

LABORATORY REPORT

Name	: MANNU KUSHWAHA PURAN KUSHWAHA	File. No.	: AAL02-418625
DOB/Gender	: 16-10-1985 (39 Yrs 5 Month 20 Days/Male)	Referral Doctor	: Dr. Amaizah Ishtiaq
Lab No.	: 22250950412	Referral Clinic	: Citicare Medical Center LLC
Request Date	: 05-04-2025 22:23:21	Clinic File No	: 44419
Insurance	: NAS ADMINISTRATION SERVICES LTD		

HAEMATOLOGY & COAGULATION

Test Name	Result	Units	Ref. Range	Method
<u>COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL</u>				
RBC	4.50	10 ¹² /L	4.50 - 5.50	Hydrodynamic focusing (DC Detection)
Haemoglobin	13.3	g/dl	13.0 - 17.0	Photometry-SLS
HCT	38.6 ^L	%	40.0 - 50.0	Hydrodynamic focusing (HF)
MCV	85.8	fl	83.0 - 101.0	Calculation
MCH	29.6	pg	27-32	Calculation
MCHC	34.5	g/dL	31.5 - 34.5	Calculation
Platelet Count	179	10 ³ /uL	150 - 400	HF (DCD)
WBC	7.02	10 ³ /uL	4.00 - 10.00	Flow Cytometry
<u>DIFFERENTIAL COUNT (%)</u>				
Neutrophils	51.0	%	40.0 - 80.0	Flow Cytometry
Lymphocytes	40.7 ^H	%	20.0 - 40.0	Flow Cytometry
Monocytes	7.3	%	2.0-10.0	Flow Cytometry
Eosinophils	0.9 ^L	%	1 - 6	Flow Cytometry
Basophils	0.1	%	<1-2	Flow Cytometry
Band Forms	0.0	%	< 6	Flow Cytometry
<u>DIFFERENTIAL COUNT (ABSOLUTE)</u>				
Neutrophils (Absolute)	3.58	10 ³ /uL	2.00 - 7.00	Calculation
Lymphocytes (Absolute)	2.86	10 ³ /uL	1.00 - 3.00	Calculation
Monocytes (Absolute)	0.51	10 ³ /uL	0.20 - 1.00	Calculation
Eosinophils (Absolute)	0.06	10 ³ /uL	0.02 - 0.50	Calculation
Basophils (Absolute)	0.01 ^L	10 ³ /uL	0.02 - 0.10	Calculation
Band Forms (Absolute)	0.00	10 ³ /uL	< 0.66	Calculation

Remarks:

Test result to be interpreted in the light of clinical history and to be investigated further if necessary.

These tests are accredited under ISO 15189:2022 unless specified by (*)

Sample processed on the same day of receipt unless specified otherwise.

Test results pertain only the sample tested and to be correlated with clinical history.

Reference range related to Age/Gender.

Dr. Solmaz Siddiqui
Laboratory Director
DHA/LS/248469

Patient Sample Collected On : 05-04-2025 18:23:00
Authenticated On : 06-04-2025 00:22:17

Received On : 05-04-2025 22:24:00
Released On : 06-04-2025 00:53:43



Esmeralda Obenita
Lab Incharge
DHA-P-2992011



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Test Name	Result	Units	Ref. Range	Method
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Sample Type : EDTA WB

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CLINICAL BIOCHEMISTRY

Test Name	Result	Units	Ref. Range	Method
C-Reactive Protein (CRP)	0.80	mg/L	Negative < or = to 5.0	Immunoturbidimetric Assay

CRP is an acute phase protein whose concentration rises non-specifically in response to inflammation. CRP values should not be interpreted without a complete clinical evaluation. Follow-up testing of patients with elevated values is recommended in order to help rule out a recent response to undetected infection or tissue injury. Please note Reference Range Reviewed w.ef 15/10/23

Sample Type : Serum

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HORMONES/ENDOCRINE/TUMOR MARKERS

Test Name	Result	Units	Ref. Range	Method
Free T3 (Tri-iodothyronine - Free)	2.73	pg/mL	2 - 4.4	ECLIA

Conversion Formula: (Concentration in pg/mL) x (1.536) = pmol/L. This free fraction represents the physiologically active thyroid hormone. Free T3 is typically elevated to a greater degree than free thyroxine (T4) in Graves' disease. Free T3 is also important in monitoring patients on anti-thyroid therapy where treatment is focused on reducing the T3 production and the T4 conversion to T3. Please note Reference Range Reviewed w.ef 15/10/23

Free T4 (Thyroxine- Free)	0.82^L	ng/dL	0.92 - 1.68	ECLIA
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Conversion Formula: (Concentration in ng/dL) x (12.87) = pmol/L. Free T4 values may provide the best indication of thyroid dysfunction, since free T4 is less sensitive to changes in the serum binding proteins. Free T4 levels are elevated to a greater degree than free T3 in toxic multinodular goiter and excessive T4 therapy. Please note Reference Range Reviewed w.ef 15/10/23

TSH (Thyroid Stimulating Hormone)	6.0700^H	μIU/mL	0.270 - 4.20	ECLIA
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Conversion Formula: (Concentration in IU/ mL) x (1.0) = mIU/L. The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH level. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. Please note Reference Range Reviewed w.ef 15/10/23 .

Remarks:

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Sample Type : Serum

----- End Of Report -----

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