



Laboratory Investigation Report

Name : ASANGA BUDDIKA
DOB : 17/05/1987
Age / Gender : 37 Y / Male
Referred by : DR.AMAIZAH ISHTIAQ
Centre : CITICARE MEDICAL CENTER

Ref No. : 46050
Sample No. : 2503546869
Collected : 04/03/2025 19:00:00
Registered : 05/03/2025 09:18:30
Reported : 06/03/2025 21:45:08

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
Final Report

Afferedi Medayil
Laboratory Technologist
Microbiologist
Printed on: 06/03/2025 21:57





BML533785

Laboratory Investigation Report

Name	: Mr. ASANGA BUDDIKA	Ref No.	: 46050
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Referred by	: DR.AMAIZAH ISHTIAQ	Registered	: 05/03/2025 09:18
Centre	: CITICARE MEDICAL CENTER	Reported	: 05/03/2025 12:30

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
ANTI-STREPTOLYSIN O (ASO) TITER	71		IU/mL	0 - 200 Please note change. Source: Roche IFU.	Immunoturbidimetry

INTERPRETATION NOTES :

Antibodies against streptolysin-O can be detected from one week to one month after the onset of a streptococcal infection. A marked rise in titer or a persistently elevated titer indicates that a Streptococcus infection or poststreptococcal sequelae are present.

C-REACTIVE PROTEIN (CRP)	22.6	CH	mg/L	< 5.0 Please note change. Source: Roche IFU.	Particle-enhanced immunoturbidimetric assay
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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

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

Nazar Mohamed Ali
NAZAR MOHAMED ALI
Laboratory Technologist

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Centre	: CITICARE MEDICAL CENTER	Reported	: 05/03/2025 13:42

HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	13.5		g/dL	13.5 - 17.5	Photometric
RBC COUNT	4.2	L	10 ⁶ /μL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	39.1		%	38 - 50	Calculation
MCV	93.1		fL	82 - 98	Calculation
MCH	32.3	H	pg	27 - 32	Calculation
MCHC	34.6		g/dL	32 - 37	Calculation
RDW	13.2		%	11.8 - 15.6	Calculation
RDW-SD	42.9		fL		Calculation
MPV	9.4		fL	7.6 - 10.8	Calculation
PLATELET COUNT	322		10 ³ /uL	150 - 450	Electrical Impedance
PCT	0.3		%	0.01 - 9.99	Calculation
PDW	16.7		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.0		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT^	0.01		10 ³ /uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.2		%		VCS 360 Technology
ABSOLUTE EGC^	0.0		10 ³ /uL		Calculation
WBC COUNT	16.1	H	10 ³ /μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	69		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	23		%	20 - 45	VCS 360 Technology
EOSINOPHILS	2		%	0 - 6	VCS 360 Technology
MONOCYTES	6		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	11.1	H	10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	3.7		10 ³ /uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.6		10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.3		10 ³ /uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10 ³ /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

Christeena
CHRISTEENA FRANCIS
Laboratory Technologist

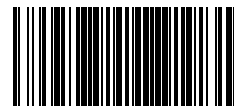
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HEMATOLOGY

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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

Christeena Francis
CHRISTEENA FRANCIS
Laboratory Technologist
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