biosytech
MEDICAL LABORATORY

BML519909

Laboratory Investigation Report

Name	:	Mr. AZAD HOSSAIN PATWARY	**Ref No.**	:	40616
DOB	:	27/04/1987	**Sample No.**	:	2504557479
Age / Gender	:	37 Y / Male	**Collected**	:	01/04/2025 16:45
Referred by	:	DR.AMAIZAH ISHTIAQ	**Registered**	:	02/04/2025 09:56
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	02/04/2025 11:49

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
URIC ACID (SERUM)	7.3	H	mg/dL	3.4 - 7.0 Please note change. Source: Roche IFU.	Enzymatic colorimteric assay
CREATININE (SERUM)	12	CH	mg/dL	0.74 - 1.35	Kinetic colorimetric assay based on Jaffe method

Comments : Please correlate clinically.

INTERPRETATION NOTES :

1. Creatinine measurements are used as an aid in diagnosis and monitoring of renal disorders, Chronic Kidney disease (CKD) and in monitoring of renal dialysis and also used for the calculation of the fractional excretion of other urine analytes (e. g., albumin, α-amylase).
2. Creatinine is a break-down product of creatine phosphate in muscle, and is produced at a fairly constant rate by the body (depending on muscle mass). It is freely filtered by the glomeruli and, under normal conditions, is not reabsorbed by the tubules to any appreciable extent. A small but significant amount is also actively secreted. Its concentration is thus, inversely related to glomerular filtration rate (GFR).
3. Physiological factors affecting serum creatinine concentration include age, gender, race, muscularity, exercise, pregnancy, certain drugs, diet, dehydration and nutritional status.
4. Low serum Creatinine levels is seen in cases of low muscle mass like muscular atrophy, or aging.
5. High serum creatinine levels is seen in Acute and Chronic kidney disease, obstruction.
6. Since a rise in blood creatinine is observed only with marked damage of the nephrons, it is not suited to detect early stage kidney disease.

UREA (SERUM)	196	CH	mg/dL	12.86 - 42.86 Please note change. Source: Roche IFU	Kinetic test with urease and glutamate dehydrogenase

Comments : Please correlate clinically.

POTASSIUM (K)	5.5	H	mmol/L	3.5 - 5.1 Please note change. Source: Roche IFU.	ISE (Indirect)

Sample Type : Serum

End of Report

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

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

ANJUMOL D V
Laboratory Technologist

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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	**8.4**	**L**	g/dL	13.5 - 17.5	Photometric
RBC COUNT	**2.8**	**L**	10^6/µL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	**24.3**	**L**	%	38 - 50	Calculation
MCV	84.4		fL	82 - 98	Calculation
MCH	29.2		pg	27 - 32	Calculation
MCHC	34.6		g/dL	32 - 37	Calculation
RDW	15.1		%	11.8 - 15.6	Calculation
RDW-SD	45.1		fL		Calculation
MPV	10.0		fL	7.6 - 10.8	Calculation
PLATELET COUNT	177		10^3/uL	150 - 450	Electrical Impedance
PCT	0.1		%	0.01 - 9.99	Calculation
PDW	17.5		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.5		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT^	0.03		10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.3		%		VCS 360 Technology
ABSOLUTE EGC^	0.0		10^3/uL		Calculation
WBC COUNT	6.4		10^3/µL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	66		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	22		%	20 - 45	VCS 360 Technology
EOSINOPHILS	**7**	**H**	%	0 - 6	VCS 360 Technology
MONOCYTES	5		%	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	1.4		10^3/uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.3		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.5		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10^3/uL	0 - 0.11	Calculation

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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).

INTERPRETATION NOTES :

RBCs - Normocytic normochromic RBCs showing mild anisopoikilocytosis with few polychromatophilic cells and poikilocytes seen.

Advise: Iron studies, rule out Anemia of Chronic Disease.

Note: Smear reviewed by the Pathologist.

Sample Type : *EDTA Whole Blood*

End of Report

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