

LABORATORY REPORT

Name : **UTTARAM GURUNG KANCHHA GURUNG** File. No. : **AAL02-429255**
DOB/Gender : **16-11-2000 (24 Yrs 23 Days/Male)** Referral Doctor : **Dr. Enomen Goodluck Ekata**
Lab No. : **22243440433** Referral Clinic : **Citicare Medical Center LLC**
Request Date : **09-12-2024 22:09:08** Clinic File No : **43886**
Insurance : **NATIONAL GENERAL INSURANCE (HEALTHNET)**

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	5.23	10 ¹² /L	4.50 - 5.50	Hydrodynamic focusing (DC Detection)
Haemoglobin	15.3	g/dl	13.0 - 17.0	Photometry-SLS
HCT	44.9	%	40.0 - 50.0	Hydrodynamic focusing (HF)
MCV	85.9	fl	83.0 - 101.0	Calculation
MCH	29.3	pg	27-32	Calculation
MCHC	34.1	g/dL	31.5 - 34.5	Calculation
Platelet Count	267	10 ³ /uL	150 - 400	HF (DCD)
WBC	6.34	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	43.6	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	40.1^H	%	20.0 - 40.0	Flow Cytometry
Monocytes	6.2	%	2.0-10.0	Flow Cytometry
Eosinophils	9.5^H	%	1 - 6	Flow Cytometry
Basophils	0.6	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	2.77	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	2.54	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.39	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.60^H	10 ³ /uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.04	10 ³ /uL	0.02 - 0.10	Calculation
Band Forms (Absolute)	0.00	10 ³ /uL	< 0.66	Calculation

Remarks:

Test result to be interpreted in the light of clinical history and to be investigated further if necessary.

Sample Type : EDTA WB

These tests are accredited under ISO 15189:2022 unless specified by (*)

Sample processed on the same day of receipt unless specified otherwise.

Test results pertains only the sample tested and to be correlated with clinical history.

Reference range related to Age/Gender.

Dr. Solmaz Siddiqui
Laboratory Director
DHA/LS/248469

Patient Sample Collected On : 09-12-2024 19:00:00
Authenticated On : 09-12-2024 23:19:41

Received On : 09-12-2024 22:14:00
Released On : 09-12-2024 23:29:16



Esmeralda Obenita
Lab Incharge
DHA-P-2992011

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Lab No.	: 22243440433	Referral Clinic	: Citicare Medical Center LLC
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Insurance	: NATIONAL GENERAL INSURANCE (HEALTHNET)		

CLINICAL BIOCHEMISTRY

Test Name	Result	Units	Ref. Range	Method
C-Reactive Protein (CRP)	<0.60	mg/L	Negative < or = to 5.0	Immunoturbidimetric Assay

CRP is an acute phase protein whose concentration rises non -specifically in response to inflammation. CRP values should not be interpreted without a complete clinical evaluation. Follow-up testing of patients with elevated values is recommended in order to help rule out a recent response to undetected infection or tissue injury. Please note Reference Range Reviewed w.ef 15/10/23

Sample Type : Serum

----- End Of Report -----

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