



BML54756

Laboratory Investigation Report

Name : Mr. MOHAMMAD EHTISHAAM AHMAD JUNAID AHMAD

 DOB
 : 22/11/1997

 Age / Gender
 : 27 Y / Male

 Referred by
 : DR AISHA

Centre : CITICARE MEDICAL CENTER

Ref No. : 46211

Sample No. : 2504561139

Collected : 10/04/2025 16:50

Registered : 10/04/2025 16:51

Reported : 10/04/2025 18:07

BIOCHEMISTRY

| 2.00.1 | | | | | | | | |
|--------------------------|--------|------|------|---|---|--|--|--|
| Test | Result | Flag | Unit | Reference Range | Methodology | | | |
| AMYLASE TOTAL | 171 | Н | U/L | 28 - 100 Please note change. Source: Roche IFU. | Enzymatic colorimetric assay acc to IFCC | | | |
| C-REACTIVE PROTEIN (CRP) | 1.6 | | mg/L | < 5.0 Please note change. Source: Roche IEI | Particle-enhanced immunoturbidimetric assay | | | |

INTERPRETATION NOTES:

- 1. CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.
- 2. C-reactive protein is the classic acute phase protein in inflammatory reactions.
- 3. 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).
- 4. CRP response may be less pronounced in patients suffering from liver disease.
- 5. 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.

LIPASE 49 U/L 13 - 60 Enzymatic colorimetric assay

Please note change. Source: Roche IFU.

INTERPRETATION NOTES:

- 1. Lipases are group of enzymes which catalyze the cleavage of triglycerides to diglycerides with subsequent formation of monoglycerides and fatty acids.
- 2. Lipase is produced by the pancreas, liver, intestine, tongue, stomach, and many other cells.
- 3. The lipase activity determination has gained increasing international recognition because of its high specificity and rapid response. After acute pancreatitis, the lipase activity increases within 4-8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the lipase activity determined in serum and the extent of damage to the pancreas.
- 4. Because lipase levels remain elevated longer than amylase and its sensitivity in acute alcoholic pancreatitis is increased, serum lipase may be a more reliable test than serum amylase for the initial diagnosis of acute pancreatitis. Daily measurements of lipase are of no value in the assessment of the patient's clinical progress or ultimate prognosis. Because of its sensitivity, lipase testing is not very useful in chronic pancreatitis or pancreatic cancer.
- 5. Along with pancreatic disorders, lipase testing is also indicated in the diagnosis of peritonitis, strangulated or infarcted bowel, and pancreatic cyst.

References:

1. Kit insert

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

This is an electronically authenticated report

Page 1 of 4

an

MOHAMMED RASHID CHENANGADATH

Laboratory Technologist
Printed on: 10/04/2025 18:10

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





Laboratory Investigation Report

Name : Mr. MOHAMMAD EHTISHAAM AHMAD JUNAID AHMAD

 DOB
 : 22/11/1997

 Age / Gender
 : 27 Y / Male

 Referred by
 : DR AISHA

Centre : CITICARE MEDICAL CENTER

Ref No. : 46211

Sample No. : 2504561139

Collected : 10/04/2025 16:50 **Registered** : 10/04/2025 16:51

Reported : 10/04/2025 18:07

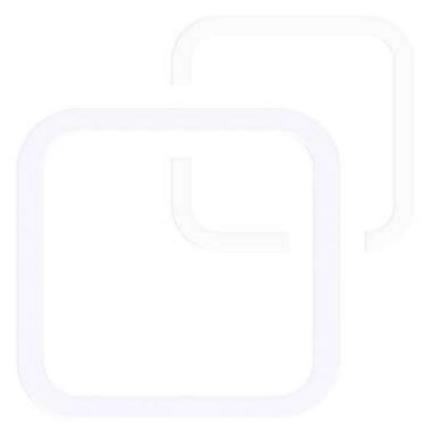
BIOCHEMISTRY

Test Result Flag Unit Reference Range Methodology

2. Williamson MA, Snyder LM, Wallach JB. Wallach's interpretation of diagnostic tests. 9th ed. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins Health; 2011.

Sample Type : Serum

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 2 of 4



MOHAMMED RASHID CHENANGADATH

Laboratory Technologist
Printed on: 10/04/2025 18:10

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





Laboratory Investigation Report

Mr. MOHAMMAD EHTISHAAM AHMAD JUNAID AHMAD Name

DOB 22/11/1997 Age / Gender 27 Y / Male Referred by DR AISHA

Centre CITICARE MEDICAL CENTER Ref No. 46211

> Sample No. 2504561139

Collected 10/04/2025 16:50 Registered 10/04/2025 16:51

10/04/2025 17:58 Reported

| HEMATOLOGY | | | | | | | | | |
|--------------------------------|--------|------|----------------|-----------------|----------------------|--|--|--|--|
| Test | Result | Flag | Unit | Reference Range | Methodology | | | | |
| COMPLETE BLOOD COUNT (CBC) | | | | | | | | | |
| HEMOGLOBIN | 13.7 | | g/dL | 13.5 - 17.5 | Photometric | | | | |
| RBC COUNT | 4.7 | | 10^6/μL | 4.3 - 5.7 | Electrical Impedance | | | | |
| HEMATOCRIT | 41.4 | | % | 38 - 50 | Calculation | | | | |
| MCV | 87.6 | | fL | 82 - 98 | Calculation | | | | |
| мсн | 29 | | pg | 27 - 32 | Calculation | | | | |
| мснс | 33.1 | | g/dL | 32 - 37 | Calculation | | | | |
| RDW | 13.7 | | % | 11.8 - 15.6 | Calculation | | | | |
| RDW-SD | 41.6 | | fL | | Calculation | | | | |
| MPV | 9.1 | | fL | 7.6 - 10.8 | Calculation | | | | |
| PLATELET COUNT | 389 | | 10^3/uL | 150 - 450 | Electrical Impedance | | | | |
| РСТ | 0.4 | | % | 0.01 - 9.99 | Calculation | | | | |
| PDW | 16.9 | | Not Applicable | 0.1 - 99.9 | Calculation | | | | |
| NUCLEATED RBC (NRBC)^ | 0.1 | | /100 WBC | | VCS 360 Technology | | | | |
| ABSOLUTE NRBC COUNTA | 0.02 | | 10^3/uL | | Calculation | | | | |
| EARLY GRANULOCYTE COUNT (EGC)^ | 0.4 | | % | | VCS 360 Technology | | | | |
| ABSOLUTE EGC^ | 0.1 | | 10^3/uL | | Calculation | | | | |
| WBC COUNT | 13.0 | Н | 10^3/μL | 4 - 11 | Electrical Impedance | | | | |
| DIFFERENTIAL COUNT (DC) | | | | | | | | | |
| NEUTROPHILS | 69 | | % | 40 - 75 | VCS 360 Technology | | | | |
| LYMPHOCYTES | 25 | | % | 20 - 45 | VCS 360 Technology | | | | |
| EOSINOPHILS | 1 | | % | 0 - 6 | VCS 360 Technology | | | | |
| MONOCYTES | 5 | | % | 1 - 6 | VCS 360 Technology | | | | |
| BASOPHILS | 0 | | % | 0 - 1 | VCS 360 Technology | | | | |
| ABSOLUTE COUNT | | | | | | | | | |
| ABSOLUTE NEUTROPHIL COUNT | 8.9 | н | 10^3/uL | 1.6 - 8.25 | Calculation | | | | |
| ABSOLUTE LYMPHOCYTE COUNT | 3.3 | | 10^3/uL | 0.8 - 4.95 | Calculation | | | | |
| ABSOLUTE MONOCYTE COUNT | 0.6 | | 10^3/uL | 0.04 - 0.66 | Calculation | | | | |
| ABSOLUTE EOSINOPHIL COUNT | 0.1 | | 10^3/uL | 0 - 0.66 | Calculation | | | | |
| ABSOLUTE BASOPHIL COUNT | 0.0 | | 10^3/uL | 0 - 0.11 | Calculation | | | | |
| | | | | | | | | | |

Comments: Please correlate clinically.

Dr. Vyoma V Shah

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

This is an electronically authenticated report

Page 3 of 4

Usab sina **Thahsina Anees** Laboratory Technologist Printed on: 10/04/2025 18:10

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





Laboratory Investigation Report

Name Mr. MOHAMMAD EHTISHAAM AHMAD JUNAID AHMAD

DOB 22/11/1997 Age / Gender 27 Y / Male Referred by : DR AISHA

Centre CITICARE MEDICAL CENTER

Ref No. 46211

Sample No. 2504561139

Collected 10/04/2025 16:50 Registered 10/04/2025 16:51

10/04/2025 17:58 Reported

HEMATOLOGY

Result Flag Unit **Reference Range** Methodology **Test**

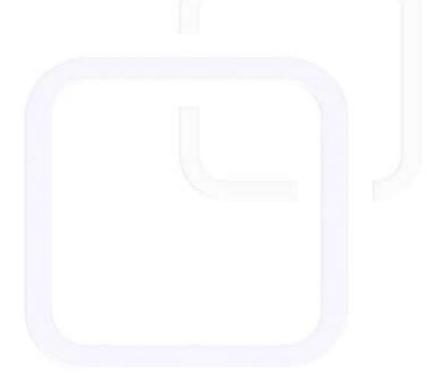
COMPLETE BLOOD COUNT (CBC)

INTERPRETATION NOTES:

Please note update on CBC report format, reference ranges and method(Beckman Coulter).

EDTA Whole Blood Sample Type:

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

Page 4 of 4

Thahsina Anees Laboratory Technologist Printed on: 10/04/2025 18:10

Usab sina

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