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Tel : 971 4 398 8567
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Mr. PRAKASH BAHADUR RANABHAT

PID NO : 39458
Age : 39 Years Sex : Male
DOB: 20-Feb-1986

Reference : Dr. AMAIZAH ISHTIAQ

Referred Client :
CITICARE MEDICAL CENTER
Unit G03, Al Barsha South Bldg, Al Barhsa South Third, Dubai

VID : 5080100985

Collected on :

Registered on :
04-Aug-2025 03:46 PM

Reported on :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
LYMPHOCYTES	**48**	%	20 - 45
URIC ACID (SERUM)	**7.36**	mg/dL	3.4 - 7

Abnormal Result(s) Summary End

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Emirates International Accreditation Centre
192 - LB - MED

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04-Aug-2025 05:12 PM

Investigation	Observed Value	Flag	Unit	Biological Reference Interval	Method
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	13.7		g/dL	13.5 - 17.5	Photometric
RBC COUNT	4.7		10^6/µL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	39.8		%	38 - 50	Calculation
MCV	85.5		fL	82 - 98	Calculation
MCH	29.4		pg	27 - 32	Calculation
MCHC	34.4		g/dL	32 - 37	Calculation
*** RDW**	13.0		%	11.8 - 15.6	Calculation
*** RDW-SD**	38.90		fL		Calculation
MPV	9.7		fL	7.6 - 10.8	Calculation
PLATELET COUNT	241		10^3/uL	150 - 450	Electrical Impedance
*** NUCLEATED RBC (NRBC)**	0.20		/100 WBC		VCS 360 Technology
*** ABSOLUTE NRBC COUNT**	0.02		10^3/uL		Calculation
TOTAL & DIFFERENTIAL COUNT (DC)					
WBC COUNT	7.6		10^3/µL	4 - 11	Electrical Impedance
NEUTROPHILS	43		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	48	H	%	20 - 45	VCS 360 Technology
EOSINOPHILS	4		%	0 - 6	VCS 360 Technology
MONOCYTES	5		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	3.27		10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	3.65		10^3/uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.38		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.30		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0		10^3/uL	0 - 0.11	Calculation

***Sample Type**: EDTA Whole Blood*

DR. ADLEY MARK FERNANDES
M.D (Pathology)
Pathologist

DR. VYOMA SHAH
M.D (Pathology)
Clinical Pathologist

PRADEEP DAMOTHARAN
Laboratory Technologist

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Investigation	Observed Value	Flag	Unit	Biological Reference Interval
*** C-REACTIVE PROTEIN (CRP)** (Serum, Particle-enhanced immunoturbidimetric assay)	2.68		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."

URIC ACID (SERUM) (Serum, UV Enzymatic)	**7.36**	H	mg/dL	3.4 - 7

INTERPRETATION:

- Increased in Gout, asymptomatic hyperuricemia, leukemia, polycythemia, hemolytic anemia, sickle cell anemia, resolving pneumonia, toxemia of pregnancy, psoriasis, lymphoma, metabolic acidosis, chronic lead poisoning.
- Decreased in disorders of copper accumulation , kidney tubule disorder, Acromegaly, Celiac disease, Xanthine oxidase deficiency.
- Its used to monitor gout and also chemotherapeutic treatment of neoplasm to avoid renal urate deposition with possible renal failure (tumor lysis syndrome).

Note:

- A purine rich diet as well as sever exercise increases uric acid values.
- High protein-weight reduction diet and alcohol consumption can cause raised uric acid levels.

References:

- Package insert
- Wallach's interpretation of diagnostic tests, Ed11, 2020.
- Henry's Clinical Diagnosis and Management by Laboratory Methods. 23rd ed; 2017.
- Tietz fundamentals of clinical chemistry 6th edition. Burtis CA, Ashwood ER, Bruns DE, 2008.

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M.D (Pathology)
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NAZAR ALI
Laboratory Technologist

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Investigation	Observed Value	Flag	Unit	Biological Reference Interval
FIBRINOGEN (Citrated Plasma, Clauss method)	269		mg/dL	220 - 496

Interpretation :

Fibrinogen levels are a reflection of clotting ability and activity in the body.Fibrinogen is an acute phase reactant.
Elevated levels may be seen with: Acute infections, Cancer,Coronary heart disease, Myocardial infarction Stroke Inflammatorydisorders (like rheumatoid arthritis and glomerulonephritis) Trauma.

Chronically low levels are seen in Inherited condition: fibrinogenemia,hypofibrinogenemia, Acquired condition: end-stage liver disease,Severe malnutrition.

Acutely low levels are seen in DIC, Abnormal Fibrinolysis, Rapid large-volume blood transfusions.

D-DIMER (Citrated Plasma, Turbidimetric Immunoassay)	123		ng/mL D-DU	< 255 Source: ACL IFU.

Interpretation:

• D-dimer is a small protein fragment present in the blood after a blood clot is dissolved in the body.
• Elevated D-dimer is seen in DVT (Deep Vein Thrombosis), blood clotting disorders, DIC (Disseminated Intravascular Coagulation), recent surgery, trauma or infection.
• D-dimer is falsely elevated in the elderly, Liver disease, Obesity, Pregnancy, Eclampsia, Heart disease, Rheumatoid arthritis, some cancers, High triglycerides, Hemolysis, Lipemia, Hyperbilirubinemia
• D-dimer is also found elevated in COVID 19 and its monitoring helps to prevent thrombotic events

Clinical Utility:

• D-Dimer is a marker for the activation of coagulation.
• D-Dimer is used in the diagnosis of blood clotting disorders like Deep Vein Thrombosis (DVT) & pulmonary embolism (PE).

Limitations:

False Negative: Anticoagulant therapy
False Positive: Elderly, Liver disease, Pregnancy, Eclampsia, Heart disease, Rheumatoid arthritis, Some cancers, High triglycerides, Hemolysis, Lipemia, Hyperbilirubinemia

Reference:

• Kit Insert
• Kabrhel C, Mark Courtney D, Camargo CA Jr, Plewa MC, Nordenholz KE, Moore CL, Richman PB, Smithline HA,Beam DM, Kline JA. Factors associated with positive D-dimer results in patients evaluated for pulmonary embolism. Acad Emerg Med. 2010 Jun;17(6):589-97

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

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