biosytech
MEDICAL LABORATORY

BML504919

# Laboratory Investigation Report

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | ABDUL MUQTADIR SHAH JAHAN | **Ref No.** | : | 45318 |
| **DOB** | : | 19/03/1998 | **Sample No.** | : | 2412517213 |
| **Age / Gender** | : | 26 Y / Male | **Collected** | : | 24/12/2024 15:56:00 |
| **Referred by** | : | DR.ENOMEN | **Registered** | : | 24/12/2024 15:58:33 |
| **Centre** | : | CITICARE MEDICAL CENTER | **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**
This is an electronically authenticated report

**FATHIMA MUHAMMED SAFIR**
Microbiology Technologist
Printed on: 27/12/2024 17:05

Final Report





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## BIOCHEMISTRY

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

**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**

**HALEEM HAKKIM**
Laboratory Technician

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| **Centre** | : | CITICARE MEDICAL CENTER | **Reported** | : | 24/12/2024 16:25 |

## 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**

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

**MUBASHER ZAHOOR**
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*

*End of Report*

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

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

**MUBASHER ZAHOOR**
Laboratory Technologist

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| **Centre** | : | CITICARE MEDICAL CENTER | **Reported** | : | 24/12/2024 16:09 |

## 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**

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

**Jillian Joy Garcia**
Laboratory Technologist

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