



**Mr. ADITYA KUMAR**

PID NO : 44151

Age : 26 Years Sex : Male

DOB: 07-Feb-1999



**Reference : Dr. FARHAN**

**Referred Client :**

CITICARE MEDICAL CENTER

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

**VID : 5080105753**

Collected on :

Registered on :

19-Aug-2025 05:08 PM

Reported on :

### Abnormal Result(s) Summary

| Test Name                 | Result Value | Unit                | Reference Range |
|---------------------------|--------------|---------------------|-----------------|
| HEMOGLOBIN                | <b>13.2</b>  | g/dL                | 13.5 - 17.5     |
| MCV                       | <b>81.9</b>  | fL                  | 82 - 98         |
| MCH                       | <b>26.9</b>  | pg                  | 27 - 32         |
| EOSINOPHILS               | <b>10</b>    | %                   | 0 - 6           |
| MONOCYTES                 | <b>7</b>     | %                   | 1 - 6           |
| ABSOLUTE EOSINOPHIL COUNT | <b>0.75</b>  | 10 <sup>3</sup> /uL | 0 - 0.66        |

**Abnormal Result(s) Summary End**

This is an Electronically Authenticated Report.

Printed on: 19-Aug-2025 07:29 PM

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.



Mr. ADITYA KUMAR

PID NO : 44151

Age : 26 Years Sex : Male

DOB: 07-Feb-1999



Reference : Dr. FARHAN

Referred Client :

CITICARE MEDICAL CENTER

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

VID : 5080105753

Collected on :

19-Aug-2025 01:00 AM

Registered on :

19-Aug-2025 05:08 PM

Reported on :

19-Aug-2025 07:27 PM

| Investigation                              | Observed Value | Flag | Unit                | Biological Reference Interval | Method               |
|--------------------------------------------|----------------|------|---------------------|-------------------------------|----------------------|
| <b>COMPLETE BLOOD COUNT (CBC)</b>          |                |      |                     |                               |                      |
| HEMOGLOBIN                                 | 13.2           | L    | g/dL                | 13.5 - 17.5                   | Photometric          |
| RBC COUNT                                  | 4.9            |      | 10 <sup>6</sup> /μL | 4.3 - 5.7                     | Electrical Impedance |
| HEMATOCRIT                                 | 40.3           |      | %                   | 38 - 50                       | Calculation          |
| MCV                                        | 81.9           | L    | fL                  | 82 - 98                       | Calculation          |
| MCH                                        | 26.9           | L    | pg                  | 27 - 32                       | Calculation          |
| MCHC                                       | 32.9           |      | g/dL                | 32 - 37                       | Calculation          |
| * RDW                                      | 12.6           |      | %                   | 11.8 - 15.6                   | Calculation          |
| * RDW-SD                                   | 36.30          |      | fL                  |                               | Calculation          |
| MPV                                        | 10.0           |      | fL                  | 7.6 - 10.8                    | Calculation          |
| PLATELET COUNT                             | 204            |      | 10 <sup>3</sup> /uL | 150 - 450                     | Electrical Impedance |
| * NUCLEATED RBC (NRBC)                     | 0.60           |      | /100 WBC            |                               | VCS 360 Technology   |
| * ABSOLUTE NRBC COUNT                      | 0.05           |      | 10 <sup>3</sup> /uL |                               | Calculation          |
| <b>TOTAL &amp; DIFFERENTIAL COUNT (DC)</b> |                |      |                     |                               |                      |
| WBC COUNT                                  | 7.5            |      | 10 <sup>3</sup> /μL | 4 - 11                        | Electrical Impedance |
| NEUTROPHILS                                | 51             |      | %                   | 40 - 75                       | VCS 360 Technology   |
| LYMPHOCYTES                                | 31             |      | %                   | 20 - 45                       | VCS 360 Technology   |
| EOSINOPHILS                                | 10             | H    | %                   | 0 - 6                         | VCS 360 Technology   |
| MONOCYTES                                  | 7              | H    | %                   | 1 - 6                         | VCS 360 Technology   |
| BASOPHILS                                  | 1              |      | %                   | 0 - 1                         | VCS 360 Technology   |
| <b>ABSOLUTE COUNT</b>                      |                |      |                     |                               |                      |
| ABSOLUTE NEUTROPHIL COUNT                  | 3.83           |      | 10 <sup>3</sup> /uL | 1.6 - 8.25                    | Calculation          |
| ABSOLUTE LYMPHOCYTE COUNT                  | 2.33           |      | 10 <sup>3</sup> /uL | 0.8 - 4.95                    | Calculation          |
| ABSOLUTE MONOCYTE COUNT                    | 0.53           |      | 10 <sup>3</sup> /uL | 0.04 - 0.66                   | Calculation          |
| ABSOLUTE EOSINOPHIL COUNT                  | 0.75           | H    | 10 <sup>3</sup> /uL | 0 - 0.66                      | Calculation          |
| ABSOLUTE BASOPHIL COUNT                    | 0.07           |      | 10 <sup>3</sup> /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

*Shamal H M*

SHAMAL H M

This is an Electronically Authenticated Report.

Printed on: 19-Aug-2025 07:29 PM

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.





**Mr. ADITYA KUMAR**

PID NO : 44151

Age : 26 Years Sex : Male

DOB: 07-Feb-1999



**Reference : Dr. FARHAN**

**Referred Client :**

CITICARE MEDICAL CENTER

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

**VID : 5080105753**

Collected on :

19-Aug-2025 01:00 AM

Registered on :

19-Aug-2025 05:08 PM

Reported on :

19-Aug-2025 06:29 PM

| Investigation                                                                             | Observed Value | Flag | Unit | Biological Reference Interval                      |
|-------------------------------------------------------------------------------------------|----------------|------|------|----------------------------------------------------|
| <b>* C-REACTIVE PROTEIN (CRP)</b><br>(Serum, Particle-enhanced immunoturbidimetric assay) | 3.5            |      | mg/L | < 5.0<br>Please note change.<br>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."

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

*Dr. Vyoma Shah*

**DR. ADLEY MARK FERNANDES**

M.D (Pathology)  
Pathologist

**DR. VYOMA SHAH**

M.D (Pathology)  
Clinical Pathologist

*Nazar Ali*

**NAZAR ALI**

Laboratory Technologist

Printed on: 19-Aug-2025 07:29 PM

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.

