



Mr. MD MASUD RANA ABUL KALAM AJAD

PID NO : 46840

Age : 41 Years Sex : Male

DOB: 04-Aug-1984



Reference : Dr. AISHA UMER

Referred Client :

CITICARE MEDICAL CENTER

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

VID : 5080106716

Collected on :

Registered on :

22-Aug-2025 04:30 PM

Reported on :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
WBC COUNT	17.6	10 ³ /μL	4 - 11
ABSOLUTE NEUTROPHIL COUNT	11.44	10 ³ /uL	1.6 - 8.25
ABSOLUTE MONOCYTE COUNT	0.88	10 ³ /uL	0.04 - 0.66
ABSOLUTE BASOPHIL COUNT	0.18	10 ³ /uL	0 - 0.11
IGE TOTAL ANTIBODY	297	IU/mL	Refer to Table below in interpretation notes

Abnormal Result(s) Summary End

This is an Electronically Authenticated Report.

Printed on: 22-Aug-2025 06:09 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.



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Third, Dubai

VID : 5080106716

Collected on :

21-Aug-2025 10:15 PM

Registered on :

22-Aug-2025 04:30 PM

Reported on :

22-Aug-2025 05:45 PM

Investigation	Observed Value	Flag	Unit	Biological Reference Interval	Method
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	15.1		g/dL	13.5 - 17.5	Photometric
RBC COUNT	5.5		10 ⁶ /μL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	45.2		%	38 - 50	Calculation
MCV	82.5		fL	82 - 98	Calculation
MCH	27.5		pg	27 - 32	Calculation
MCHC	33.3		g/dL	32 - 37	Calculation
* RDW	13.2		%	11.8 - 15.6	Calculation
* RDW-SD	38.10		fL		Calculation
MPV	8.3		fL	7.6 - 10.8	Calculation
PLATELET COUNT	287		10 ³ /uL	150 - 450	Electrical Impedance
* NUCLEATED RBC (NRBC)	0.30		/100 WBC		VCS 360 Technology
* ABSOLUTE NRBC COUNT	0.06		10 ³ /uL		Calculation
TOTAL & DIFFERENTIAL COUNT (DC)					
WBC COUNT	17.6	H	10 ³ /μL	4 - 11	Electrical Impedance
NEUTROPHILS	65		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	28		%	20 - 45	VCS 360 Technology
EOSINOPHILS	1		%	0 - 6	VCS 360 Technology
MONOCYTES	5		%	1 - 6	VCS 360 Technology
BASOPHILS	1		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	11.44	H	10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	4.93		10 ³ /uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.88	H	10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.18		10 ³ /uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.18	H	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

Shamal H M

SHAMAL H M

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VID : 5080106716

Collected on :
21-Aug-2025 10:15 PM
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22-Aug-2025 06:06 PM

Investigation	Observed Value	Unit	Biological Reference Interval	Flag
IGE TOTAL ANTIBODY (Serum, ECLIA)	297	IU/mL	Refer to Table below in interpretation notes	H

INTERPRETATION:

Age – wise Reference Range:

Age group	IU/mL
Neonates	<1.5
Infants in 1st year of life	<15
Children aged 1 - 5 years	<60
Children aged 6 - 9 years	<90
Children aged 10 - 15 years	<200
Adults	<100
Please note change in reference range (Source: Roche)	

1. Immunoglobulin E (IgE) is a type of antibody synthesized by plasma cells
2. IgE plays an important role in immunological protection against parasitic infections and in allergy (type 1 hypersensitivity).
3. The IgE concentration in serum is normally very low as IgE is the least abundant antibody in serum (0.05 % of the IgG concentration). The IgE concentration is age-dependent, with the lowest values being measured at birth. Its concentration gradually increases and becomes stabilized between the age of 5-7, although the IgE values vary greatly within particular age groups.
4. Elevated IgE concentrations are seen in patients with Type 1 hypersensitivity reactions such as Anaphylactic reactions (reaction to drugs, bee stings, latex, vaccines, or antigen preparation used in desensitization immunotherapy), allergic diseases such as hay fever, atopic bronchitis, asthma, food allergies, urticaria and dermatitis.
5. Increased IgE concentrations can also occur in non-allergic diseases, e.g. congenital immunodeficiency syndromes, HIV infection, graft-versus- host disease, severe burns, some inflammatory diseases, certain cancers and parasitic diseases.
6. Low IgE levels may be seen in auto-immune disorders.

Note: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration.

References:

1. Kit Insert
2. Dati F, Ringel KP. Reference values for serum IgE in healthy non- atopic children and adults. Clin Chem 1982;28(7):1556.
3. Gould HJ, Sutton BJ, Beavil AJ, Beavil RL, McCloskey N, Coker HA, et al. (2003). "The biology of IGE and the basis of allergic disease". Annual Review of Immunology. 21: 579–628

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

Adley M. Fernandes

DR. ADLEY MARK FERNANDES

M.D (Pathology)
Pathologist

DR. VYOMA SHAH

M.D (Pathology)
Clinical Pathologist

Nazar Ali

NAZAR ALI

Laboratory Technologist

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