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MEDICAL LABORATORY

BML550689

Laboratory Investigation Report

Name	:	Mr. SUJAN THAPA MANOJ	**Ref No.**	:	46514
DOB	:	17/03/2001	**Sample No.**	:	2504564382
Age / Gender	:	24 Y / Male	**Collected**	:	16/04/2025 16:58
Referred by	:	Dr. AMAIZAH	**Registered**	:	16/04/2025 23:22
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	17/04/2025 00:19

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
C-REACTIVE PROTEIN (CRP)	0.7		mg/L	< 5.0 Please note change. Source: Roche IFU.	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.

Sample Type : *Serum*

End of Report

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

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

NAZAR MOHAMED ALI
Laboratory Technologist

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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	15.1		g/dL	13.5 - 17.5	Photometric
RBC COUNT	5		10^6/µL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	45.9		%	38 - 50	Calculation
MCV	92.2		fL	82 - 98	Calculation
MCH	30.3		pg	27 - 32	Calculation
MCHC	32.9		g/dL	32 - 37	Calculation
RDW	13		%	11.8 - 15.6	Calculation
RDW-SD	41.6		fL		Calculation
MPV	9.7		fL	7.6 - 10.8	Calculation
PLATELET COUNT	191		10^3/uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	17		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.1		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT^	0.01		10^3/uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.8		%		VCS 360 Technology
ABSOLUTE EGC^	0		10^3/uL		Calculation
WBC COUNT	5.9		10^3/µL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	64		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	27		%	20 - 45	VCS 360 Technology
EOSINOPHILS	3		%	0 - 6	VCS 360 Technology
MONOCYTES	6		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	3.8		10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	1.5		10^3/uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.6		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.2		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10^3/uL	0 - 0.11	Calculation

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Reena Babu
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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).

Sample Type : *EDTA Whole Blood*

End of Report

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IMMUNOLOGY
Final Report

FOOD ALLERGEN SCREEN (AlleisaScreen Panel 44 UAE)

Allergen Description	Conc. (*)IU/ml	Class (**)	Allergen Description	Conc. (*)IU/ml	Class(**)
CCD1Bromelain	2.8	2	Eggwhite	0.00	0
CCD2HorseradishPeroxidase	4.8	3	Eggyolk	0.00	0
CCD3AscorbatOxidase	2.8	2	Milk	0.11	0
Soybean	0.00	0	Casein	0.00	0
Peanut	0.27	0	Cheese(cow)	0.08	0
Sesameseed	0.43	1	Chicken/Mutton	0.00	0
Hazelnut	0.22	0	Duck	0.08	0
Walnut	0.12	0	Tuna	0.08	0
Cashewnut	0.08	0	Crab/Shrimp	0.00	0
Pistachionut	0.00	0	Codfish/Salmon	0.00	0
Coconut	0.00	0	Apple	0.18	0
Wheatflour	0.85	2	Kiwi	0.15	0
Gluten	0.04	0	Banana	0.00	0
Pea	0.59	1	Mango	0.36	1
BroadBean	0.31	0	Strawberry	0.00	0
GreenBean	0.10	0	Orange	0.00	0
Lentil	0.00	0	Grapes	0.00	0
Carrot	0.51	1	Date	0.39	1
Tomato	0.57	1	Olive	0.00	0
Potato	0.59	1	Cacao	0.00	0
Onion	0.20	0	BellPepper	0.43	1
Riceflour	0.95	2	Sunflowerseed	0.29	0

*CONCENTRATION (IU/ml)	**CLASS	EXPLANATION
0.00–0.34	0	No specific antibody detection.
0.35–0.69	1	Very weak antibody, frequently no clinical evidence in case of an existing sensitization.
0.70–3.49	2	Weak antibody detection, existing sensitization frequently clinical evidence in the upper range of this class.
3.50–17.49	3	Clear antibody detection, clinical evidence is mostly present.
17.5– 49.9	4	Strong antibody detection, nearly always with existing evidence.
50.0–100	5	Very strong antibody detection.
> 100	6	Extremely high antibody titer.

Sample type: Serum

Method: Immunoblot

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IMMUNOLOGY
Final Report

Comment :

CCDs are protein- linked carbohydrate structures responsible for the phenomenon of cross-reactivity of sera from allergic patients towards a wide range of allergens from plants and insects. In serum- based allery diagnosis, antibodies of the igE CLASS directed against CCDs therefore give the impression of polysensitization. Anti- CCD igE, however, does not seem to elicit clinical symptoms. Diagnostic results caused by CCDs are therefore regarded as false positives.

Advice: Repeat testing with freshly collected sample if required.

End of Report

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