

BML490890

Laboratory Investigation Report

Name : Mr. TAREK M RADWAN ALSHAAR
DOB : 01/01/1990
Age / Gender : 34 Y / Male
Referred by : DR. HUMAIRA MUMTAZ
Centre : CITICARE MEDICAL CENTER

Ref No. : 44930
Sample No. : 2411501759
Collected : 17/11/2024 13:40
Registered : 19/11/2024 15:35
Reported : 19/11/2024 18:35

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
C-REACTIVE PROTEIN (CRP)	9.8	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.

Sample Type : Serum

End of Report



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

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



MOHAMMED RASHID CHENANGADATH
Laboratory Technologist

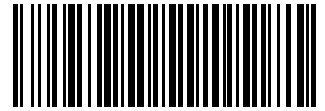
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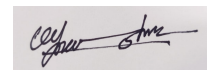
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CLINICAL PATHOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
URINE ANALYSIS (ROUTINE)					
COLOR	Yellow			Pale to Dark Yellow	Photometry
APPEARANCE	Clear			-	Turbidimetry
CHEMISTRY EXAMINATION					
SPECIFIC GRAVITY	1.013			1.002 - 1.035	Refractometry
PH	6.0			5 - 9	Litmus paper
GLUCOSE	Negative			Negative	GOD / POD
BLOOD	Negative			Negative	Peroxidase
PROTEIN	Negative			Negative	Protein error of pH indicator
LEUKOCYTE ESTERASE	Negative			Negative	Esterase
UROBILINOGEN	Negative			Negative	Diazonium Salt
BILIRUBIN	Negative			Negative	Diazonium Salt
KETONE	+			Negative	Legal's test
NITRITE	Negative			Negative	Griess test
MICROSCOPIC EXAMINATION					
LEUCOCYTES	2 - 4		/HPF	1 - 4	Manual
ERYTHROCYTES	0 - 1		/HPF	0 - 2	Manual
SQUAMOUS EPITHELIAL CELLS	0 - 1		/HPF	< 20	Manual
NON-SQUAMOUS EPITHELIAL CELLS	-		/HPF	Variable	Manual
BACTERIA	-		/HPF	Absent	Manual
CASTS	-		/HPF	Absent	Manual
HYALINE CAST	-		/HPF	Absent	Manual
FINE GRANULAR CAST	-		/HPF	Absent	Manual
COARSE GRANULAR CAST	-		/HPF	Absent	Manual
WAXY CAST	-		/HPF	Absent	Manual
FATTY CAST	-		/HPF	Absent	Manual
RBC CAST	-		/HPF	Absent	Manual
WBC CAST	-		/HPF	Absent	Manual
BACTERIAL CAST	-		/HPF	Absent	Manual
EPITHELIAL CAST	-		/HPF	Absent	Manual
CRYSTALS	-		/HPF	Absent	Manual


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Pathologist

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Clinical Pathologist


Greeshma P Sidharthan

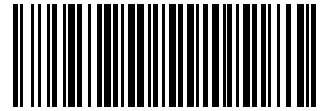
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Test	Result	Flag	Unit	Reference Range	Methodology
CALCIUM OXALATE	-		/HPF	Absent	Manual
CALCIUM CARBONATE	-		/HPF	Absent	Manual
CALCIUM PHOSPHATE	-		/HPF	Absent	Manual
TRIPLE PHOSPHATE	-		/HPF	Absent	Manual
URIC ACID CRYSTAL	-		/HPF	Absent	Manual
AMMONIUM BIURATE	-		/HPF	Absent	Manual
AMORPHOUS URATES	-		/HPF	Absent	Manual
AMORPHOUS PHOSPHATES	-		/HPF	Absent	Manual
CYSTINE	-		/HPF	Absent	Manual
LEUCINE	-		/HPF	Absent	Manual
TYROSINE	-		/HPF	Absent	Manual
DRUG CRYSTAL	-		/HPF	Absent	Manual
MUCUS THREADS	Present		/HPF	Absent	Manual
BUDDING YEAST CELLS	-		/HPF	Absent	Manual
HYPHAE	-		/HPF	Absent	Manual
OVA	-		/HPF	Absent	Manual
CYST	-		/HPF	Absent	Manual
PARASITE	-		/HPF	Absent	Manual
ARTIFACTS	-		/HPF	Absent	Manual

Comments : Please correlate clinically

INTERPRETATION NOTES :

Please note change in method (Roche Cobas U6500).

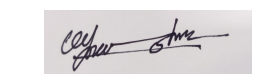
Note: "-" means Absent

Sample Type : URINE

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M.D (Pathology)
Pathologist

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


Greeshma P Sidharthan

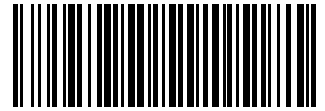
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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	15.7		g/dL	13.5 - 17.5	Photometric
RBC COUNT	4.8		10 ⁶ /μL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	45.9		%	38 - 50	Calculation
MCV	94.9		fL	82 - 98	Calculation
MCH	32.4	H	pg	27 - 32	Calculation
MCHC	34.1		g/dL	32 - 37	Calculation
RDW	12.7		%	11.8 - 15.6	Calculation
RDW-SD	42		fL		Calculation
MPV	8.6		fL	7.6 - 10.8	Calculation
PLATELET COUNT	189		10 ³ /uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	16.5		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC) [^]	0.4		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT [^]	0.02		10 ³ /uL		Calculation
EARLY GRANULOCYTE COUNT (EGC) [^]	0		%		VCS 360 Technology
ABSOLUTE EGC [^]	0		10 ³ /uL		Calculation
WBC COUNT	5.3		10 ³ /μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	88	H	%	40 - 75	VCS 360 Technology
LYMPHOCYTES	7	L	%	20 - 45	VCS 360 Technology
EOSINOPHILS	1		%	0 - 6	VCS 360 Technology
MONOCYTES	4		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	4.7		10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	0.2	L	10 ³ /uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.3		10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0		10 ³ /uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0		10 ³ /uL	0 - 0.11	Calculation

Vyoma V. Shah

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

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

Haleem

HALEEM HAKKIM
Laboratory Technician

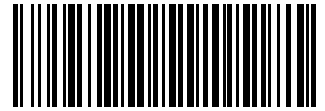
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HEMATOLOGY

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

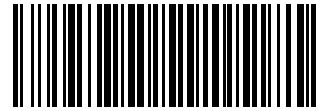
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Haleem
HALEEM HAKKIM
Laboratory Technician

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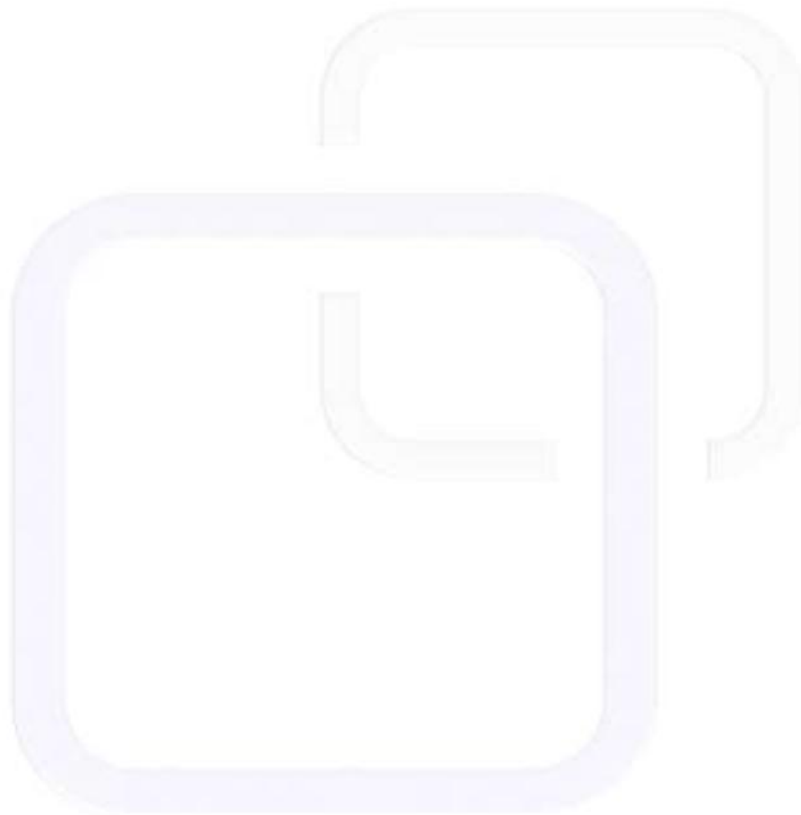
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SEROLOGY

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

Sample Type : Serum

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Pathologist

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

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Nazar Mohamed Ali
NAZAR MOHAMED ALI
Laboratory Technologist

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