

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

: Mr. JORDAN JOHN ROBERT Patient Name Request Date

: 26/06/2025 14:46

GALLAGHER

Age / Sex : 32 Y / Male **Collected Date** : 26/06/2025 14:43 DOB : 30/12/1992 Acceptance Date : 26/06/2025 14:47

Referral Doctor

: CITICARE MEDICAL CENTER L.L.C Referrer

SID.No. FD027777

Patient No : FCL027903 Report Date : 26/06/2025 15:24

: Final Report

Report Status

External Visit Id

INVESTIGATION / SPECIMEN	RESULT	UNIT	REFERENCE RANGE	METHOD
HAEMATOLOGY CITICARE PULSEFIT PACKAGE COMPLETE BLOOD COUNT (CBC	C)			
HEMOGLOBIN	16.8	g/dL	13.5 - 17.5	Colorimetric
RBC COUNT	5.43	10^6/uL	3.5 - 5.5	EI
HEMATOCRIT	48.9	%	37 - 54	Calculation
MCV	90	fL	80 - 100	Calculation
МСН	31	pg	27 - 34	Calculation
МСНС	34.4	g/dL	32 - 36	Calculation
RDW	13.6	%	11 - 16	Calculation
MPV	9.4	fL	8 - 12	Calculation
PLATELET COUNT	281	10^3 /uL	140 - 450	EI
WBC COUNT	7.48	10^3 /uL	4 - 10	EI
DIFFERENTIAL COUNT (DC)				
EDTA Whole Blood NEUTROPHILS	59.2	%	50 - 70	Flow Cytometry
LYMPHOCYTES	28.1	%	20 - 40	Flow Cytometry
EOSINOPHILS	3.1	%	0.5 - 5	Flow Cytometry
MONOCYTES	9.4	%	3 - 12	Flow Cytometry
BASOPHILS	0.2	%	0 - 1	Flow Cytometry
ABSOLUTE NEUTROPHIL COUNT	4.43	10^3 cells/uL	2 - 7	
ABSOLUTE LYMPHOCYTE COUNT	2.11	10^3 cells/uL	0.8 - 4	
ABSOLUTE MONOCYTE COUNT	0.7	10^3 cells/uL	0.12 - 1.2	
ABSOLUTE EOSINOPHIL COUNT	0.22	10^3 cells/uL		
ABSOLUTE BASOPHIL COUNT	0.02	10^3 cells/uL	0 - 0.1	

Prepared By

Roshini **Medical Laboratory Technologist**

Approved By

Dr Anjum Nawshehri **Laboratory Director** DHA-00208333-004

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: 30/12/1992 Acceptance Date : Report Date

: 26/06/2025 14:47: 26/06/2025 15:26

Referrer :

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Patient No : FCL027903

INVESTIGATION / SPECIMEN	RESULT	UNIT	REFERENCE RANGE	METHOD
CLINICAL BIOCHEMISTRY CITICARE PULSEFIT PACKAGE	110		70 110	COD DOD
GLUCOSE (FASTING) Fluoride Plasma GLYCATED HEMOGLOBIN (HbA1C) ^	110	mg/dL	70 - 110	GOD - POD
EDTA Whole Blood HBA1C	4.7	%	Normal:4.6-5.6 Prediabetes: 5.7- 6.4 Diabetes: >6.5	HPLC
eAG (estimated Average Glucose) BLOOD UREA NITROGEN (SERUM)	88	%	Diabetes. > 0.5	Calculation
Serum UREA	30.2	mg/dL	16.87 - 43.37	Urease-glutamate Dehydrogenase, UV method
BUN	14.1	mg/dL	7 - 18	Calculation
CREATININE	0.84	mg/dL	0.6 - 1.3	Sarcosine Oxidase
Serum BUN/CREATININE RATIO	16.79	NULL	Prerenal: > 20:1 Normal or Postrenal: 10-20:1 Intrarenal: < 10:1	Calculation
Serum URIC ACID	6.61	mg/dL	2.5 - 8	Uricase - POD
Serum IRON	102.7	ug/dL	45 - 158	Ferrozine
Serum CHOLESTEROL (TOTAL)	202.5	mg/dL	Desirable: < 200 Borderline High: 200 - 239 High: > 239	CHOD-POD
Serum NON-HDL CHOLESTEROL	164.7	mg/dL	< 140	Calculation
Serum				

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CLINICAL BIOCHEMISTRY CITICARE PULSEFIT PACKAGE				
TRIGLYCERIDES	228	mg/dl	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 499	GPO-POD
Serum				
HDL CHOLESTEROL	37.8	mg/dL	Optimum>60 Borderline : 50-59 High risk : <50	Direct
Serum			-	
LDL CHOLESTEROL	133.6	mg/dl	Optimal: < 100 Near/Above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 189	Direct
Serum				
VLDL CHOLESTEROL	45.60	mg/dL	0 - 30	Calculation
Serum				
LDL / HDL RATIO	3.5		< 3.5	Calculation
Serum				

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INVESTIGATION / SPECIMEN	RESULT	UNIT	REFERENCE RANGE	METHOD
CLINICAL BIOCHEMISTRY				
CITICARE PULSEFIT PACKAGE				
TOTAL CHOLESTEROL / HDL RATIO	5.4		< 4.5	Calculation
Serum				

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INVESTIGATION / SPECIMEN	RESULT	UNIT	REFERENCE RANGE	METHOD
CLINICAL BIOCHEMISTRY				
CITICARE PULSEFIT PACKAGE				
BILIRUBIN (TOTAL)	0.6	mg/dL	Up to 1.2	DSA
Serum				
BILIRUBIN (DIRECT)	0.18	mg/dL	0.00 - 0.4	DSA
Serum				
INDIRECT BILIRUBIN	0.42	mg/dL	< or = 0.90	Calculation
Serum				
TOTAL PROTEIN	7.5	g/dL	6 - 8	Biuret
Serum				
ALBUMIN (SERUM)	4.6	g/dL	3.5 - 4.8	Bromcresol green
				(BCG)
Serum	2.0	a. / al l	20 25	Calaulatian
GLOBULIN	2.9	g/dL	2.0 - 3.5	Calculation
Serum	4.50		0.0.00	
ALBUMIN / GLOBULIN RATIO	1.59	NULL	0.8 - 2.0	Calculation
Serum				
ALT / SGPT	34	U/L	10 - 40	IFCC
Serum				
ALP (ALKALINE PHOSPHATASE)	47.2	U/L	30 - 115	IFCC
Serum				
GGT (GAMMA GLUTAMYL TRANSFERASE)	46.6	U/L	7 - 50	IFCC
Serum				
AST / SGOT	25.1	U/L	10 - 40	IFCC
Serum				

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Acceptance Date : 26/06/2025 14:47 Report Date : 26/06/2025 20:44

Referral Doctor :

Age / Sex

Report Status : Final Report

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Report Status : Final Re

SID.No. : **FD027777**Patient No : **FCL027903**

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INVESTIGATION / SPECIMEN	RESULT	UNIT	REFERENCE RANGE	METHOD
ENDOCRINOLOGY				
CITICARE PULSEFIT PACKAGE				
DEHYDROEPIANDROSTERONE SULFATE (DHEAS)	517	ug/dL	106 - 464	CLIA
Serum				
TRIIODOTHYRONINE, TOTAL (T3)	1.26	ng/mL	0.8 - 1.9	CLIA
Serum				
THYROXINE, TOTAL (T4)	8.7	ug/dL	5 - 13	CLIA
Serum				
THYROID STIMULATING HORMONE (TSH)	1.088	μIU/mL	0.35 - 4.75	CLIA
Serum				
FOLLICLE STIMULATING HORMONE (FSH)	13.547	mIU/mL	1.0 - 12.10	CLIA
Serum				
LUTEINISING HORMONE (LH)	8.579	mIU/mL	1 - 12.5	CLIA
Serum				
PROLACTIN	251.316	uIU/mL	42.5 - 414	CLIA
Serum				
TESTOSTERONE (TOTAL)	4.96	ng/mL	2.32 - 8.58	CLIA
Serum				
TESTOSTERONE (FREE)	0.08	ng/mL	0.07-0.3	Calculation
Serum				
SHBG (SEX HORMONE BINDING	33.4	nmol/L	Males (17 - 65 years old):	CLIA
GLOBULIN)			13.77 - 48.94 nmol/L Females(17 - 65 years old) :	
			24.0 - 110.07 nmol /L	
Serum				
VITAMIN B12	291.2	pg/mL	164 - 905	CLIA
Serum				
VITAMIN D, 25-OH (TOTAL)	77	ng/mL	Deficient : < 20 Insufficient: 20 - 30	CLIA
			Sufficient: 20 - 30	
			Upper Safety Limit:: > 100	

Serum

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RESULT UNIT **REFERENCE RANGE INVESTIGATION / SPECIMEN METHOD ENDOCRINOLOGY CITICARE PULSEFIT PACKAGE BETA HCG** 0.001 mIU/mL < 0.5 - 2.2 CLIA Serum

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RESULT REFERENCE RANGE **INVESTIGATION / SPECIMEN** UNIT **METHOD ENDOCRINOLOGY CITICARE PULSEFIT PACKAGE** ESTRADIOL (E2) 38.4 pg/mL < 75.0 CLIA Serum **PROGESTERONE** Adult Male: 0.28 - 1.22 CLIA 0.46 ng/mL 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 ovulationIn early 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 healthlf 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

Prepared By

Shahab Faisal Microbiology Technologist



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