



BML484532

Laboratory Investigation Report

Name	: Miss. ERICA GANZAN PERPETUA	Ref No.	: 44781
DOB	: 29/10/1995	Sample No.	: 2411495240
Age / Gender	: 29 Y / Female	Collected	: 03/11/2024 10:42
Referred by	: Dr. Enomen Goodluck Ekata	Registered	: 03/11/2024 15:56
Centre	: CITICARE MEDICAL CENTER	Reported	: 03/11/2024 18:22

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
AMYLASE TOTAL	46		U/L	28 - 100 Please note change. Source: Roche IFU.	Enzymatic colorimetric assay acc to IFCC
C-REACTIVE PROTEIN (CRP)	14.3	H	mg/L	< 5.0 Please note change. Source: Roche IFU.	Particle-enhanced immunoturbidimetric assay

Comments : Please correlate clinically.

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.

LIPASE	19		U/L	13 - 60 Please note change. Source: Roche IFU.	Enzymatic colorimetric assay
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Pathologist

Dr. Vyoma V Shah
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Clinical Pathologist

MOHAMMED RASHID CHENANGADATH
Laboratory Technologist

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BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
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INTERPRETATION NOTES :

- Lipases are group of enzymes which catalyze the cleavage of triglycerides to diglycerides with subsequent formation of monoglycerides and fatty acids.
- Lipase is produced by the pancreas, liver, intestine, tongue, stomach, and many other cells.
- The lipase activity determination has gained increasing international recognition because of its high specificity and rapid response. After acute pancreatitis, the lipase activity increases within 4-8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the lipase activity determined in serum and the extent of damage to the pancreas.
- Because lipase levels remain elevated longer than amylase and its sensitivity in acute alcoholic pancreatitis is increased, serum lipase may be a more reliable test than serum amylase for the initial diagnosis of acute pancreatitis. Daily measurements of lipase are of no value in the assessment of the patient's clinical progress or ultimate prognosis. Because of its sensitivity, lipase testing is not very useful in chronic pancreatitis or pancreatic cancer.
- Along with pancreatic disorders, lipase testing is also indicated in the diagnosis of peritonitis, strangulated or infarcted bowel, and pancreatic cyst.

References:

- Kit insert
- Williamson MA, Snyder LM, Wallach JB. Wallach's interpretation of diagnostic tests. 9th ed. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins Health; 2011.

Sample Type : Serum

End of Report

Dr. Adley Mark Fernandes
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Vyoma V. Shah
Dr. Vyoma V Shah
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Clinical Pathologist

Mohammed Rashid Chenangadath
MOHAMMED RASHID CHENANGADATH
Laboratory Technologist

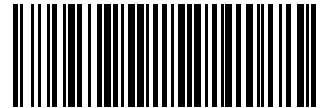
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CLINICAL PATHOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
URINE ANALYSIS (ROUTINE)					
COLOR	Yellow			Pale to Dark Yellow	Photometry
APPEARANCE	Clear			-	Turbidimetry
CHEMISTRY EXAMINATION					
SPECIFIC GRAVITY	1.007			1.002 - 1.035	Refractometry
PH	8.0			5 - 9	Litmus paper
GLUCOSE	Negative			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	5-10	H	/HPF	1 - 4	Automated Microscopy
ERYTHROCYTES	0-2		/HPF	0 - 2	Automated Microscopy
SQUAMOUS EPITHELIAL CELLS	10 - 25		/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 GRANULAR 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
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Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist


HALEEM HAKKIM
Laboratory Technician

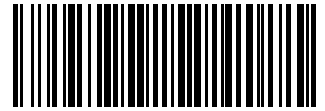
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CLINICAL PATHOLOGY

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	-		/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

INTERPRETATION NOTES :

Please note change in method (Roche Cobas U6500).

Note: "-" means Absent

Sample Type : URINE

End of Report


Dr. Adley Mark Fernandes
M.D (Pathology)
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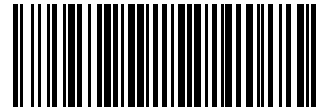
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HALEEM HAKKIM
Laboratory Technician
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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	12.8		g/dL	12 - 15.5	Photometric
RBC COUNT	4.3		10 ⁶ /μL	3.9 - 5	Electrical Impedance
HEMATOCRIT	38.8		%	35 - 45	Calculation
MCV	89.7		fL	82 - 98	Calculation
MCH	29.7		pg	27 - 32	Calculation
MCHC	33.1		g/dL	32 - 37	Calculation
RDW	13.7		%	11.9 - 15.5	Calculation
RDW-SD	42.9		fL		Calculation
MPV	7	L	fL	7.6 - 10.8	Calculation
PLATELET COUNT	392		10 ³ /uL	150 - 450	Electrical Impedance
PCT	0.3		%	0.01 - 9.99	Calculation
PDW	15.7		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC) [^]	0.1		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT [^]	0.01		10 ³ /uL		Calculation
EARLY GRANULOCYTE COUNT (EGC) [^]	0.5		%		VCS 360 Technology
ABSOLUTE EGC [^]	0.1		10 ³ /uL		Calculation
WBC COUNT	11.5	H	10 ³ /μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	72		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	20	L	%	30 - 60	VCS 360 Technology
EOSINOPHILS	2		%	0 - 6	VCS 360 Technology
MONOCYTES	6		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	8.3	H	10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.0		10 ³ /uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.6		10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.2		10 ³ /uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10 ³ /uL	0 - 0.11	Calculation

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Dr. Vyoma V Shah
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Clinical Pathologist

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Reena Babu
Reena Babu
Laboratory Technologist

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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
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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

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

Reena Babu
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