



Laboratory Investigation Report

Name : ABDUL MUQTADIR SHAH JAHAN
DOB : 19/03/1998
Age / Gender : 26 Y / Male
Referred by : DR.ENOMEN
Centre : CITICARE MEDICAL CENTER

Ref No. : 45318
Sample No. : 2412517213
Collected : 24/12/2024 15:56:00
Registered : 24/12/2024 15:58:33
Reported : 26/12/2024 13:55:32

MICROBIOLOGY

Test : CULTURE AND SENSITIVITY (THROAT SWAB)
Specimen : Throat Swab

ResultType : No Bacterial Pathogen Detected after 48 Hours of Aerobic Incubation.

End of Report

Dr. Aruna Jadhav
MD (Microbiology)

Specialist Microbiologist

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Final Report

FATHIMA MUHAMMED SAFIR

Microbiology Technologist

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Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.





BML504919

Laboratory Investigation Report

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Centre	: CITICARE MEDICAL CENTER	Reported	: 24/12/2024 17:27

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
C-REACTIVE PROTEIN (CRP)	22.1	CH	mg/L	< 5.0 Please note change. Source: Roche IFU.	Particle-enhanced immunoturbidimetric assay

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

Vyoma V. Shah
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)					
HEMOGLOBIN	14.1		g/dL	13.5 - 17.5	Photometric
RBC COUNT	4.3		10 ⁶ /μL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	39.8		%	38 - 50	Calculation
MCV	93		fL	82 - 98	Calculation
MCH	33	H	pg	27 - 32	Calculation
MCHC	35.4		g/dL	32 - 37	Calculation
RDW	12.8		%	11.8 - 15.6	Calculation
RDW-SD	41.1		fL		Calculation
MPV	9.5		fL	7.6 - 10.8	Calculation
PLATELET COUNT	257		10 ³ /uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	16.6		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.2		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT^	0.02		10 ³ /uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.3		%		VCS 360 Technology
ABSOLUTE EGC^	0		10 ³ /uL		Calculation
WBC COUNT	13.2	H	10 ³ /μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	73		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	20		%	20 - 45	VCS 360 Technology
EOSINOPHILS	1		%	0 - 6	VCS 360 Technology
MONOCYTES	6		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	9.6	H	10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.6		10 ³ /uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.4		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

Comments : Please correlate clinically.

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

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

Mubasher
MUBASHER ZAHOOR
Laboratory Technologist

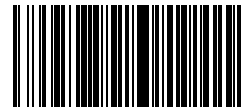
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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
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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

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

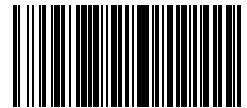
Mubasher
MUBASHER ZAHOOR
Laboratory Technologist
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IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
RAPID INFLUENZA TEST					
Rapid Influenza A	Negative			Negative	Immunochromatography
Rapid Influenza B	Negative			Negative	Immunochromatography

Sample Type : Throat / Nasal swab

End of Report



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

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

Jillian Joy Garcia
Jillian Joy Garcia
Laboratory Technologist

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