium, fluoride, iron can cause increase in sodium level. Drugs like heparin, laxative, sulphate, diuretics cause decrease in sodium level. High Triglycerides or low protein falsely decrease in sodium level.
2. Blood drawing procedure affect the values of potassium. Drugs like diuretics and NSAID increase values and excess intake of licorice decrease potassium level.
- 3.Plasma chloride concentration in infants is higher than in children and adults. Drugs may alter chloride levels. Increased values is associated with IV Saline infusion.

Reference -

Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]

Sample: Serum

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Patient ID	: QLD088803	Registered On	: 21-06-2025 00:02
Referred By	: Dr. AISHA	Reported on	: 21-06-2025 08:09
Referral Client	: CITICARE MEDICAL CENTER(INSURANCE)	External Patient ID	: 47199
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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	Pale yellow			Pale to Dark Yellow	Colorimetric
APPEARANCE	Clear			-	Turbidometric Method
CHEMISTRY EXAMINATION					
SPECIFIC GRAVITY	1.005			1.002 - 1.035	Reflectance photometry
pH	7			4.5 - 8	Reflectance photometry
PROTEIN	Neg.			Negative	Reflectance photometry
GLUCOSE	Neg.			Negative	Reflectance photometry
KETONE	Neg.			Negative	Reflectance photometry
UROBILINOGEN	Norm.			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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Department of CLINICAL PATHOLOGY

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	Nil		/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	Nil		/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	15.1		g/dl	13-17	photometric
RBC COUNT	5.23		10 ⁶ /uL	4.5-5.5	Electrical Impedance
HEMATOCRIT	43.6		%	42-52	Calculation
MCV	83.4		fL	78-100	Calculation
MCH	29		pg	27-31	Calculation
MCHC	34.7		g/dl	31-35	Calculation
RDW	13.3		%	9.3-16	Calculation
RDW-SD	39.4		fL	38.9-49	Calculation
MPV	11.2		fL	8.8-12.5	Calculation
PLATELET COUNT	199		10 ³ /uL	150-400	Electrical Impedance
* PCT	0.2		%	0.01-9.99	Calculation
* PDW	17			0.1-99.9	Calculation
* NUCLEATED RBC (NRBC)^	1.12		/100 WBC		Flow Cytometry
* ABSOLUTE NRBC COUNT^	0.08		10 ³ /uL		Calculation
* EARLY GRANULOCYTE COUNT (EGC)^	1.92		%		Flow Cytometry
* ABSOLUTE EGC^	0.14		10 ³ /uL		Calculation
WBC COUNT	7.5		10 ³ /uL	4-11	Electrical Impedance
* Neutrophil	44.06		%	40-80	VCS-Method
* Lymphocyte	44.71	H	%	20-40	VCS-Method
* Eosinophil	2.31		%	1-8	VCS-Method
* Monocyte	8.48		%	2-10	VCS-Method
* Basophil	0.44		%	0-2	VCS-Method
* ABSOLUTE NEUTROPHIL COUNT	3.29		10 ³ /uL	1.5-7	Calculation
* ABSOLUTE LYMPHOCYTE COUNT	3.34		10 ³ /uL	1.5-4	Calculation
* ABSOLUTE MONOCYTE COUNT	0.63		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

- END OF REPORT -

Note:

"The analytes with asterix (*) symbol are non-accredited parameters."

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