biosytech
MEDICAL LABORATORY

BML446721

Laboratory Investigation Report

Name	:	Ms. AISHA NALWADA	**Ref No.**	:	43730
DOB	:	01/01/1996	**Sample No.**	:	2408456588
Age / Gender	:	28 Y / Female	**Collected**	:	31/07/2024 20:00
Referred by	:	DR ENOMEN	**Registered**	:	01/08/2024 12:57
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	01/08/2024 14:33

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
C-REACTIVE PROTEIN (CRP)	< 0.6		mg/L	< 5.0 Please note change. Source: Roche IFU.	Immunoturbidimetry

INTERPRETATION NOTES :

1. CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.
2. C-reactive protein is the classic acute phase protein in inflammatory reactions.
3. 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).
4. CRP response may be less pronounced in patients suffering from liver disease.
5. 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.

IRON	**9**	**L**	ug/dL	33 - 193 Please note change. Source: Roche IFU.	Colorimetric without ppt (Ferene)

INTERPRETATION NOTES :

Increased iron or Chronic iron overload may be due to excessive iron intake, hereditary hemochromatosis, multiple blood transfusions, and a few other conditions.
Decreased level leads to Iron deficiency may be seen with insufficient intake, inadequate absorption or increased nutrient requirements as seen during pregnancy or with acute or chronic blood loss

Sample Type : Serum

End of Report

Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

BHAVYA THENDANKANDY
Biochemistry Technologist

This is an electronically authenticated report

Printed on: 01/08/2024 17:52

P.O Box: 49527 Dubai, UAE Tel: +971 4 398 8567 reports@biosytech.ae www.biosytech.com

biosytech
MEDICAL LABORATORY

BML446721

Laboratory Investigation Report

Name	:	Ms. AISHA NALWADA	**Ref No.**	:	43730
DOB	:	01/01/1996	**Sample No.**	:	2408456588
Age / Gender	:	28 Y / Female	**Collected**	:	31/07/2024 20:00
Referred by	:	DR ENOMEN	**Registered**	:	01/08/2024 12:57
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	01/08/2024 17:50

HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	**4.4**	**CL**	g/dL	12 - 15.5	Spectrophotometry (Oxyhemoglobin)
RBC COUNT	**2.9**	**L**	10^6/µL	3.9 - 5	Electrical Impedance
HEMATOCRIT	**16**	**CL**	%	35 - 45	Calculation
MCV	**56**	**L**	fL	82 - 98	Calculation
MCH	**15**	**L**	pg	27 - 32	Calculation
MCHC	**27**	**L**	g/dL	32 - 37	Calculation
RDW	**34.7**	**H**	%	11.9 - 15.5	Calculation
RDW-SD	62.1		fL		Calculation
MPV	9.2		fL	7.6 - 10.8	Calculation
PLATELET COUNT	366		10^3/uL	150 - 450	Electrical Impedance
PCT	0.3		%	0.01 - 9.99	Calculation
PDW	16		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.9		/100 WBC		Flow Cytometry
ABSOLUTE NRBC COUNT^	0.08		10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.0		%		Flow Cytometry
ABSOLUTE EGC^	0.0		10^3/uL		Calculation
WBC COUNT	9.0		10^3/µL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	65		%	40 - 75	Flow Cytometry
LYMPHOCYTES	31		%	30 - 60	Flow Cytometry
EOSINOPHILS	1		%	0 - 6	Flow Cytometry
MONOCYTES	3		%	1 - 6	Flow Cytometry
BASOPHILS	0		%	0 - 1	Flow Cytometry
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	5.8		10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.7		10^3/uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.3		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.1		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10^3/uL	0 - 0.11	Calculation

Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

Thahsina Anees
Laboratory Technologist
Printed on: 01/08/2024 17:52

This is an electronically authenticated report

P.O Box: 49527 Dubai, UAE Tel: +971 4 398 8567 reports@biosytech.ae www.biosytech.com

biosytech
MEDICAL LABORATORY

BML446721

Laboratory Investigation Report

Name	:	Ms. AISHA NALWADA	**Ref No.**	:	43730
DOB	:	01/01/1996	**Sample No.**	:	2408456588
Age / Gender	:	28 Y / Female	**Collected**	:	31/07/2024 20:00
Referred by	:	DR ENOMEN	**Registered**	:	01/08/2024 12:57
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	01/08/2024 17:50

HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology

COMPLETE BLOOD COUNT (CBC)

Comments : Smear reviewed by pathologist.
INTERPRETATION NOTES : Please note update on CBC report format and changes in reference ranges.

INTERPRETATION NOTES :

No aggregates/No satellitisim

Severe microcytic hypochromic anemia, severe anisopoikilocytosis (target cells, pencil cells, elliptocytes,deformed RBCs). No polychromasia.

Advice: Serum Iron studies.

Sample Type : *EDTA Whole Blood*

End of Report

Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

Thahsina Anees
Laboratory Technologist

This is an electronically authenticated report

Printed on: 01/08/2024 17:52

P.O Box: 49527 Dubai, UAE Tel: +971 4 398 8567 reports@biosytech.ae www.biosytech.com