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MEDICAL LABORATORY

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<br>Please note change.<br>Source: Roche IFU. | Enzymatic colorimetric assay acc to IFCC |
| **C-REACTIVE PROTEIN (CRP)** | **14.3** | **H** | mg/L | < 5.0<br>Please note change.<br>Source: Roche IFU. | Particle-enhanced immunoturbidimetric assay |

**Comments :** Please correlate clinically.

**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.

| Test | Result | Flag | Unit | Reference Range | Methodology |
|---|---|---|---|---|---|
| **LIPASE** | 19 | | U/L | 13 - 60<br>Please note change.<br>Source: Roche IFU. | Enzymatic colorimetric assay |

**Dr. Adley Mark Fernandes**
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**Dr. Vyoma V Shah**
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## BIOCHEMISTRY

| Test | Result | Flag | Unit | Reference Range | Methodology |
|---|---|---|---|---|---|

**INTERPRETATION NOTES :**

1. Lipases are group of enzymes which catalyze the cleavage of triglycerides to diglycerides with subsequent formation of monoglycerides and fatty acids.
2. Lipase is produced by the pancreas, liver, intestine, tongue, stomach, and many other cells.
3. 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.
4. 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.
5. Along with pancreatic disorders, lipase testing is also indicated in the diagnosis of peritonitis, strangulated or infarcted bowel, and pancreatic cyst.

**References:**

1. Kit insert
2. 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*

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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 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 |

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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*

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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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## 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*

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