

LABORATORY REPORT

Name	: NASIM MALEKHOSSEIN GARIVANI	File. No.	: AAL02-1461977
DOB/Gender	: 25-04-1992 (33 Yrs 3 Month 22 Days/Female)	Referral Doctor	: Dr. Aisha Umer
Lab No.	: 22252060077	Referral Clinic	: Citicare Medical Center LLC
Request Date	: 25-07-2025 10:49:23	Clinic File No	: 47463
Insurance	: NEXTCARE		

CLINICAL BIOCHEMISTRY

Test Name	Result	Units	Ref. Range	Method
Amylase - Total	74.10	U/L	28-100	Enzymatic-IFCC

Please note Reference Range Reviewed w.ef 15/10/23

C-Reactive Protein (CRP)	0.80	mg/L	Negative < or = to 5.0	Immunoturbidimetric Assay
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CRP is an acute phase protein whose concentration rises non -specifically in response to inflammation. CRP values should not be interpreted without a complete clinical evaluation. Follow-up testing of patients with elevated values is recommended in order to help rule out a recent response to undetected

infection or tissue injury. Please note Reference Range Reviewed w.ef 15/10/23

Lipase	48.10	U/L	13.00-60.00	Enzymatic DRG-3GAE Substrate
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Please note Reference Range Reviewed w.ef 15/10/23

Sample Type : Serum

These tests are accredited under ISO 15189:2022 unless specified by (*)

Sample processed on the same day of receipt unless specified otherwise.

Test results pertain only the sample tested and to be correlated with clinical history.

Reference range related to Age/Gender.

Dr. Solmaz Siddiqui
Laboratory Director
DHA/LS/248469

Patient Sample Collected On : 24-07-2025 17:50:00
Authenticated On : 25-07-2025 13:51:21

Received On : 25-07-2025 12:15:00
Released On : 25-07-2025 14:02:46

Pring

Padmapriya Kumaresan
Sr. Technician
DHA-P-2992011

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MICROBIOLOGY/BACTERIOLOGY/BODY FLUIDS

Test Name	Result	Units	Ref. Range	Method
<u>URINE ROUTINE (URINALYSIS)</u>				
<u>PHYSICAL EXAMINATION</u>				
Color	Colourless		Yellow	Light Scatter
Appearance	Clear		Clear	Light Scatter
Specific Gravity	1.002 ^L		1.005 - 1.030	Refractrometry
PH	6.50		4.6 - 8.0	Litmus reaction
Glucose	Negative		Negative	Enz.Rn/Reflect
Ketone	Negative		Negative	Legal's method
Protein	Negative		Negative	Dye Binding
Blood	Negative		Negative	Peroxidase Activity/Reflectance
Bilirubin	Negative		Negative	Acidified Diazo Coupling
Urobilinogen	Normal	mg/dL	Normal 0.2 - 1.0	Buffered Diazo Coupling
Nitrite	Negative		Negative	Mod. Gries Rn
Leukocytes.	Negative		Negative	Enz.Rn/Reflect
<u>MICROSCOPIC EXAMINATION</u>				
Pus Cells	1 - 2	/HPF	1 - 4	F.D.I/Microscopy
RBC's	0 - 1	/HPF	0 - 2	F.D.I/Microscopy
Epithelial cells	0 - 1	/HPF	1 - 4	F.D.I/Microscopy
Bacteria	Absent	/HPF	Absent	F.D.I/Microscopy
Yeast cells	Absent	/HPF	Absent	F.D.I/Microscopy
Trichomonas Vaginalis	Absent	/HPF	Absent	F.D.I/Microscopy
Mucus Threads	Absent	/HPF	Absent	F.D.I/Microscopy
Crystals	Absent	/HPF	Absent	F.D.I/Microscopy
Casts	Absent	/LPF	Absent	F.D.I/Microscopy

Bilirubin and Urobilinogen when exposed to sunlight leads to artificially low results, hence recommended to collect urine in dark container for analyzing Urine

Bilirubin and Urobilinogen if clinically indicated.

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Test Name	Result	Units	Ref. Range	Method
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Kindly note that there are chances of false negative result for *Trichomonas vaginalis*, as *Trichomonas vaginalis* viability is temperature and time sensitive.

Kindly note the new methodology is effective from 31-10-2022.

Sample Type : Urine

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HEPATIC FUNCTION PANEL WITH AG RATIO (LIVER FUNCTION TEST) CLINICAL BIOCHEMISTRY

Test Name	Result	Units	Ref. Range	Method
Bilirubin - Total	0.42	mg/dL	0.20-1.20	DIAZO
Please note Reference Range Reviewed w.ef 15/10/23				
Bilirubin - Direct	0.23	mg/dL	0.00-0.5	DIAZO
Please note Reference Range Reviewed w.ef 15/10/23				
Alkaline Phosphatase	62.10	U/L	35-104	Colorimetric -P-NPT
Please note Reference Range Reviewed w.ef 15/10/23				
Alanine Aminotransferase (ALT / GPT)	16.50	U/L	10.0 - 35.0	NADH w/ P5P
Please note Reference Range Reviewed w.ef 15/10/23				
Aspartate Aminotransferase(AST / GOT)	22.20	U/L	10 - 35	NADH w/ P5P
Please note Reference Range Reviewed w.ef 15/10/23				
Protein - Total	6.72	g/dL	6.40 - 8.30	Colorimetric - Biuret
Please note Reference Range Reviewed w.ef 15/10/23.				
Albumin	4.32	g/dL	3.97 - 4.94	Colorimetric - BCG
Please note Reference Range Reviewed w.ef 15/10/23				
*Globulin (serum)	2.40 ^L	g/dL	2.50 - 3.50	Calculation
*Albumin/Globulin Ratio	1.80	Ratio	1.10 - 2.50	Calculation

Remarks:

Test result to be interpreted in the light of clinical history and to be investigated further if necessary.

Sample Type : Serum

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

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