biosytech
MEDICAL LABORATORY

BML486056

Laboratory Investigation Report

Name	:	Ms. CHARIZE ALEJANDRO	**Ref No.**	:	44828
DOB	:	03/10/1990	**Sample No.**	:	2411496773
Age / Gender	:	34 Y 1 M / Female	**Collected**	:	07/11/2024 13:00
Referred by	:	Dr. Enomen Goodluck Ekata	**Registered**	:	07/11/2024 16:11
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	07/11/2024 17:23

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
AMYLASE TOTAL	76		U/L	28 - 100 Please note change. Source: Roche IFU.	Enzymatic colorimetric assay acc to IFCC
C-REACTIVE PROTEIN (CRP)	17	CH	mg/L	< 5.0 Please note change. 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	69	H	U/L	13 - 60 Please note change. Source: Roche IFU.	Enzymatic colorimetric assay

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

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

MOHAMMED RASHID CHENANGADATH
Laboratory Technologist

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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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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	13.8		g/dL	12 - 15.5	Photometric
RBC COUNT	4.8		10^6/µL	3.9 - 5	Electrical Impedance
HEMATOCRIT	42.1		%	35 - 45	Calculation
MCV	88.3		fL	82 - 98	Calculation
MCH	28.8		pg	27 - 32	Calculation
MCHC	32.7		g/dL	32 - 37	Calculation
RDW	14.3		%	11.9 - 15.5	Calculation
RDW-SD	43.8		fL		Calculation
MPV	8.2		fL	7.6 - 10.8	Calculation
PLATELET COUNT	332		10^3/uL	150 - 450	Electrical Impedance
PCT	0.3		%	0.01 - 9.99	Calculation
PDW	16.1		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.1		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT^	0.02		10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.4		%		VCS 360 Technology
ABSOLUTE EGC^	0.1		10^3/uL		Calculation
WBC COUNT	14.1	H	10^3/µL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	65		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	27	L	%	30 - 60	VCS 360 Technology
EOSINOPHILS	3		%	0 - 6	VCS 360 Technology
MONOCYTES	5		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	9.1	H	10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	3.8		10^3/uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.7	H	10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.4		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10^3/uL	0 - 0.11	Calculation

Comments : Please correlate clinically.

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Pathologist

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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).

Sample Type : *EDTA Whole Blood*

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SEROLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
HELICOBACTER PYLORI ANTIBODY	Negative			Negative	Immunochromatography

Sample Type : Serum

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NAZAR MOHAMED ALI
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