

Patient Name	: Mr. ABDUL RAHMAN ESSAM	Sample UID No.	: 4113080
Age / Gender	: 30 Y / Male	Sample Collected On	: 26-08-2025 22:00
Patient ID	: QLD112531	Registered On	: 26-08-2025 23:00
Referred By	: Dr. AISHA	Reported on	: 27-08-2025 07:10
Referral Client	: CITICARE MEDICAL CENTER(INSURANCE)	External Patient ID	: 47715
Emirates ID / Passport No	:	Print Version	: V.1

Department of BIOCHEMISTRY

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
LDL CHOLESTEROL DIRECT	161	H	mg/dl	Optimal up to < 100 Near Optimal: 100-129 Borderline : 130-159 High: 160-189 Very High: > 190	Enzymatic, colorimetric method

Sample: Serum

"QLabs compliance with ISO 15189:2022 standards"

Maqsood Rahman

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Lab Technologist

DHA No:48036476-001



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Dr. Dheepa Manoharan

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Referred By	: Dr. AISHA	Reported on	: 27-08-2025 00:56
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LIVER FUNCTION TEST

<u>Investigation</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>Biological Reference Interval</u>	<u>Method</u>
ALT / SGPT	33.4		U/L	10-50	IFCC with P5P
AST / SGOT	33		U/L	10-50	IFCC with P5P
ALP (ALKALINE PHOSPHATASE)	56		U/L	40-129	Colorimetric assay
GGT (GAMMA GLUTAMYL TRANSFERASE)	33		U/L	8-61	Enzymatic colorimetric assay
BILIRUBIN (TOTAL)	0.2		mg/dl	0.1-1.2	Diazo
BILIRUBIN (DIRECT)	0.1		mg/dl	0-0.3	Diazo
INDIRECT BILIRUBIN	0.10		mg/dl	0-1.1	Calculated Parameter
TOTAL PROTEIN	7.5		g/dl	6.6-8.7	Colorimetric assay
ALBUMIN (SERUM)	4.8		g/dl	3.97-4.94	Colorimetric assay
GLOBULIN	2.7		g/dl	2.35 - 3.5	Calculated Parameter
A/G RATIO	1.8			1.1-2.5	Calculated Parameter

Interpretation Notes :

CLINICAL IMPLICATIONS:

- 1) Total Bilirubin elevation accompanied by jaundice is due to hepatic, obstructive, hemolytic and blood group compatibility.
- 2) Increase albumin is associated with dehydration and decrease is due to acute and chronic inflammation, burns and heart failure.
- 3) Although AST levels always increase in acute MI, ALT level doesn't always increase unless there also liver damage.
- 4) ALT is usually increased more than AST in acute extra hepatic biliary obstruction.
- 5) ALT is more specific than AST for liver disease but AST is more sensitive to liver disease.
- 6) Alkaline phosphatase normal values are higher in pediatric patient and in pregnancy. Values may increase up to 3 times in puberty.
- 7) GGT is used to confirm biliary abnormality and is elevated in hepatobiliary disease but not in uncomplicated bone disease.
- 8) GGT values are higher in new born, first 3 to 6 month . Adult male have 25% higher values than female.

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Department of BIOCHEMISTRY

LIVER FUNCTION TEST

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

INTERFERING FACTORS:

- 1) Certain foods like carrots, yam, drugs, anorexia, prolonged fasting may falsely increase bilirubin level.
- 2) Albumin levels may reduce in pregnancy, over hydration, edema, drugs, obesity.
- 3) Young children, pregnant women, post-menopausal women have physiological high level of ALT. Alkaline phosphatase increase after fatty meal.
- 4) Slight reduce level of AST can be seen during pregnancy and false reduced level in severe liver disease.

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

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Department of BIOCHEMISTRY

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)	34.9		mg/dl	16.6-48.5	Kinetic test,Urease
CREATININE (SERUM)	0.76		mg/dl	0.7 - 1.2	Alkaline picrate
URIC ACID (SERUM)	6.46		mg/dl	3.4-7	Enzymatic colorimetric test
CALCIUM	9.98		mg/dL	8.6-10	NM-BAPTA
BLOOD UREA NITROGEN (SERUM)	16.3		mg/dl	6-20	Calculation
BUN/CREATININE RATIO	21.45		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

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Department of HEMATOLOGY

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	15.7		g/dl	13-17	photometric
RBC COUNT	5.54	H	10 ⁶ /uL	4.5-5.5	Electrical Impedance
HEMATOCRIT	47.1		%	42-52	Calculation
MCV	84.9		fL	78-100	Calculation
MCH	28.4		pg	27-31	Calculation
MCHC	33.4		g/dl	31-35	Calculation
RDW	13.1		%	9.3-16	Calculation
RDW-SD	39.8		fL	38.9-49	Calculation
MPV	10		fL	8.8-12.5	Calculation
PLATELET COUNT	198		10 ³ /uL	150-400	Electrical Impedance
* PCT	0.2		%	0.01-9.99	Calculation
* PDW	17.2			0.1-99.9	Calculation
* NUCLEATED RBC (NRBC)^	0.95		/100 WBC		Flow Cytometry
* ABSOLUTE NRBC COUNT^	0.07		10 ³ /uL		Calculation
* EARLY GRANULOCYTE COUNT (EGC)^	NA		%		Flow Cytometry
* ABSOLUTE EGC^	NA		10 ³ /uL		Calculation
WBC COUNT	7.1		10 ³ /uL	4-11	Electrical Impedance
* Neutrophil	55.1		%	40-80	VCS-Method
* Lymphocyte	36.81		%	20-40	VCS-Method
* Eosinophil	1.49		%	1-8	VCS-Method
* Monocyte	6.13		%	2-10	VCS-Method
* Basophil	0.47		%	0-2	VCS-Method
* ABSOLUTE NEUTROPHIL COUNT	3.92		10 ³ /uL	1.5-7	Calculation
* ABSOLUTE LYMPHOCYTE COUNT	2.62		10 ³ /uL	1.5-4	Calculation
* ABSOLUTE MONOCYTE COUNT	0.44		10 ³ /uL	0-0.8	Calculation
* ABSOLUTE EOSINOPHIL COUNT	0.11		10 ³ /uL	0-0.6	Calculation
* ABSOLUTE BASOPHIL COUNT	0.03		10 ³ /uL	0-0.2	Calculation

Sample: EDTA Whole Blood

- END OF REPORT -

Note:

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

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