

BML478516

Laboratory Investigation Report

Name : Mr. OMER A R B AHMED
DOB : 03/12/1983
Age / Gender : 40 Y 10 M / Male
Referred by : DR AHSAN
Centre : CITICARE MEDICAL CENTER

Ref No. : 42616
Sample No. : 2410489094
Collected : 17/10/2024 11:00
Registered : 17/10/2024 15:31
Reported : 17/10/2024 19:24

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
C-REACTIVE PROTEIN (CRP)	1.8		mg/L	< 5.0 Please note change. Source: Roche IFU.	Particle-enhanced immunoturbidimetric assay

INTERPRETATION NOTES :

- 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.

Sample Type : Serum

End of Report



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

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



Pradeep Dhamotharan
Laboratory Technologist

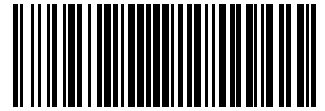
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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	16.1		g/dL	13.5 - 17.5	Photometric
RBC COUNT	5.2		10 ⁶ /μL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	46.4		%	38 - 50	Calculation
MCV	89.3		fL	82 - 98	Calculation
MCH	31.1		pg	27 - 32	Calculation
MCHC	34.8		g/dL	32 - 37	Calculation
RDW	12.9		%	11.8 - 15.6	Calculation
RDW-SD	39.4		fL		Calculation
MPV	8.8		fL	7.6 - 10.8	Calculation
PLATELET COUNT	223		10 ³ /uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	16.8		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC) [^]	0.2		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT [^]	0.01		10 ³ /uL		Calculation
EARLY GRANULOCYTE COUNT (EGC) [^]	0.4		%		VCS 360 Technology
ABSOLUTE EGC [^]	0.0		10 ³ /uL		Calculation
WBC COUNT	5.6		10 ³ /μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	38	L	%	40 - 75	VCS 360 Technology
LYMPHOCYTES	51	H	%	20 - 45	VCS 360 Technology
EOSINOPHILS	6		%	0 - 6	VCS 360 Technology
MONOCYTES	5		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	1.7		10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.8		10 ³ /uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.4		10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.4		10 ³ /uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.1		10 ³ /uL	0 - 0.11	Calculation

Gyoma V. Shah

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

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

Mohammed Rashid Chenangadath

MOHAMMED RASHID CHENANGADATH
Laboratory Technologist

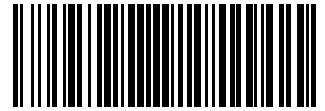
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HEMATOLOGY

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).

Sample Type : EDTA Whole Blood

End of Report

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

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

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MOHAMMED RASHID CHENANGADATH
MOHAMMED RASHID CHENANGADATH
Laboratory Technologist

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SEROLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
HERPES SIMPLEX VIRUS TYPE 1 IGM ANTIBODY [^]	0.1		Index	Negative: < 0.9 Doubtful: 0.9 - 1.1 Positive: > 1.1 Source: Diesse IFU.	ELISA

INTERPRETATION NOTES :

Primary infection is subclinical in a majority of cases. The most frequent manifestation of primary HSV-1 is pharyngitis and gingivostomatitis but other typical manifestations are conjunctivitis, keratitis, vesicular eruptions of skin, and encephalitis.

Samples with equivocal results must be retested and/or a new sample obtained for confirmation.

Samples with indexes below 0.9 are considered as not having antibodies of the specificity and class measured by this kit.

Samples with indexes above 1.1 are considered as having antibodies of the specificity and class measured by this kit.

Test	Result	Flag	Unit	Reference Range	Methodology
HERPES SIMPLEX VIRUS TYPE 2 IGM ANTIBODY [^]	0.1		Index	Negative: < 0.9 Doubtful: 0.9 - 1.1 Positive: > 1.1 Source: Diesse IFU.	ELISA

INTERPRETATION NOTES :

HSV-2 is the most frequent agent of genital ulcers in the Western world and it can produce aseptic meningitis and neonatal herpes infection.

Samples with equivocal results must be retested and/or a new sample obtained for confirmation.

Samples with indexes below 0.9 are considered as not having antibodies of the specificity and class measured by this kit.

Samples with indexes above 1.1 are considered as having antibodies of the specificity and class measured by this kit.

Sample Type : Serum

End of Report

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

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

Bhavya Thendankandy
BHAVYA THENDANKANDY
Biochemistry Technologist

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