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MEDICAL LABORATORY

BML487424

Laboratory Investigation Report

Name	:	Mr. UPUL MADHUSANKHA	**Ref No.**	:	44858
DOB	:	01/12/1997	**Sample No.**	:	2411498202
Age / Gender	:	26 Y / Male	**Collected**	:	10/11/2024 12:53
Referred by	:	DR HUMAIRA	**Registered**	:	10/11/2024 22:36
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	11/11/2024 00:37

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
C-REACTIVE PROTEIN (CRP)	10.3	H	mg/L	< 5.0 Please note change. Source: Roche IFU.	Particle-enhanced immunoturbidimetric assay

Comments : Comments : Please correlate clinically. Advise: This result was obtained from a sample with evidence of hemolysis, which may affect the accuracy of the CRP measurement. A repeat test with a freash sample is recommended for confirmation

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

Pradeep Dhamotharan
Laboratory Technologist

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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	18.1	H	g/dL	13.5 - 17.5	Photometric
RBC COUNT	5.9	H	10^6/µL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	53.3	H	%	38 - 50	Calculation
MCV	90.0		fL	82 - 98	Calculation
MCH	30.7		pg	27 - 32	Calculation
MCHC	34.1		g/dL	32 - 37	Calculation
RDW	13.3		%	11.8 - 15.6	Calculation
RDW-SD	41.6		fL		Calculation
MPV	8.8		fL	7.6 - 10.8	Calculation
PLATELET COUNT	126	L	10^3/uL	150 - 450	Electrical Impedance
PCT	0.1		%	0.01 - 9.99	Calculation
PDW	17.3		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)^	0.4		%		VCS 360 Technology
ABSOLUTE EGC^	0.0		10^3/uL		Calculation
WBC COUNT	8.4		10^3/µL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	70		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	20		%	20 - 45	VCS 360 Technology
EOSINOPHILS	4		%	0 - 6	VCS 360 Technology
MONOCYTES	6		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	5.5		10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	1.5		10^3/uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.6		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

Comments : Note: Smear reviewed by pathologist.

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

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

ANJUMOL D V
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).

INTERPRETATION NOTES :

RBC : Polycythemia

Platelets: Mild Thrombocytopenia. No platelet aggregation/clumps seen.

Kindly correlate clinically.

Sample Type : EDTA Whole Blood

End of Report

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