



Mr. MANOHAR LAL

PID NO : 46299

Age : 29 Years Sex : Male

DOB: 07-Jan-1996



Reference : Dr. AISHA UMER

Referred Client :

CITICARE MEDICAL CENTER

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

VID : 5070110200

Collected on :

Registered on :

30-Jul-2025 01:27 PM

Reported on :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
CHOLESTEROL (TOTAL)	231	mg/dL	Desirable: < 200 Borderline High: 200 - 239 High: = 240 Please note change. Source: Roche IFU.
LDL CHOLESTEROL DIRECT	156	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	250	mg/dL	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500 Source: Roche IFU.
VLDL CHOLESTEROL	50	mg/dL	< 30
NON-HDL CHOLESTEROL	206	mg/dL	< 140
LDL / HDL RATIO	3.8		< 3.5
TOTAL CHOLESTEROL / HDL RATIO	5.6		< 4.5

Test Remark: Note: Please correlate clinically.

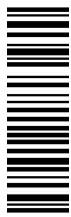
Abnormal Result(s) Summary End

This is an Electronically Authenticated Report.

Printed on: 30-Jul-2025 04:00 PM

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Investigation	Observed Value	Flag	Unit	Biological Reference Interval	Method
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	14.5		g/dL	13.5 - 17.5	Photometric
RBC COUNT	4.6		10 ⁶ /μL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	42.1		%	38 - 50	Calculation
MCV	91.7		fL	82 - 98	Calculation
MCH	31.5		pg	27 - 32	Calculation
MCHC	34.4		g/dL	32 - 37	Calculation
* RDW	14.9		%	11.8 - 15.6	Calculation
* RDW-SD	47.30		fL		Calculation
MPV	10.7		fL	7.6 - 10.8	Calculation
PLATELET COUNT	227		10 ³ /uL	150 - 450	Electrical Impedance
* NUCLEATED RBC (NRBC)	0.30		/100 WBC		VCS 360 Technology
* ABSOLUTE NRBC COUNT	0.02		10 ³ /uL		Calculation
TOTAL & DIFFERENTIAL COUNT (DC)					
WBC COUNT	5.7		10 ³ /μL	4 - 11	Electrical Impedance
NEUTROPHILS	51		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	41		%	20 - 45	VCS 360 Technology
EOSINOPHILS	4		%	0 - 6	VCS 360 Technology
MONOCYTES	4		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	2.91		10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.34		10 ³ /uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.23		10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.23		10 ³ /uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0		10 ³ /uL	0 - 0.11	Calculation

Sample Type: EDTA Whole Blood

Dr. Vyoma Shah

DR. ADLEY MARK FERNANDES

M.D (Pathology)
Pathologist

DR. VYOMA SHAH

M.D (Pathology)
Clinical Pathologist

Anjumol Vada

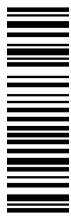
ANJUMOL VADAKKINATHU

Laboratory Technologist

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<u>Investigation</u>	<u>Observed Value</u>	<u>Flag</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
* C-REACTIVE PROTEIN (CRP) (Serum, Particle-enhanced immunoturbidimetric assay)	< 0.6		mg/L	< 5.0 Please note change. Source: Roche IFU.

INTERPRETATION :

- CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.
- C-reactive protein is the classic acute phase protein in inflammatory reactions.
- CRP is the most sensitive of the acute phase reactants and its concentration increases rapidly during inflammatory processes. The CRP response frequently precedes clinical symptoms, including fever. After onset of an acute phase response, the serum CRP concentration rises rapidly and extensively. The increase begins within 6 to 12 hours and the peak value is reached within 24 to 48 hours. Levels above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).
- CRP response may be less pronounced in patients suffering from liver disease.
- CRP assays are used to detect systemic inflammatory processes (apart from certain types of inflammation such as systemic lupus erythematosus (SLE) and Colitis ulcerosa); to assess treatment of bacterial infections with antibiotics; to detect intrauterine infections with concomitant premature amniorrhexis; to differentiate between active and inactive forms of disease with concurrent infection, e.g. in patients suffering from SLE or Colitis ulcerosa; to therapeutically monitor rheumatic disease and assess anti-inflammatory therapy; to determine the presence of post-operative complications at an early stage, such as infected wounds, thrombosis and pneumonia, and to distinguish between infection and bone marrow transplant rejection."

Vyoma V. Shah

DR. ADLEY MARK FERNANDES

M.D (Pathology)
Pathologist

DR. VYOMA SHAH

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Clinical Pathologist

Bhavya

BHAVYA THENDANKANDY

Laboratory Technician

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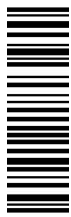
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Investigation	Observed Value	Flag	Unit	Biological Reference Interval
<u>LIPID PROFILE</u>				
CHOLESTEROL (TOTAL) (Serum, UV Enzymatic)	231	H	mg/dL	Desirable: < 200 Borderline High: 200 - 239 High: = 240 Please note change. Source: Roche IFU.
HDL CHOLESTEROL (Serum, Homogeneous Microparticle Agglutination)	41		mg/dL	40 - 60
LDL CHOLESTEROL DIRECT (Serum, Homogeneous Microparticle Agglutination)	156	H	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)	250	H	mg/dL	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500 Source: Roche IFU.
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NON-HDL CHOLESTEROL (Serum, Calculation)	206	H	mg/dL	< 140
LDL / HDL RATIO (Serum, Calculation)	3.8	H		< 3.5
TOTAL CHOLESTEROL / HDL RATIO (Serum, Calculation) Note: Please correlate clinically.	5.6	H		< 4.5

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

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