



BML516582

## Laboratory Investigation Report

|                     |                            |                   |                    |
|---------------------|----------------------------|-------------------|--------------------|
| <b>Name</b>         | : Mr. ADIL MANZOOR MANZOOR | <b>Ref No.</b>    | : 45621            |
| <b>DOB</b>          | : 04/11/1993               | <b>Sample No.</b> | : 2501529206       |
| <b>Age / Gender</b> | : 31 Y / Male              | <b>Collected</b>  | : 23/01/2025 11:54 |
| <b>Referred by</b>  | : DR.AMAIZAH ISHTIAQ       | <b>Registered</b> | : 24/01/2025 09:04 |
| <b>Centre</b>       | : CITICARE MEDICAL CENTER  | <b>Reported</b>   | : 24/01/2025 12:39 |

### BIOCHEMISTRY

| Test                     | Result      | Flag      | Unit | Reference Range                                    | Methodology                                    |
|--------------------------|-------------|-----------|------|----------------------------------------------------|------------------------------------------------|
| C-REACTIVE PROTEIN (CRP) | <b>27.1</b> | <b>CH</b> | mg/L | < 5.0<br>Please note change.<br>Source: Roche IFU. | Particle-enhanced<br>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 Hakkim*  
**HALEEM HAKKIM**  
Laboratory Technician

This is an electronically authenticated report

Page 1 of 3

Printed on: 24/01/2025 12:41

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.





BML516582

## Laboratory Investigation Report

**Name** : Mr. ADIL MANZOOR MANZOOR  
**DOB** : 04/11/1993  
**Age / Gender** : 31 Y / Male  
**Referred by** : DR.AMAIZAH ISHTIAQ  
**Centre** : CITICARE MEDICAL CENTER

**Ref No.** : 45621  
**Sample No.** : 2501529206  
**Collected** : 23/01/2025 11:54  
**Registered** : 24/01/2025 09:04  
**Reported** : 24/01/2025 11:16

### HEMATOLOGY

| Test                              | Result | Flag | Unit                | Reference Range | Methodology          |
|-----------------------------------|--------|------|---------------------|-----------------|----------------------|
| <b>COMPLETE BLOOD COUNT (CBC)</b> |        |      |                     |                 |                      |
| HEMOGLOBIN                        | 16.0   |      | g/dL                | 13.5 - 17.5     | Photometric          |
| RBC COUNT                         | 5.1    |      | 10 <sup>6</sup> /μL | 4.3 - 5.7       | Electrical Impedance |
| HEMATOCRIT                        | 45.3   |      | %                   | 38 - 50         | Calculation          |
| MCV                               | 88.7   |      | fL                  | 82 - 98         | Calculation          |
| MCH                               | 31.3   |      | pg                  | 27 - 32         | Calculation          |
| MCHC                              | 35.3   |      | g/dL                | 32 - 37         | Calculation          |
| RDW                               | 12.8   |      | %                   | 11.8 - 15.6     | Calculation          |
| RDW-SD                            | 39.8   |      | fL                  |                 | Calculation          |
| MPV                               | 7.9    |      | fL                  | 7.6 - 10.8      | Calculation          |
| PLATELET COUNT                    | 246    |      | 10 <sup>3</sup> /uL | 150 - 450       | Electrical Impedance |
| PCT                               | 0.1    |      | %                   | 0.01 - 9.99     | Calculation          |
| PDW                               | 16.9   |      | Not Applicable      | 0.1 - 99.9      | Calculation          |
| NUCLEATED RBC (NRBC)^             | 0.1    |      | /100 WBC            |                 | VCS 360 Technology   |
| ABSOLUTE NRBC COUNT^              | 0.01   |      | 10 <sup>3</sup> /uL |                 | Calculation          |
| EARLY GRANULOCYTE COUNT (EGC)^    | 0.0    |      | %                   |                 | VCS 360 Technology   |
| ABSOLUTE EGC^                     | 0.0    |      | 10 <sup>3</sup> /uL |                 | Calculation          |
| WBC COUNT                         | 9.9    |      | 10 <sup>3</sup> /μL | 4 - 11          | Electrical Impedance |
| <b>DIFFERENTIAL COUNT (DC)</b>    |        |      |                     |                 |                      |
| NEUTROPHILS                       | 67     |      | %                   | 40 - 75         | VCS 360 Technology   |
| LYMPHOCYTES                       | 24     |      | %                   | 20 - 45         | VCS 360 Technology   |
| EOSINOPHILS                       | 4      |      | %                   | 0 - 6           | VCS 360 Technology   |
| MONOCYTES                         | 5      |      | %                   | 1 - 6           | VCS 360 Technology   |
| BASOPHILS                         | 0      |      | %                   | 0 - 1           | VCS 360 Technology   |
| <b>ABSOLUTE COUNT</b>             |        |      |                     |                 |                      |
| ABSOLUTE NEUTROPHIL COUNT         | 6.6    |      | 10 <sup>3</sup> /uL | 1.6 - 8.25      | Calculation          |
| ABSOLUTE LYMPHOCYTE COUNT         | 2.4    |      | 10 <sup>3</sup> /uL | 0.8 - 4.95      | Calculation          |
| ABSOLUTE MONOCYTE COUNT           | 0.5    |      | 10 <sup>3</sup> /uL | 0.04 - 0.66     | Calculation          |
| ABSOLUTE EOSINOPHIL COUNT         | 0.4    |      | 10 <sup>3</sup> /uL | 0 - 0.66        | Calculation          |
| ABSOLUTE BASOPHIL COUNT           | 0.0    |      | 10 <sup>3</sup> /uL | 0 - 0.11        | Calculation          |

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

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

*Jillian Joy Garcia*  
**Jillian Joy Garcia**  
**Laboratory Technologist**

This is an electronically authenticated report

Page 2 of 3

Printed on: 24/01/2025 12:41

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.





BML516582

## Laboratory Investigation Report

|                     |                            |                   |                    |
|---------------------|----------------------------|-------------------|--------------------|
| <b>Name</b>         | : Mr. ADIL MANZOOR MANZOOR | <b>Ref No.</b>    | : 45621            |
| <b>DOB</b>          | : 04/11/1993               | <b>Sample No.</b> | : 2501529206       |
| <b>Age / Gender</b> | : 31 Y / Male              | <b>Collected</b>  | : 23/01/2025 11:54 |
| <b>Referred by</b>  | : DR.AMAIZAH ISHTIAQ       | <b>Registered</b> | : 24/01/2025 09:04 |
| <b>Centre</b>       | : CITICARE MEDICAL CENTER  | <b>Reported</b>   | : 24/01/2025 11:16 |

### 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

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

*Jillian Joy Garcia*  
**Jillian Joy Garcia**  
Laboratory Technologist

This is an electronically authenticated report

Page 3 of 3

Printed on: 24/01/2025 12:41

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.

