



Ms. TEBOGO .

PID NO : 43662

Age : 27 Years Sex : Female

DOB: 27-Nov-1997



Reference : Dr. AISHA

Referred Client :

CITICARE MEDICAL CENTER

Unit G03, Al Barsha South Bldg, Al Barsha South
Third, Dubai

VID : 5070103476

Collected on :

08-Jul-2025 09:21 PM

Registered on :

09-Jul-2025 11:07 PM

Reported on :

09-Jul-2025 11:27 PM

Investigation	Observed Value	Flag	Unit	Biological Reference Interval	Method
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	8.2	L	g/dL	12 - 15.5	Photometric
RBC COUNT	4.4		10 ⁶ /μL	3.9 - 5	Electrical Impedance
HEMATOCRIT	27.0	L	%	35 - 45	Calculation
MCV	60.7	L	fL	82 - 98	Calculation
MCH	18.4	L	pg	27 - 32	Calculation
MCHC	30.4	L	g/dL	32 - 37	Calculation
* RDW	20.2	H	%	11.9 - 15.5	Calculation
* RDW-SD	43.80		fL		Calculation
MPV	9.5		fL	7.6 - 10.8	Calculation
PLATELET COUNT	418		10 ³ /uL	150 - 450	Electrical Impedance
* NUCLEATED RBC (NRBC)	0.60		/100 WBC		VCS 360 Technology
* ABSOLUTE NRBC COUNT	0.07		10 ³ /uL		Calculation
TOTAL & DIFFERENTIAL COUNT (DC)					
WBC COUNT	10.4		10 ³ /μL	4 - 11	Electrical Impedance
NEUTROPHILS	78	H	%	40 - 75	VCS 360 Technology
LYMPHOCYTES	16	L	%	30 - 60	VCS 360 Technology
EOSINOPHILS	1		%	0 - 6	VCS 360 Technology
MONOCYTES	5		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	8.1		10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	1.7		10 ³ /uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.5		10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.1		10 ³ /uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0		10 ³ /uL	0 - 0.11	Calculation

Sample Type: EDTA Whole Blood

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Pathologist

DR. VYOMA SHAH

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Christeena

CHRISTEENA FRANCIS

Laboratory Technologist

Printed on: 10-Jul-2025 12:36 AM

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URINE ANALYSIS (ROUTINE)					
PHYSICAL EXAMINATION					
COLOR	Dark Yellow	A		Pale to Dark Yellow	Photometry
APPEARANCE	Turbid	A			Turbidimetry
CHEMICAL EXAMINATION					
SPECIFIC GRAVITY	1.042			1.002 - 1.035	Refractometry
PH	5.00			5 - 9	Litmus paper
GLUCOSE	Negative			Negative	GOD / POD
BLOOD	Negative			Negative	Peroxidase
PROTEIN	+	A		Negative	Protein error of pH indicator
LEUKOCYTE ESTERASE	Negative			Negative	Esterase
UROBILINOGEN	Negative			Negative	Diazonium Salt
BILIRUBIN	Negative			Negative	Diazonium Salt
KETONE	+	A		Negative	Legal's test
NITRITE	Negative			Negative	Griess test
MICROSCOPIC EXAMINATION					
LEUCOCYTES	1-4		/HPF	1 - 4	Microscopy
ERYTHROCYTES	0-2		/HPF	0 - 2	Microscopy
SQUAMOUS EPITHELIAL CELLS	0-1		/HPF	< 20	Microscopy
NON-SQUAMOUS EPITHELIAL CELLS	Absent		/HPF	Variable	Microscopy
BACTERIA	Absent		/HPF	Absent	Microscopy
CASTS	Absent		/HPF	Absent	Microscopy
HYALINE CAST	Absent		/HPF	Absent	Microscopy
FINE GRANULAR CAST	Absent		/HPF	Absent	Microscopy
COARSE GRANULAR CAST	Absent		/HPF	Absent	Microscopy
WAXY CAST	Absent		/HPF	Absent	Microscopy
FATTY CAST	Absent		/HPF	Absent	Microscopy
RBC CAST	Absent		/HPF	Absent	Microscopy
WBC CAST	Absent		/HPF	Absent	Microscopy

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Haleem Hakkim

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BACTERIAL CAST	Absent	/HPF	Absent	Microscopy
EPITHELIAL CAST	Absent	/HPF	Absent	Microscopy
CRYSTALS	Present	A /HPF	Absent	Microscopy
CALCIUM OXALATE	Absent	/HPF	Absent	Microscopy
CALCIUM CARBONATE	Absent	/HPF	Absent	Microscopy
CALCIUM PHOSPHATE	Absent	/HPF	Absent	Microscopy
TRIPLE PHOSPHATE	Absent	/HPF	Absent	Microscopy
URIC ACID CRYSTAL	Absent	/HPF	Absent	Microscopy
AMMONIUM BIURATE	Absent	/HPF	Absent	Microscopy
AMORPHOUS URATES	Present	A /HPF	Absent	Microscopy
AMORPHOUS PHOSPHATES	Absent	/HPF	Absent	Microscopy
CYSTINE	Absent	/HPF	Absent	Microscopy
LEUCINE	Absent	/HPF	Absent	Microscopy
TYROSINE	Absent	/HPF	Absent	Microscopy
DRUG CRYSTAL	Absent	/HPF	Absent	Microscopy
MUCUS THREADS	Absent	/HPF	Absent	Microscopy
BUDDING YEAST CELLS	Absent	/HPF	Absent	Microscopy
HYPHAE	Absent	/HPF	Absent	Microscopy
OVA	Absent	/HPF	Absent	Microscopy
CYST	Absent	/HPF	Absent	Microscopy
PARASITE	Absent	/HPF	Absent	Microscopy
ARTIFACTS	Absent	/HPF	Absent	Microscopy

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Sample type: Spot urine

INTERPRETATION:

1. Urine routine and microscopy is a screening test.
2. Abnormal results of chemical examination are confirmed by manual methods.
3. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight.
4. During interpretation, points to be considered are Negative nitrite test does not exclude the presence of the bacteria or urinary tract infections.
5. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet etc.
8. False reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs etc.
9. Physiological variations may affect the test results.
10. The Microscopic examination findings reported are in decimal numbers as they represent arithmetic mean of multiple fields scanned using Microscopy.

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<u>Investigation</u>	<u>Observed Value</u>	<u>Flag</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
GLUCOSE RANDOM (Fluoride Plasma, Hexokinase)	102		mg/dL	< 200

INTERPRETATION:

- High levels (More than or equal to 500 mg/dL) are considered a critical value.
- Infants older than 1 week: Low levels (Less than or equal to 40 mg/dL) are considered to be potentially life threatening.
- Infants younger than 1 week: Low levels (Less than or equal to 25 mg/dL) are considered to be potentially life threatening.

Clinical Utility:

- Helpful in evaluation of diabetes and other carbohydrate metabolism disorders including gestational diabetes, neonatal hypoglycemia, idiopathic hypoglycemia and pancreatic islet cell carcinoma.

Note:

- Whole blood glucose levels (capillary blood/ glucometer samples) are 12 – 15% lower than plasma concentrations.
- Exercise immediately before sample collection can lower random glucose test results.

Associated Tests:

- HbA1c, Diabetes Profile

References:

- Kit insert
- Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics. 8th edition. Edited by CA Burtis.

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<u>Investigation</u>	<u>Observed Value</u>	<u>Flag</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>LIPID PROFILE</u>				
CHOLESTEROL (TOTAL) (Serum, UV Enzymatic)	130		mg/dL	Desirable: < 200 Borderline High: 200 - 239 High: = 240 Please note change. Source: Roche IFU.
HDL CHOLESTEROL (Serum, Homogeneous Microparticle Agglutination)	56		mg/dL	40 - 60
LDL CHOLESTEROL DIRECT (Serum, Homogeneous Microparticle Agglutination)	61		mg/dL	Optimal: < 100 Near/Above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: = or > 190 Please note change. Source: Roche IFU.
TRIGLYCERIDES (Serum, UV Enzymatic)	62		mg/dL	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500 Source: Roche IFU.
VLDL CHOLESTEROL (Serum, Calculation)	12		mg/dL	< 30
NON-HDL CHOLESTEROL (Serum, Calculation)	73		mg/dL	< 140
LDL / HDL RATIO (Serum, Calculation)	1.1			< 3.5
TOTAL CHOLESTEROL / HDL RATIO (Serum, Calculation)	2.3			< 4.5

----- End Of Report -----

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