



Name : Mr. FREDERICK GEORGE

 DOB
 : 10/09/1972

 Age / Gender
 : 52 Y / Male

 Referred by
 : Dr. AMAIZAH

Centre : CITICARE MEDICAL CENTER

**Ref No.** : 46035

**Sample No.** : 2503546356

**Collected** : 03/03/2025 22:17 **Registered** : 03/03/2025 22:18

**Reported** : 04/03/2025 00:17

### **BIOCHEMISTRY**

TestResultFlagUnitReference RangeMethodologyGLUCOSE (RANDOM)92mg/dL< 200</td>Hexokinase

Please note change. Source: The American

Diabetes Association (ADA)

Sample Type : Fluoride Plasma

End of Report



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

P.O Box: 49527

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

This is an electronically authenticated report

Dubai, UAE

HARSHAD MANIKANDAN Laboratory Technician Printed on: 04/03/2025 00:51

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.



Page 1 of 5

Tel: +971 4 398 8567



reports@biosytech.ae www.biosytech.com





Name : Mr. FREDERICK GEORGE Ref No. : 46035

DOB 10/09/1972 Sample No. 2503546356 Age / Gender 52 Y / Male Collected 03/03/2025 22:17 Referred by Dr. AMAIZAH Registered 03/03/2025 22:18 CITICARE MEDICAL CENTER 04/03/2025 00:17 Centre Reported

BIOCHEMISTRY								
Test	Result	Flag	Unit	Reference Range	Methodology			
LIPID PROFILE TEST								
CHOLESTEROL (TOTAL)	259	н	mg/dl	Desirable: < 200 Borderline High: 200 - 239 High: ≥ 240 Please note change. Source: Roche IFU.	Enzymatic colorimteric assay			
HDL CHOLESTEROL	47		mg/dl	40 - 60	Homogeneous enzymatic			
				Please note change. Source: Roche IFU.	colorimetric assay			
LDL CHOLESTEROL DIRECT	177	Н	mg/dl	Optimal: < 100 Near/Above Optimal: 100 - 129	Homogeneous enzymatic colorimetric assay			
				Borderline High: 130 - 159 High: 160 - 189				
				Very High: ≥ 190 Please note change. Source: Roche IFU.				
VLDL CHOLESTEROL	48	н	mg/dL	< 30	Calculation			
NON-HDL CHOLESTEROL	225	н	mg/dL	< 140	Calculation			
TRIGLYCERIDES	239	Н	mg/dl	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500 Source: Roche IFU.	Enzymatic colorimetric assay			
TOTAL CHOLESTEROL / HDL RATIO	5.5	н		< 4.5	Calculation			
LDL / HDL RATIO	3.8	Н		< 3.5	Calculation			
151, 1151 IANO	3.0	"		<b>3.3</b>	Carculation			

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

This is an electronically authenticated report

P.O Box: 49527

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

Page 2 of 5

Tel: +971 4 398 8567

HARSHAD MANIKANDAN Laboratory Technician Printed on: 04/03/2025 00:51

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.

Dubai, UAE









Name : Mr. FREDERICK GEORGE Ref No. : 46035

**DOB** 10/09/1972 Sample No. 2503546356 Age / Gender 52 Y / Male **Collected** 03/03/2025 22:17 Referred by Dr. AMAIZAH Registered 03/03/2025 22:18 CITICARE MEDICAL CENTER Reported 04/03/2025 00:17 Centre

BIOCHEMISTRY								
Test	Result	Flag	Unit	Reference Range	Methodology			
ELECTROLYTES (Na,K,CI)								
SODIUM (NA)	138		mmol/L	136 - 145 Please note change. Source: Roche IFU.	ISE (Indirect)			
POTASSIUM (K)	5.5	Н	mmol/L	3.5 - 5.1 Please note change. Source: Roche IFU.	ISE (Indirect)			
CHLORIDE (CL)	102		mmol/L	98 - 107 Please note change. Source: Roche IFU.	ISE (Indirect)			

#### **INTERPRETATION NOTES:**

#### Sodium (NA)

Hypernatremia will be seen in dehydration, Cushing syndrome, central or nephrogenic diabetes insipidus with insufficient fluids, primary aldosteronism, lactic acidosis, azotemia, weight loss, nonketotic hyperosmolar coma. Hyponatremia occurs with nephrotic syndrome, cachexia, hypoproteinemia, intravenous glucose infusion, in congestive heart failure, and other clinical entities. Serum sodium is a predictor of cardiovascular mortality in patients in severe congestive heart failure. Addison disease, hypopituitarism, cirrhosis, hypertriglyceridemia, and psychogenic polydipsia.

#### Chloride (CL)

Increased level is seen in dehydration, with ammonium chloride administration, with renal tubular acidosis (hyperchloremic metabolic acidosis), and with an excessive infusion of normal saline, hyperparathyroidism. Decreased level with overhydration, congestive failure, syndrome of inappropriate secretion of ADH, vomiting, gastric suction, chronic respiratory acidosis, Addison disease, salt-losing nephritis, burns, metabolic alkalosis, and in some instances of diuretic therapy.

Sample Type : Serum

End of Report

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

This is an electronically authenticated report

P.O Box: 49527

Page 3 of 5

Tel: +971 4 398 8567

HARSHAD MANIKANDAN Laboratory Technician Printed on: 04/03/2025 00:51

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.

Dubai, UAE









Name Mr. FREDERICK GEORGE Ref No. 46035

DOB 10/09/1972 Sample No. 2503546356 Age / Gender 52 Y / Male **Collected** 03/03/2025 22:17 Referred by Dr. AMAIZAH Registered 03/03/2025 22:18

CITICARE MEDICAL CENTER 03/03/2025 23:09 Centre Reported

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	39.7		%	38 - 50	Calculation				
MCV	92.5		fL	82 - 98	Calculation				
мсн	32.8	Н	pg	27 - 32	Calculation				
мснс	35.4		g/dL	32 - 37	Calculation				
RDW	13.3		%	11.8 - 15.6	Calculation				
RDW-SD	42.9		fL		Calculation				
MPV	9.5		fL	7.6 - 10.8	Calculation				
PLATELET COUNT	264		10^3/uL	150 - 450	Electrical Impedance				
РСТ	0.3		%	0.01 - 9.99	Calculation				
PDW	17.1		Not Applicable	0.1 - 99.9	Calculation				
NUCLEATED RBC (NRBC)^	0.4		/100 WBC		VCS 360 Technology				
ABSOLUTE NRBC COUNT^	0.03		10^3/uL		Calculation				
EARLY GRANULOCYTE COUNT (EGC)^	0.1		%		VCS 360 Technology				
ABSOLUTE EGC^	0		10^3/uL		Calculation				
WBC COUNT	9		10^3/μL	4 - 11	Electrical Impedance				
DIFFERENTIAL COUNT (DC)									
NEUTROPHILS	54		%	40 - 75	VCS 360 Technology				
LYMPHOCYTES	40		%	20 - 45	VCS 360 Technology				
EOSINOPHILS	2		%	0 - 6	VCS 360 Technology				
MONOCYTES	4		%	1 - 6	VCS 360 Technology				
BASOPHILS	0		%	0 - 1	VCS 360 Technology				
ABSOLUTE COUNT									
ABSOLUTE NEUTROPHIL COUNT	4.3		10^3/uL	1.6 - 8.25	Calculation				
ABSOLUTE LYMPHOCYTE COUNT	3.6		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	0.1		10^3/uL	0 - 0.11	Calculation				

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

This is an electronically authenticated report

P.O Box: 49527

Page 4 of 5

**HALEEM HAKKIM** Laboratory Technician Printed on: 04/03/2025 00:51

Q-aleem

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.

Dubai, UAE





Tel: +971 4 398 8567 reports@biosytech.ae www.biosytech.com





Name : Mr. FREDERICK GEORGE

 DOB
 : 10/09/1972

 Age / Gender
 : 52 Y / Male

 Referred by
 : Dr. AMAIZAH

Centre : CITICARE MEDICAL CENTER

**Ref No.** : 46035

**Sample No.** : 2503546356

**Collected** : 03/03/2025 22:17 **Registered** : 03/03/2025 22:18

**Reported** : 03/03/2025 23:09

### **HEMATOLOGY**

Test Result Flag Unit Reference Range Methodology

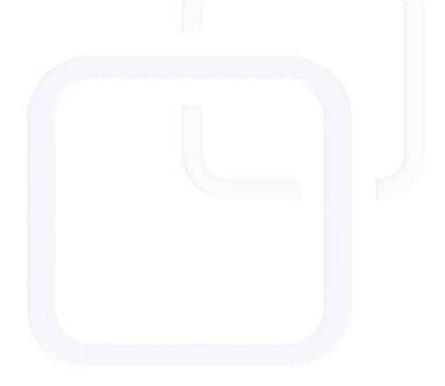
**COMPLETE BLOOD COUNT (CBC)** 

**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

This is an electronically authenticated report

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

Page 5 of 5

Platee M HALEEM HAKKIM

Laboratory Technician Printed on: 04/03/2025 00:51

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.





P.O Box: 49527 Dubai, UAE Tel: +971 4 398 8567 reports@biosytech.ae www.biosytech.com