

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02290730
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of BIOCHEMISTRY
EverWell Bronze Package (EVERWELL)
LIPID PROFILE TEST

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
CHOLESTEROL (TOTAL)	120		mg/dl	Desirable: < 200 Borderline High: 200-239 High: > 240	Enzymatic colorimetric assay
TRIGLYCERIDES	179	H	mg/dl	Normal Up to 150 Borderline-High 150-199 High 200-499 Very High > 500	Enzymatic colorimetric test
HDL CHOLESTEROL	33		mg/dl	High risk up to 40 Low risk > 60	Homogeneous Enzymatic Colorimetric
LDL CHOLESTEROL DIRECT	64		mg/dl	Optimal up to < 100 Near Optimal: 100-129 Borderline : 130-159 High: 160-189 Very High: > 190	Enzymatic, colorimetric method
VLDL CHOLESTEROL	36	H	mg/dl	10-35	Calculation
NON-HDL CHOLESTEROL	87		mg/dl	Desirable < 130 Borderline 130 – 159 High >159	Calculation
TOTAL CHOLESTEROL / HDL RATIO	3.6		--	< 4.5	Calculation
LDL / HDL RATIO	1.9		--	Low Risk < 3.0 Borderline 3.1-6.0 High Risk >6.0	Calculation

Interpretation Notes :

CLINICAL IMPLICATIONS:

1. Cholesterol testing evaluates the risk for atherosclerosis, myocardial occlusion, and coronary artery occlusion. Elevated cholesterol levels are a major component in the hereditary hyper lipoproteinemia. It is also used to monitor effectiveness of diet, medications, lifestyle, and stress management.
2. The cholesterol to HDL ratio provides more information than does either value alone. When a slightly increased cholesterol is due to high HDL, therapy is not indicated.
3. LDL cholesterol has a longer shelf life and determines the CHD risk.

INTERFERING FACTORS:

1. Seasonal and positional variations may alter cholesterol levels. Estrogens, ascorbic acid, bilirubin decrease the cholesterol levels. Pregnancy, bile salt, high saturated fat, and high cholesterol diet may increase the cholesterol values. Prolonged fasting with ketosis may increase the value.
2. Increased levels of HDL may be associated with estrogen therapy, drugs like steroids, alcohol and insulin therapy. Decreased levels are associated with stress, recent illness, starvation, obesity, smoking, hyper triglyceridemia, lack of exercise.
3. Increased LDL may be associated with pregnancy, drugs like steroids. Decreased LDL are found in women under estrogen therapy. No fasting may cause false elevation.
4. A transient increase in triglycerides occurs following heavy meal, alcohol ingestion, pregnancy, acute illness like cold, flu, obesity, physical

"QLabs compliance with ISO 15189:2022 standards"


Sheik mohammed Irfan
Lab Technician

DHA No : 7218690-001




Dr. Vidhya Mohan
Specialist Clinical Pathologist
Clinical Pathologist
DHA No. 23553203-004


Dr. Dheepa Manoharan
Medical Director
Specialist Microbiologist
DHA No. 00231751-004

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02290730
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of BIOCHEMISTRY
EverWell Bronze Package (EVERWELL)
LIPID PROFILE TEST

Investigation **Results** **Flag** **Units** **Biological Reference Interval** **Method**

inactivity, smoking. Transient decrease occurs after strenuous exercise, weight loss.

RECOMMENDATION:

1. Cholesterol levels >200 mg/dl should be retested and the results averaged and if the results differ by > than 10%, a third test need to be done for confirmation. Perform a comprehensive lipoprotein analysis if cholesterol levels are not lowered within 6 months after start of therapy. If the values are altered in a normal condition, recommended to follow a stable diet for 1 week and overnight fasting (9 to 12 hours) before repeating the test.
2. Cholesterol and HDL should not be measured immediately after MI. A 3 month wait is suggested.
3. If triglyceride levels are more than 400mg/dl or >10.36mmol/L recommended to fast overnight(9 to 12 hours) and retest .Because of biological and analytical variation, at least 2 serial sample may be necessary for clinical decision making. VLDL cannot be calculated if triglycerides are more than 400mg/dl

REFERENCE: 1) Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]
2) Tietz clinical guide to Laboratory tests(Fourth edition) ALAN H.B.WU

Sample: Serum

"QLabs compliance with ISO 15189:2022 standards"



Sheik mohammed Irfan
Lab Technician

DHA No : 27218690-001





Dr. Vidhya Mohan
Specialist Clinical Pathologist
Clinical Pathologist
DHA No. 23553203-004



Dr. Dheepa Manoharan
Medical Director
Specialist Microbiologist
DHA No. 00231751-004

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02290730
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of BIOCHEMISTRY
EverWell Bronze Package (EVERWELL)
ANEMIA PROFILE

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
TRANSFERRIN SATURATION	24.6		%	10-50	Calculation
TOTAL IRON BINDING CAPACITY	354		µg/dL	250-450	Calculated
UNSATURATED IRON BINDING CAPACITY	267		ug/dL	125-345	Direct determination with FerroZine
IRON	87		µg/dl	33-193	Ferrozine-no deproteinization

Interpretation Notes :

TRANSFERRIN

CLINICAL IMPLICATIONS:

Higher transferrin saturation values are found in high iron states such as megaloblastic anemia, sideroblastic anemia and iron overload states. Decreased transferrin saturation is found in chronic iron deficiency, chronic infection, extensive malignancy, tissue inflammation states, uremia, nephrotic syndrome

TIBC

CLINICAL IMPLICATIONS:

Increased TIBC is found in:

Iron deficiency, Pregnancy (late), Acute and chronic blood loss.

Decreased TIBC is observed in:

Hypoproteinemia (malnutrition and burns), Hemochromatosis, Non-iron-deficiency anemia (infection and chronic disease), Cirrhosis of liver, Nephrosis and other renal diseases, Thalassemia and Hyperthyroidism

UIBC

CLINICAL IMPLICATIONS:

Elevated unsaturated iron binding capacity (UIBC) may indicate

Iron deficiency in the diet and Inability to absorb iron

Decreased unsaturated iron binding capacity (UIBC) may indicate

Hemochromatosis, Chronic infection or illness, Hemolytic anemia, Sideroblastic anemia and Iron toxicity

IRON

CLINICAL IMPLICATIONS:

1. The combined results of iron, transferrin, and TIBC are helpful in the differential diagnosis of anemia, in assessment of iron deficiency anemia and in the evaluation of thalassemia, sideroblastic anemia and haemochromatosis.

REFERENCE: 1) Manual of Laboratory and Diagnostics - Frances Fischbach Marshall B. Dunning III [9th Edition]

2) Tietz clinical guide to Laboratory tests (Fourth edition) ALAN H.B.WU

Sample: Serum

"QLabs compliance with ISO 15189:2022 standards"

Sheik Mohammed Irfan

Sheik mohammed Irfan
Lab Technician

DHA No : 27218690-001



Dr. Vidhya Mohan

Dr. Vidhya Mohan
Specialist Clinical Pathologist
Clinical Pathologist
DHA No. 23553203-004

Dr. Dheepa Manoharan

Dr. Dheepa Manoharan
Medical Director
Specialist Microbiologist
DHA No. 00231751-004

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02290730
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of BIOCHEMISTRY
EverWell Bronze Package (EVERWELL)
RENAL FUNCTION PROFILE

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
UREA (SERUM)	11.3	L	mg/dl	16.6-48.5	Kinetic test,Urease
CREATININE (SERUM)	0.87		mg/dl	0.7 - 1.2	Alkaline picrate
URIC ACID (SERUM)	6.52		mg/dl	3.4-7	Enzymatic colorimetric test
CALCIUM	9.71		mg/dL	8.6-10	NM-BAPTA
BLOOD UREA NITROGEN (SERUM)	5.3	L	mg/dl	6-20	Calculation
BUN/CREATININE RATIO	6.09	L	mg/dl	10-30	Calculation

Interpretation Notes :

CLINICAL IMPLICATIONS:

1.A markedly increased BUN is conclusive of severe impaired glomerular function and in chronic renal disease BUN level correlates better with the symptoms of uremia than does the serum creatinine.

2.Uric acid levels is used most commonly in the evaluation of renal failure ,gout, and leukemia. In gout the amount of increase is not directly related to the severity of the disease. Acute levels may occur following administration of cytotoxic drugs.

3.In chronic renal disease ,BUN/creatinine ratio is a better indicator to evaluate the renal problem than evaluating either alone. For each 50% reduction in GFR serum creatinine doubles. In chronic renal disease the plasma levels of creatinine may be more sensitive to changes in glomerular function than creatinine clearance ,which may be factitiously higher than the true value.

Sample: Serum

"QLabs compliance with ISO 15189:2022 standards"



Sheik mohammed Irfan
Lab Technician

DHA No : 27218690-001





Dr. Vidhya Mohan
Specialist Clinical Pathologist
Clinical Pathologist
DHA No. 23553203-004



Dr. Dheepa Manoharan
Medical Director
Specialist Microbiologist
DHA No. 00231751-004

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02290730
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of BIOCHEMISTRY
EverWell Bronze Package (EVERWELL)
Liver Function Test-WC

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
AST / SGOT	17		U/L	10-50	IFCC with P5P
ALT / SGPT	20.8		U/L	10-50	IFCC with P5P
ALP (ALKALINE PHOSPHATASE)	61		U/L	40-129	Colorimetric assay
GGT (GAMMA GLUTAMYL TRANSFERASE)	15		U/L	8-61	Enzymatic colorimetric assay
BILIRUBIN (TOTAL)	0.9		mg/dl	0.1-1.2	Diazo
BILIRUBIN (DIRECT)	0.45	H	mg/dl	0-0.3	Diazo
INDIRECT BILIRUBIN	0.45		mg/dl	0-1.1	Calculated Parameter
TOTAL PROTEIN	7.2		g/dl	6.6-8.7	Colorimetric assay
ALBUMIN (SERUM)	4.8		g/dl	3.97-4.94	Colorimetric assay
GLOBULIN	2.4		g/dl	2.35 - 3.5	Calculated Parameter
ALBUMIN / GLOBULIN RATIO	2.00		NULL	0.8-2.0	Calculation

Sample: Serum

"QLabs compliance with ISO 15189:2022 standards"



Sheik mohammed Irfan
Lab Technician

DHA No : 27218690-001





Dr. Vidhya Mohan
Specialist Clinical Pathologist
Clinical Pathologist
DHA No. 23553203-004



Dr. Dheepa Manoharan
Medical Director
Specialist Microbiologist
DHA No. 00231751-004

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02289727
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of BIOCHEMISTRY
EverWell Bronze Package (EVERWELL)

GLYCATED HEMOGLOBIN (HbA1c)

Investigation	Results	Flag	Units	Biological Reference Interval	Method
Sample: EDTA Whole Blood					
GLYCATED HEMOGLOBIN (HbA1C) ^	5		%	<5.7 non-diabetic 5.7-6.4 Pre-Diabetic >6.4 Diabetic	HPLC
Average Blood Glucose	96.8		mg/dl	90-120 Good Control 121-150 Fair Control 151-180 Unsatisfactory Control >180 Poor Control	Calculated

Comments :

False elevated levels may be due to hypertriglyceridemia, iron deficiency anemia, B12 deficiency, vit C supplement usage, uremia, hemoglobinopathies. In such cases recommended to evaluate the value using alternative index like fructosamine, glycated albumin or continuous glucose monitoring

CLINICAL IMPLICATIONS:

- 1) Glycated hemoglobin reflects average blood sugar level for 2 to 3 month period and useful for evaluating diabetic medications and to track the control of blood glucose in milder cases.
- 2) Increase in Glycated hemoglobin occurs in non diabetic conditions like Iron deficiency anemia, splenectomy, alcohol toxicity. Decrease in Glycated Hemoglobin in hemolytic anemia, chronic blood loss, pregnancy and chronic renal failure.
- 3) Improvement in the glucose control occurring in the 4 weeks before drawing of the sample is not well reflected in the result since the formation of glycated haemoglobin is irreversible.

INTERFERING FACTORS:

- 1) Presence of HbF and HbH cause falsely elevated values.
- 2) Presence of Hb S, C, E, D, G and Lepore cause falsely decrease results.
- 3) If test results are not consistent with clinical finding check the patient for HbF which elevates HbA1c results.
- 4) Haemolytic blood samples may cause falsely low results because of increased erythrocyte turnover.

REFERENCE:

- 1) Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]
- 2) Tietz clinical guide to Laboratory tests(Fourth edition) ALAN H.B.WU

"QLabs compliance with ISO 15189:2022 standards"



Ebin C Lorance
Lab Technologist

DHA No. 57146854-002





Dr. Vidhya Mohan
Specialist Clinical Pathologist
Clinical Pathologist
DHA No. 23553203-004



Dr. Dheepa Manoharan
Medical Director
Specialist Microbiologist
DHA No. 00231751-004

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02290227
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of BIOCHEMISTRY
EverWell Bronze Package (EVERWELL)

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
GLUCOSE (FASTING)	74		mg/dL	74 - 109	Hexokinase

Sample: Fluoride Plasma

Comments :

CLINICAL IMPLICATIONS:

ADA criteria for definitive test for diabetes:

- 1) Fasting blood glucose > 126 mg/dl (> 6.99 mmol/l) on at least two occasions.
- 2) Symptoms of diabetes plus random blood glucose > 200 mg/dl (> 11.1 mmol/l)
- 3) OGTT with 2 hrs. post load (75 gm glucose load) > 200 mg/dl (> 11.1 mmol/l) 4) HbA1c > 6.5%

INTERFERING FACTORS:

- 1) Steroids, diuretics, pregnancy, surgical procedures, anesthesia, obesity, smoking may cause elevated glucose levels.
- 2) Hematocrit > 55%, intense exercise, drug intake may cause lowered glucose level.
- 3) Dawn Phenomenon-Increase in blood glucose typically between 4.00am and 8.00 am due to counter-regulatory hormones.

RECOMMENDATION: As mild borderline cases may present with normal fasting glucose levels, recommended repeat testing different day.

REFERENCE: 1) Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]
2) Tietz clinical guide to Laboratory tests(Fourth edition) ALAN H.B.WU

"QLabs compliance with ISO 15189:2022 standards"



Sheik mohammed Irfan
Lab Technician

DHA No : 27218690-001





Dr. Vidhya Mohan
Specialist Clinical Pathologist
Clinical Pathologist
DHA No. 23553203-004



Dr. Dheepa Manoharan
Medical Director
Specialist Microbiologist
DHA No. 00231751-004

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02290730
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of BIOCHEMISTRY
EverWell Bronze Package (EVERWELL)

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
PHOSPHORUS(SERUM)	3.05		mg/dl	2.5 - 5.1	Molybdate UV

Sample: Serum

Comments :

CLINICAL IMPLICATIONS:

Hypophosphatemia is found in about half of the cases of primary hyperparathyroidism. The measurement of TRP (tubular reabsorption of phosphate) has been suggested as an adjunct test for diagnosing primary hyperparathyroidism.

INTERFERING FACTORS:

1. Serum phosphorus concentrations have a circadian rhythm and are subject to rapid change to environmental factors such as diet, seasonal variation phosphate binding antacids, fluctuations in growth hormone, insulin, renal function. Ingestion of food may cause a transient decrease in the values. Low values are seen during menstruation.

2. Phosphorus values are normally high in children. Hemolysis of blood samples may falsely elevate the values.

REFERENCE:

- 1) Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]
- 2) Tietz clinical guide to Laboratory tests(Fourth edition) ALAN H.B.WU

"QLabs compliance with ISO 15189:2022 standards"



Sheik mohammed Irfan
Lab Technician

DHA No : 27218690-001





Dr. Vidhya Mohan
Specialist Clinical Pathologist
Clinical Pathologist
DHA No. 23553203-004



Dr. Dheepa Manoharan
Medical Director
Specialist Microbiologist
DHA No. 00231751-004

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02290730
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of BIOCHEMISTRY
EverWell Bronze Package (EVERWELL)
EGFR (GLOMERULAR FILTRATION RATE) - 2

Investigation	Results	Flag	Units	Biological Reference Interval	Method
PATIENT WEIGHT	61		Kg		
CREATININE (SERUM)	0.87		mg/dl	0.7 - 1.2	Alkaline picrate
EGFR (GLOMERULAR FILTRATION RATE) 2	97		mL/min	89 - 300	Cockcroft-Gault

Interpretation Notes :

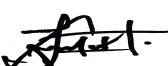
Please note change in Reference range with effect from 07 Dec 2020 (Source: American Association of Clinical Chemistry).

KIDNEY DAMAGE STAGE	DESCRIPTION	ESTIMATED GFR†	OTHER FINDINGS
1	Normal or minimal kidney damage with normal GFR	90+	Protein or albumin in urine may be high, cells or casts rarely seen in urine (See Urinalysis).
2	Mild decrease in GFR	60-89	Protein or albumin in urine may be high, cells or casts rarely seen in urine.
3	Moderate decrease in GFR	30-59	High blood pressure, anemia, abnormal serum calcium, potassium, phosphate.
4	Severe decrease in GFR	15-29	High blood pressure, anemia, bone disease (CKD-MBD*) with abnormal serum calcium, phosphorous, vitamin D, parathyroid hormone.
5	Kidney Failure	<15	

†mL/min/1.73m². *CKD-MBD: Chronic Kidney Disease-Mineral and Bone Disorder.

Sample: Serum

"QLabs compliance with ISO 15189:2022 standards"


Sheik mohammed Irfan
Lab Technician

DHA No : 27218690-001




Dr. Vidhya Mohan
Specialist Clinical Pathologist
Clinical Pathologist
DHA No. 23553203-004


Dr. Dheepa Manoharan
Medical Director
Specialist Microbiologist
DHA No. 00231751-004

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02289728
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of BIOCHEMISTRY
EverWell Bronze Package (EVERWELL)

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
Creatinine (Urine,spot)	20	L	mg/dl	39 - 259	Alkaline picrate
Sample: URINE					

"QLabs compliance with ISO 15189:2022 standards"

Maqsood Rahman

Maqsood Rahman
Lab Technologist

DHA No:48036476-001



Dr. Vidhya Mohan

Dr. Vidhya Mohan
Specialist Clinical Pathologist
Clinical Pathologist
DHA No. 23553203-004

Dr. Dheepa Manoharan

Dr. Dheepa Manoharan
Medical Director
Specialist Microbiologist
DHA No. 00231751-004

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02289728
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of CLINICAL PATHOLOGY
EverWell Bronze Package (EVERWELL)

COMPREHENSIVE URINE ANALYSIS

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
Sample: URINE					
MACROSCOPIC EXAMINATION					
COLOR	Pale yellow			Pale to Dark Yellow	Colorimetric
APPEARANCE	Clear			-	Turbidometric Method
CHEMISTRY EXAMINATION					
SPECIFIC GRAVITY	1.005			1.002 - 1.035	Reflectance photometry
pH	6			4.5 - 8	Reflectance photometry
PROTEIN	Neg.			Negative	Reflectance photometry
GLUCOSE	Neg.			Negative	Reflectance photometry
KETONE	Neg.			Negative	Reflectance photometry
UROBILINOGEN	Norm.			Negative	Reflectance photometry
BILIRUBIN	Neg.			Negative	Reflectance photometry
BLOOD	Neg.			Negative	Reflectance photometry
LEUCOCYTES	Neg.			Negative	Reflectance photometry
MICROSCOPIC EXAMINATION					
NITRATE	Neg.			NEGATIVE	Reflectance photometry
PUS CELLS	Nil		/HPF	0 - 5	Microscopy
RBC	Nil		/HPF	0 - 3	Microscopy
NRBC	Nil		/HPF	0 - 3	Microscopy
DRBC	Nil		/HPF	0 - 3	Microscopy
RBC CLUMP	Nil		/HPF	0 - 3	Microscopy
SQUAMOUS EPITHELIAL CELLS	Nil		/HPF	0 - 5	Microscopy
OTHER EPITHELIAL CELLS	Nil		/HPF	0 - 5	Microscopy

"QLabs compliance with ISO 15189:2022 standards"


 Mohammed Jahfar Kuttikkattil
 Lab Technologist

DHA No:05143389-001




 Dr. Vidhya Mohan
 Specialist Clinical Pathologist
 Clinical Pathologist
 DHA No. 23553203-004


 Dr. Dheepa Manoharan
 Medical Director
 Specialist Microbiologist
 DHA No. 00231751-004

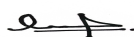
Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02289728
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of CLINICAL PATHOLOGY
EverWell Bronze Package (EVERWELL)

COMPREHENSIVE URINE ANALYSIS

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
BACTERIA	Nil		/HPF	0 - 5	Microscopy
BACTERIA CLUMP	Nil		/HPF	0 - 5	Microscopy
BACTERIA RODS	Nil		/HPF	0 - 5	Microscopy
BACTERIA COCCI	Nil		/HPF	0 - 5	Microscopy
HYALINE CAST	Nil		/HPF	NIL	Microscopy
PATHOLOGICAL CAST	Nil		/HPF	NIL	Microscopy
GRANULAR CAST	Nil		/HPF	NIL	Microscopy
CELLULAR CAST	Nil		/HPF	NIL	Microscopy
WAXY CAST	Nil		/HPF	NIL	Microscopy
RBC CAST	Nil		/HPF	NIL	Microscopy
WBC CAST	Nil		/HPF	NIL	Microscopy
FACT	Nil		/HPF	NIL	Microscopy
CALCIUM OXALATE CRYSTALS	Nil		/HPF	NIL	Microscopy
MONOHYDRATE CALCIUM CRYSTALS	Nil		/HPF	NIL	Microscopy
TRIPLE PHOSPHATE CRYSTALS	Nil		/HPF	NIL	Microscopy
URIC ACID CRYSTALS	Nil		/HPF	NIL	Microscopy
OTHER SMALL CRYSTALS	Nil		/HPF	NIL	Microscopy
CALCIUM PHOSPHATE CRYSTALS	Nil		/HPF	NIL	Microscopy
LEUCINE CRYSTALS	Nil		/HPF	NIL	Microscopy
CYSTINE CRYSTALS	Nil		/HPF	NIL	Microscopy
TYROSINE CRYSTALS	Nil		/HPF	NIL	Microscopy

"QLabs compliance with ISO 15189:2022 standards"



Mohammed Jahfar Kuttikkattil
 Lab Technologist

DHA No:05143389-001




Dr. Vidhya Mohan
 Specialist Clinical Pathologist
 Clinical Pathologist
 DHA No. 23553203-004



Dr. Dheepa Manoharan
 Medical Director
 Specialist Microbiologist
 DHA No. 00231751-004

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02289728
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of CLINICAL PATHOLOGY
EverWell Bronze Package (EVERWELL)

COMPREHENSIVE URINE ANALYSIS

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
AMORPHOUS CRYSTALS	Nil		/HPF	NIL	Microscopy
CHOLESTEROL CRYSTALS	Nil		/HPF	NIL	Microscopy
FAT	Nil		/HPF	NIL	Microscopy
MUCUS	Nil		/HPF	NIL	Microscopy
YEAST	Nil		/HPF	NIL	Microscopy
UNCLASSIFIED	Nil		/HPF	NIL	Microscopy
OTHERS	Nil		/HPF	NIL	Microscopy

"QLabs compliance with ISO 15189:2022 standards"



Mohammed Jahfar Kuttikkattil
 Lab Technologist

DHA No:05143389-001




Dr. Vidhya Mohan
 Specialist Clinical Pathologist
 Clinical Pathologist
 DHA No. 23553203-004



Dr. Dheepa Manoharan
 Medical Director
 Specialist Microbiologist
 DHA No. 00231751-004

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02289727
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of HEMATOLOGY
EverWell Bronze Package (EVERWELL)
COMPREHENSIVE COMPLETE BLOOD COUNT

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
HEMOGLOBIN	13.6		g/dl	13-17	photometric
RBC COUNT	4.23	L	10 ⁶ /uL	4.5-5.5	Electrical Impedance
HEMATOCRIT	39.3	L	%	42-52	Calculation
MCV	92.8		fL	78-100	Calculation
MCH	32.1	H	pg	27-31	Calculation
MCHC	34.5		g/dl	31-35	Calculation
RDW	13.5		%	9.3-16	Calculation
RDW-SD	44.2		fL	38.9-49	Calculation
MPV	10.7		fL	8.8-12.5	Calculation
PLATELET COUNT	203		10 ³ /uL	150-400	Electrical Impedance
* PCT	0.2		%	0.01-9.99	Calculation
* PDW	16.8			0.1-99.9	Calculation
* NUCLEATED RBC (NRBC)^	0.06		/100 WBC		Flow Cytometry
* ABSOLUTE NRBC COUNT^	0		10 ³ /uL		Calculation
* EARLY GRANULOCYTE COUNT (EGC)^	0.13		%		Flow Cytometry
* ABSOLUTE EGC^	0.01		10 ³ /uL		Calculation
WBC COUNT	6.9		10 ³ /uL	4-11	Electrical Impedance
* Neutrophil	43.5		%	40-80	VCS-Method
* Lymphocyte	44.8	H	%	20-40	VCS-Method
* Eosinophil	1.95		%	1-8	VCS-Method
* Monocyte	9.07		%	2-10	VCS-Method
* Basophil	0.68		%	0-2	VCS-Method
* ABSOLUTE NEUTROPHIL COUNT	2.98		10 ³ /uL	1.5-7	Calculation
* ABSOLUTE LYMPHOCYTE COUNT	3.07		10 ³ /uL	1.5-4	Calculation
* ABSOLUTE MONOCYTE COUNT	0.62		10 ³ /uL	0-0.8	Calculation
* ABSOLUTE EOSINOPHIL COUNT	0.13		10 ³ /uL	0-0.6	Calculation
* ABSOLUTE BASOPHIL COUNT	0.05		10 ³ /uL	0-0.2	Calculation

Sample: EDTA Whole Blood

Note:

"The analytes with asterisk (*) symbol are non-accredited parameters."

"QLabs compliance with ISO 15189:2022 standards"



Mohammed Jahfar Kuttikkattil
 Lab Technologist

DHA No:05143389-001




Dr. Vidhya Mohan
 Specialist Clinical Pathologist
 Clinical Pathologist
 DHA No. 23553203-004

Page 14 of 16

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02290730
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of IMMUNOLOGY
EverWell Bronze Package (EVERWELL)

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
THYROID STIMULATING HORMONE (TSH)	2.94		uIU/mL	0.27-4.2	ECLIA

Sample: Serum

Comments :

CLINICAL IMPLICATIONS:

- 1.TSH has diurnal rhythm, peaks at 2:00-4:00am and has low levels at 5:00-6:00pm with ultradian rhythm (shorter than circadian).
2. Moderately high TSH is often found in euthyroid patients during treatment for hyperthyroidism. In treated hyperthyroid patient, TSH may remain low for 4-6 week after euthyroid state is achieved. TSH surges with birth, peaking at 30min at 25-160mU/L, declining to cord blood levels by 3 days, and reaching adult values in the first week of life.
3. If there is clear evidence of hypothyroidism and TSH is not elevated then an implication of possible hypopituitarism exists.

INTERFERING FACTORS:

- 1.Values are normally high in neonatal cord blood, and comes to normal by first week.
- 2.Values are increased in elderly patients, drugs like amphetamine abuse, potassium iodide, lithium, iodine containing drugs.
- 3.Values may be decreased in first trimester of pregnancy and during treatment with thyroxine and corticosteroids.
- 4.Heterophilic antibodies may falsely decrease or increase test results.

REFERENCE:

- 1) Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]
- 2) Tietz clinical guide to Laboratory tests(Fourth edition) ALAN H.B.WU

"QLabs compliance with ISO 15189:2022 standards"



Sheik mohammed Irfan
Lab Technician

DHA No : 27218690-001





Dr. Vidhya Mohan
Specialist Clinical Pathologist
Clinical Pathologist
DHA No. 23553203-004



Dr. Dheepa Manoharan
Medical Director
Specialist Microbiologist
DHA No. 00231751-004

Patient Name	: Mr. DEEPAK BAHADUR NEPALI	Sample UID No.	: 02290730
Age / Gender	: 40 Y 3 M / Male	Sample Collected On	: 16-08-2025 12:25
Patient ID	: QLD108633	Registered On	: 16-08-2025 12:34
Referred By	: EVERWELL HOME HEALTHCARE	Reported on	: 17-08-2025 07:42
Referral Client	: PULSE MEDICAL CENTRE	External Patient ID	:
Emirates ID / Passport No	: 784198581690389	Print Version	: V.1

Department of IMMUNOLOGY
EverWell Bronze Package (EVERWELL)

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
VITAMIN D, 25-OH (TOTAL)	17.5	L	ng/mL	Deficient : ≤ 20 insufficient: 21-29 Sufficient: ≥ 30 Toxicity : >80	ECLIA

Sample: Serum

Comments :

CLINICAL IMPLICATIONS:

1. Increased Vitamin D levels are seen in gastrointestinal symptoms like anorexia, nausea, vomiting, constipation, hypercalcemia, renal colic, supplements, normal growing children, pregnant and lactating females, tuberculosis, idiopathic hypercalciuria, sarcoidosis. Levels can increase to 200 -300pg/ml during treatment of osteoma Lacia with physiological doses of vitamin D.
2. Decreased levels are seen in Inadequate diet, Inadequate exposure to sunlight, liver disease, Malabsorption syndrome, osteoma Lacia, Anticonvulsants, rickets, chronic renal failure, pseudohypoparathyroidism, post-menopausal osteoporosis and adults with insulin requiring diabetes mellitus.
3. 25(OH) levels do not indicate clinical vitamin D status in patients with chronic renal failure or type 1 vitamin D dependent rickets or when calcitriol is used as a supplement.

INTERFERING FACTORS:

Age, season of the year, diarrhoea or vomiting, certain drugs, diseases, and long term hyperalimentation are the factors that may interfere with the vitamin levels.

RECOMMENDATION:

Recommended to evaluate alternate cause of impaired mineralization ,if the levels are not consistent with the suspected diagnosis.

REFERENCE:

- 1) Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]
- 2) Tietz clinical guide to Laboratory tests(Fourth edition) ALAN H.B.WU
- 3) Clinical microbiology procedures 4th edition AMY L LEBER

- END OF REPORT -

"QLabs compliance with ISO 15189:2022 standards"


Sheik mohammed Irfan
Lab Technician

DHA No : 27218690-001




Dr. Vidhya Mohan
Specialist Clinical Pathologist
Clinical Pathologist
DHA No. 23553203-004


Dr. Dheepa Manoharan
Medical Director
Specialist Microbiologist
DHA No. 00231751-004