

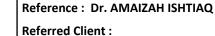


Mr. RAMESH KUMAR

PID NO: 44377

Age: 28 Years Sex: Male

DOB: 05-Jan-1997



CITICARE MEDICAL CENTER

Unit G03, Al Barsha South Bldg, Al Barhsa South

Third, Dubai

VID: 5080103445

Collected on:

11-Aug-2025 02:17 AM

Registered on:

11-Aug-2025 10:23 PM

Reported on:

11-Aug-2025 10:55 PM

Investigation	Observed Value I	lag <u>Unit</u>	Biological Reference	Interval Method
COMPLETE BLOOD COUNT (CBC)				
HEMOGLOBIN	14.7	g/dL	13.5 - 17.5	Photometric
RBC COUNT	4.8	10^6/	μL 4.3 - 5.7	Electrical Impedance
HEMATOCRIT	43.2	%	38 - 50	Calculation
MCV	89.6	fL	82 - 98	Calculation
мсн	30.5	pg	27 - 32	Calculation
мснс	34.0	g/dL	32 - 37	Calculation
* RDW	12.9	%	11.8 - 15.6	Calculation
* RDW-SD	40.30	fL		Calculation
MPV	8.4	fL	7.6 - 10.8	Calculation
PLATELET COUNT	200	10^3/	uL 150 - 450	Electrical Impedance
* NUCLEATED RBC (NRBC)	0.50	/100 V	WBC	VCS 360 Technology
* ABSOLUTE NRBC COUNT	0.04	10^3/	uL	Calculation
TOTAL & DIFFERENTIAL COUNT (DC)				
WBC COUNT	9.4	10^3/	μL 4 - 11	Electrical Impedance
NEUTROPHILS	45	%	40 - 75	VCS 360 Technology
LYMPHOCYTES	44	%	20 - 45	VCS 360 Technology
EOSINOPHILS	6	%	0 - 6	VCS 360 Technology
MONOCYTES	5	%	1 - 6	VCS 360 Technology
BASOPHILS	0	%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT				
ABSOLUTE NEUTROPHIL COUNT	4.23	10^3/	uL 1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	4.14	10^3/	uL 0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.47	10^3/	uL 0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.56	10^3/	uL 0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0	10^3/	uL 0 - 0.11	Calculation

DR. ADLEY MARK FERNANDES

Sample Type: EDTA Whole Blood

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

This is an Electronically Authenticated Report.

Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189 unless specified by (*). Test marked with # is performed in an accredited referral laboratory.

Cyona V. Shah







Post Box No. 49527 Dubai UAE

PRADEEP DAMOTHARAN

Laboratory Technologist



Mr. RAMESH KUMAR

PID NO: 44377

Age: 28 Years Sex: Male

DOB: 05-Jan-1997

Reference: Dr. AMAIZAH ISHTIAQ

Referred Client:

CITICARE MEDICAL CENTER

Unit G03, Al Barsha South Bldg, Al Barhsa South

Third, Dubai

VID: 5080103445

Tel: 971 4 398 8567 www.biosytech.com

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Investigation Observed Value Biological Reference Interval Flag Unit U/L

ALT / SGPT (Serum, IFCC)

INTERPRETATION:

High levels of ALT may be due to liver damage from conditions such as hepatitis or cirrhosis, lead poisoning, very strenuous exercise or severe injury to a muscle, exposure to carbon tetrachloride, decay of a large tumor (necrosis), mononucleosis, and growth spurts. Low levels of ALT may be due to low-functioning or nonfunctioning liver, urinary tract infections, or malnutrition.

* C-REACTIVE PROTEIN (CRP) < 0.6 mg/L < 5.0

25

Please note change. (Serum, Particle-enhanced immunoturbidimetric assay)

Source: Roche IFU.

< or = 50

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."

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

ayona V. Shah

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

This is an Electronically Authenticated Report.

DR. ADLEY MARK FERNANDES

M.D (Pathology)

Pathologist

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ACCREDITED

192 - LBPMBe 2 of 2



M RASHID CHENANGADATH

Laboratory Technologist