



Mr. LAHIRU DURAGE

PID NO: 43811

Age: 32 Years Sex: Male DOB: 18-Mar-1993

Reference: Dr. KEERTHANA RANI PADIPPURAYIL THARA

**Referred Client:** 

CITICARE MEDICAL CENTER

Unit G03, Al Barsha South Bldg, Al Barhsa South

Third, Dubai

VID: 5080107903

Collected on :

Registered on: 26-Aug-2025 11:55 AM

Reported on:

## **Abnormal Result(s) Summary**

Test Name	Result Value	Unit	Reference Range
EOSINOPHILS	12	%	0 - 6

Abnormal Result(s) Summary End

This is an Electronically Authenticated Report.

Printed on:

مركز الإمارات العالمي للاعتماد

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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Age: 32 Years Sex: Male DOB: 18-Mar-1993

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## **Referred Client:**

CITICARE MEDICAL CENTER

Unit G03, Al Barsha South Bldg, Al Barhsa South

Third, Dubai

VID: 5080107903

Collected on:

25-Aug-2025 02:00 PM

Registered on: 26-Aug-2025 11:55 AM

Reported on:

26-Aug-2025 02:27 PM

COMPLETE BLOOD COUNT (CBC)           HEMOGLOBIN         15.7         g/dL         13.5 - 17.5         Photometric           RBC COUNT         5.4         10^6/μL         4.3 - 5.7         Electrical Impedance           HEMATOCRIT         46.2         %         38 - 50         Calculation           MCV         85.5         fL         82 - 98         Calculation	<u>Investigation</u>	Observed Value Flag	g <u>Unit</u>	Biological Reference Int	erval <u>Method</u>
RBC COUNT         5.4         10^6/μL         4.3 - 5.7         Electrical Impedance           HEMATOCRIT         46.2         %         38 - 50         Calculation	COMPLETE BLOOD COUNT (CBC)				
HEMATOCRIT 46.2 % 38 - 50 Calculation	HEMOGLOBIN	15.7	g/dL	13.5 - 17.5	Photometric
,	RBC COUNT	5.4	10^6/μL	4.3 - 5.7	Electrical Impedance
<b>MCV</b> 85.5 fL 82 - 98 Calculation	HEMATOCRIT	46.2	%	38 - 50	Calculation
	MCV	85.5	fL	82 - 98	Calculation
<b>MCH</b> 29.1 pg 27 - 32 Calculation	МСН	29.1	pg	27 - 32	Calculation
<b>MCHC</b> 34.0 g/dL 32 - 37 Calculation	МСНС	34.0	g/dL	32 - 37	Calculation
* <b>RDW</b> 13.4 % 11.8 - 15.6 Calculation	* RDW	13.4	%	11.8 - 15.6	Calculation
* RDW-SD 40.30 fL Calculation	* RDW-SD	40.30	fL		Calculation
<b>MPV</b> 9.0 fL 7.6 - 10.8 Calculation	MPV	9.0	fL	7.6 - 10.8	Calculation
PLATELET COUNT21110^3/uL150 - 450Electrical Impedance	PLATELET COUNT	211	10^3/uL	150 - 450	Electrical Impedance
* NUCLEATED RBC (NRBC) 0.6 /100 WBC VCS 360 Technology	* NUCLEATED RBC (NRBC)	0.6	/100 WBC		VCS 360 Technology
* ABSOLUTE NRBC COUNT 0.03 10^3/uL Calculation	* ABSOLUTE NRBC COUNT	0.03	10^3/uL		Calculation
TOTAL & DIFFERENTIAL COUNT (DC)	<b>TOTAL &amp; DIFFERENTIAL COUNT (DC)</b>				
WBC COUNT 4.9 10^3/μL 4 - 11 Electrical Impedance	WBC COUNT	4.9	10^3/μL	4 - 11	Electrical Impedance
<b>NEUTROPHILS</b> 50 % 40 - 75 VCS 360 Technology	NEUTROPHILS	50	%	40 - 75	VCS 360 Technology
<b>LYMPHOCYTES</b> 33 % 20 - 45 VCS 360 Technology	LYMPHOCYTES	33	%	20 - 45	VCS 360 Technology
EOSINOPHILS 12 H % 0 - 6 VCS 360 Technology	EOSINOPHILS	<b>12</b> H	<b>%</b>	0 - 6	VCS 360 Technology
MONOCYTES5%1 - 6VCS 360 Technology	MONOCYTES	5	%	1 - 6	VCS 360 Technology
BASOPHILS 0 % 0-1 VCS 360 Technology	BASOPHILS	0	%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT	ABSOLUTE COUNT				
ABSOLUTE NEUTROPHIL COUNT 2.45 10^3/uL 1.6 - 8.25 Calculation	ABSOLUTE NEUTROPHIL COUNT	2.45	10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT 1.62 10^3/uL 0.8 - 4.95 Calculation	ABSOLUTE LYMPHOCYTE COUNT	1.62	10^3/uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT 0.24 10^3/uL 0.04 - 0.66 Calculation	ABSOLUTE MONOCYTE COUNT	0.24	10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT 0.59 10^3/uL 0 - 0.66 Calculation	ABSOLUTE EOSINOPHIL COUNT	0.59	10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT 0 10^3/uL 0 - 0.11 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** 

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Cyona V. Shah



**REENA BABU** 

Laboratory Technologist





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Third, Dubai

VID: 5080107903

Tel: 971 4 398 8567 www.biosytech.com

Collected on:

25-Aug-2025 02:00 PM

Registered on: 26-Aug-2025 11:55 AM

Reported on :

26-Aug-2025 02:31 PM

<u>Investigation</u> <u>Observed Value</u> <u>Flag Unit</u> <u>Biological Reference Interval</u>

\* C-REACTIVE PROTEIN (CRP)

(Serum, Particle-enhanced immunoturbidimetric assay)

4.2 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."

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

**DR. ADLEY MARK FERNANDES** 

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

agena V. Shah

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**BHAVYA THENDANKANDY** 

Laboratory Technician

Printed on:

الكانكات المحالمي للاعتماد

26-Aug-2025 02:33 PM







