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MEDICAL LABORATORY

BML454857

Laboratory Investigation Report

Name	:	Mr. RAJEESH KUNIYIL PARAKANDY	**Ref No.**	:	43869
DOB	:	19/02/1989	**Sample No.**	:	2408464905
Age / Gender	:	35 Y / Male	**Collected**	:	19/08/2024 12:03
Referred by	:	DR AHSAN	**Registered**	:	19/08/2024 21:24
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	20/08/2024 08:11

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
URIC ACID (SERUM)	4.2		mg/dL	3.4 - 7.0 Please note change. Source: Roche IFU.	Enzymatic colorimteric assay
CREATININE (SERUM)	0.82		mg/dL	0.7 - 1.2 Please note change. Source: Roche IFU.	Kinetic colorimetric assay based on Jaffe method

INTERPRETATION NOTES :

1. Creatinine measurements are used as an aid in diagnosis and monitoring of renal disorders, Chronic Kidney disease (CKD) and in monitoring of renal dialysis and also used for the calculation of the fractional excretion of other urine analytes (e. g., albumin, α-amylase).
2. Creatinine is a break-down product of creatine phosphate in muscle, and is produced at a fairly constant rate by the body (depending on muscle mass). It is freely filtered by the glomeruli and, under normal conditions, is not reabsorbed by the tubules to any appreciable extent. A small but significant amount is also actively secreted. Its concentration is thus, inversely related to glomerular filtration rate (GFR).
3. Physiological factors affecting serum creatinine concentration include age, gender, race, muscularity, exercise, pregnancy, certain drugs, diet, dehydration and nutritional status.
4. Low serum Creatinine levels is seen in cases of low muscle mass like muscular atrophy, or aging.
5. High serum creatinine levels is seen in Acute and Chronic kidney disease, obstruction.
6. Since a rise in blood creatinine is observed only with marked damage of the nephrons, it is not suited to detect early stage kidney disease.

Test	Result	Flag	Unit	Reference Range	Methodology
UREA (SERUM)	16		mg/dL	12.86 - 42.86 Please note change. Source: Roche IFU	Kinetic test with urease and glutamate dehydrogenase
C-REACTIVE PROTEIN (CRP)	**10.1**	**H**	mg/L	< 5.0 Please note change. Source: Roche IFU.	Particle-enhanced immunoturbidimetric assay

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.

Sample Type : *Serum*

End of Report

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

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

HARSHAD MANIKANDAN
Laboratory Technician
Printed on: 20/08/2024 09:20

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CLINICAL PATHOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
URINE ANALYSIS (ROUTINE)					
COLOR	Dark Yellow			Pale to Dark Yellow	Photometry
APPEARANCE	Turbid			-	Turbidimetry
CHEMISTRY EXAMINATION					
SPECIFIC GRAVITY	1.025			1.002 - 1.035	Refractometry
PH	6.0			5 - 9	Litmus paper
GLUCOSE	++			Negative	GOD / POD
BLOOD	Negative			Negative	Peroxidase
PROTEIN	Negative			Negative	Protein error of pH indicator
LEUKOCYTE ESTERASE	++			Negative	Esterase
UROBILINOGEN	Negative			Negative	Diazonium Salt
BILIRUBIN	Negative			Negative	Diazonium Salt
KETONE	Negative			Negative	Legal`s test
NITRITE	Negative			Negative	Griess test
MICROSCOPIC EXAMINATION					
LEUCOCYTES	10 -12	H	/HPF	1 - 4	Automated Microscopy
ERYTHROCYTES	1 - 2		/HPF	0 - 2	Automated Microscopy
SQUAMOUS EPITHELIAL CELLS	1 - 2		/HPF	< 20	Automated Microscopy
NON-SQUAMOUS EPITHELIAL CELLS	-		/HPF	Variable	Automated Microscopy
BACTERIA	-		/HPF	Absent	Automated Microscopy
CASTS	-		/HPF	Absent	Automated Microscopy
HYALINE CAST	-		/HPF	Absent	Automated Microscopy
FINE GRANULAR CAST	-		/HPF	Absent	Automated Microscopy
COARSE GRANUALR CAST	-		/HPF	Absent	Automated Microscopy
WAXY CAST	-		/HPF	Absent	Automated Microscopy
FATTY CAST	-		/HPF	Absent	Automated Microscopy
RBC CAST	-		/HPF	Absent	Automated Microscopy
WBC CAST	-		/HPF	Absent	Automated Microscopy
BACTERIAL CAST	-		/HPF	Absent	Automated Microscopy
EPITHELIAL CAST	-		/HPF	Absent	Automated Microscopy
CRYSTALS	-		/HPF	Absent	Automated Microscopy

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

Dr. Vyoma V Shah
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Clinical Pathologist

HALEEM HAKKIM
Laboratory Technician

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CLINICAL PATHOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
CALCIUM OXALATE	-		/HPF	Absent	Automated Microscopy
CALCIUM CARBONATE	-		/HPF	Absent	Automated Microscopy
CALCIUM PHOSPHATE	-		/HPF	Absent	Automated Microscopy
TRIPLE PHOSPHATE	-		/HPF	Absent	Automated Microscopy
URIC ACID CRYSTAL	-		/HPF	Absent	Automated Microscopy
AMMONIUM BIURATE	-		/HPF	Absent	Automated Microscopy
AMORPHOUS URATES	-		/HPF	Absent	Automated Microscopy
AMORPHOUS PHOSPHATES	-		/HPF	Absent	Automated Microscopy
CYSTINE	-		/HPF	Absent	Automated Microscopy
LEUCINE	-		/HPF	Absent	Automated Microscopy
TYROSINE	-		/HPF	Absent	Automated Microscopy
DRUG CRYSTAL	-		/HPF	Absent	Automated Microscopy
MUCUS THREADS	Present		/HPF	Absent	Automated Microscopy
BUDDING YEAST CELLS	-		/HPF	Absent	Automated Microscopy
HYPHAE	-		/HPF	Absent	Automated Microscopy
OVA	-		/HPF	Absent	Automated Microscopy
CYST	-		/HPF	Absent	Automated Microscopy
PARASITE	-		/HPF	Absent	Automated Microscopy
ARTIFACTS	-		/HPF	Absent	Automated Microscopy

Comments : Please correlate clinically

INTERPRETATION NOTES :

Please note change in method (Roche Cobas U6500).

Note: "-" means Absent

Sample Type : *URINE*

End of Report

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Pathologist

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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	16.6		g/dL	13.5 - 17.5	Photometric
RBC COUNT	5.4		10^6/µL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	47.9		%	38 - 50	Calculation
MCV	88.5		fL	82 - 98	Calculation
MCH	30.7		pg	27 - 32	Calculation
MCHC	34.7		g/dL	32 - 37	Calculation
RDW	13.4		%	11.8 - 15.6	Calculation
RDW-SD	41.6		fL		Calculation
MPV	9.4		fL	7.6 - 10.8	Calculation
PLATELET COUNT	247		10^3/uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	18.8		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.3		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT^	0.02		10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.2		%		VCS 360 Technology
ABSOLUTE EGC^	0.0		10^3/uL		Calculation
WBC COUNT	6.1		10^3/µL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	68		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	22		%	20 - 45	VCS 360 Technology
EOSINOPHILS	5		%	0 - 6	VCS 360 Technology
MONOCYTES	5		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	4.1		10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	1.4		10^3/uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.3		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.3		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10^3/uL	0 - 0.11	Calculation

Dr. Adley Mark Fernandes
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Thahsina Anees
Laboratory Technologist
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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					

INTERPRETATION NOTES : Please note update on CBC report format, reference ranges and method(Beckman Coulter).

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

Dr. Vyoma V Shah
M.D (Pathology)
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Thahsina Anees
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Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	20/08/2024 09:18

HAEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2		mm/hr	< 15 Please note change in reference range and method.	Automated

INTERPRETATION NOTES :

Increased ESR is seen in inflammation, pregnancy, anemia, autoimmune disorders (such as rheumatoid arthritis and lupus), infections, some kidney diseases and some cancers (such as lymphoma and multiple myeloma).

The ESR is decreased in polycythemia, hyperviscosity, sickle cell anemia, leukemia, low plasma protein (due to liver or kidney disease), congestive heart failure, hypofibrinogenemia and leukocytosis.

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

CHRISTEENA FRANCIS
Laboratory Technologist

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