



BML545603

Laboratory Investigation Report

Name : Ms. ARIA VI HASHMI
DOB : 26/06/2016
Age / Gender : 8 Y / Female
Referred by : Dr. AMAIZAH
Centre : CITICARE MEDICAL CENTER

Ref No. : 45608
Sample No. : 2504559117
Collected : 05/04/2025 13:34
Registered : 05/04/2025 22:01
Reported : 05/04/2025 23:01

HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	11.0		g/dL	11 - 15	Photometric
RBC COUNT	4.0	L	10 ⁶ /μL	4.1 - 5.2	Electrical Impedance
HEMATOCRIT	32.9	L	%	33 - 43	Calculation
MCV	81.7		fL	78 - 92	Calculation
MCH	27.2		pg	27 - 32	Calculation
MCHC	33.3		g/dL	32 - 37	Calculation
RDW	13.6	H	%	11.6 - 13.4	Calculation
RDW-SD	38.9		fL		Calculation
MPV	7.7		fL	7.6 - 10.8	Calculation
PLATELET COUNT	301		10 ³ /uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	16.3		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.2		/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	5.9		10 ³ /μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	44		%	30 - 60	VCS 360 Technology
LYMPHOCYTES	45		%	30 - 60	VCS 360 Technology
EOSINOPHILS	6		%	0 - 6	VCS 360 Technology
MONOCYTES	5		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	2.6		10 ³ /uL	1.2 - 6.6	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.7		10 ³ /uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.2		10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.4		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

Thahsina Anees
Thahsina Anees
Laboratory Technologist

This is an electronically authenticated report

Page 1 of 3

Printed on: 05/04/2025 23:39

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.





Laboratory Investigation Report

Name	: Ms. ARIA VI HASHMI	Ref No.	: 45608
DOB	: 26/06/2016	Sample No.	: 2504559117
Age / Gender	: 8 Y / Female	Collected	: 05/04/2025 13:34
Referred by	: Dr. AMAIZAH	Registered	: 05/04/2025 22:01
Centre	: CITICARE MEDICAL CENTER	Reported	: 05/04/2025 23:01

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

Thahsina Anees
Thahsina Anees
Laboratory Technologist
Printed on: 05/04/2025 23:39

This is an electronically authenticated report

Page 2 of 3

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.





BML545603

Laboratory Investigation Report

Name	: Ms. ARIA VI HASHMI	Ref No.	: 45608
DOB	: 26/06/2016	Sample No.	: 2504559117
Age / Gender	: 8 Y / Female	Collected	: 05/04/2025 13:34
Referred by	: Dr. AMAIZAH	Registered	: 05/04/2025 22:01
Centre	: CITICARE MEDICAL CENTER	Reported	: 05/04/2025 23:34

IMMUNOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
FERRITIN	50		ng/mL	8 - 115 Please note change. Source: Mayo Clinic Laboratories.	ECLIA

INTERPRETATION NOTES :

Interpretation:

Increased level is seen in haemochromatosis, porphyria, rheumatoid arthritis, liver disease, hyperthyroidism, adult stills disease, type 2 diabetes, leukemia, Hodgkins lymphoma, iron poisoning, in inflammation, frequent blood transfusion, alcohol abuse

Decreased level is seen in any Iron deficiency conditions such as heavy menstrual bleeding, pregnancy, not enough iron in the diet, or bleeding inside the intestinal tract (from ulcers, colon polyps, colon cancer, hemorrhoids, or other conditions).

VITAMIN B12	615	pg/mL	197 - 771	ECLIA
--------------------	-----	-------	-----------	-------

INTERPRETATION NOTES :

Increase B12 level is seen in Liver disease (such as cirrhosis or hepatitis), Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia).

Decreased B12 level is seen in diseases that cause malabsorption (for example, celiac disease and Crohn disease), Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12, hyperthyroidism, pregnancy.

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

Harshad Manikandan
HARSHAD MANIKANDAN
Laboratory Technician

This is an electronically authenticated report

Page 3 of 3

Printed on: 05/04/2025 23:39

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.

