



Ms. PRAGATI .

PID NO: 42422

Age: 25 Years Sex: Female

Reference: Dr. AMAIZAH ISHTIAQ

Sample Collected At:

CITICARE MEDICAL CENTER

Unit G03, Al Barsha South Bldg, Al Barhsa South

Third, Dubai

VID: 5050100575

Registered on:

02-May-2025 10:03 PM

Collected on :

01-May-2025 11:18 AM

Reported on :

03-May-2025 12:02 AM

<u>Investigation</u> <u>Observed Value</u> <u>Flag</u> <u>Unit</u> <u>Biological Reference Interval</u>

30

\* C-REACTIVE PROTEIN (CRP)

(Serum, Particle-enhanced immunoturbidimetric assay)

H mg/L < 5.0

Please note change. Source: Roche IFU.

## INTERPRETATION:

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

ayana V. Shah

DR. ADLEY MARK FERNANDES

M.D (Pathology)
Pathologist
This is an Electronically Authenticated Report.

DR. VYOMA SHAH

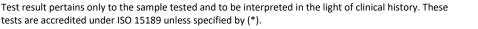
M.D (Pathology) Clinical Pathologist Page 1 of 3

ELOISA MAY DELMO

Laboratory Technologist

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03-May-2025 12:52 PM













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02-May-2025 10:15 PM

**Investigation RAPID INFLUENZA TEST** 

\* Rapid Influenza A (Nasal swab, Immunochromatography)

\* Rapid Influenza B

(Nasal swab, Immunochromatography)

**Observed Value Biological Reference Interval** Flag Unit

Negative Negative

Negative Negative

ayana V. Shah

**DR. ADLEY MARK FERNANDES** 

M.D (Pathology) **Pathologist** 

DR. VYOMA SHAH

M.D (Pathology) **Clinical Pathologist**  Page 2 of 3

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Post Box No. 49527 Dubai UAE

**JILLIAN JOY GARCIA** 

**Laboratory Technologist** 





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Investigation	Observed Value	Flag	<u>Unit</u>	Biological Reference Interval Method	
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	11.4	L	g/dL	12 - 15.5	Photometric
RBC COUNT	4.0		10^6/μL	3.9 - 5	Electrical Impedance
HEMATOCRIT	34.9	L	%	35 - 45	Calculation
MCV	87.6		fL	82 - 98	Calculation
мсн	28.5		pg	27 - 32	Calculation
мснс	32.6		g/dL	32 - 37	Calculation
* RDW	15.1		%	11.9 - 15.5	Calculation
* RDW-SD	49.40		fL		Calculation
MPV	9.9		fL	7.6 - 10.8	Calculation
PLATELET COUNT	282		10^3/uL	150 - 450	Electrical Impedance
* NUCLEATED RBC (NRBC)	0.1		/100 WBC		VCS 360 Technology
* ABSOLUTE NRBC COUNT	0.01		10^3/uL		Calculation
<b>TOTAL &amp; DIFFERENTIAL COUNT (DC)</b>					
WBC COUNT	4.6		10^3/μL	4 - 11	Electrical Impedance
NEUTROPHILS	79	Н	%	40 - 75	VCS 360 Technology
LYMPHOCYTES	15	L	%	30 - 60	VCS 360 Technology
EOSINOPHILS	2		%	0 - 6	VCS 360 Technology
MONOCYTES	4		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	3.6		10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	0.7	L	10^3/uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.2		10^3/uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.1		10^3/uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0		10^3/uL	0 - 0.11	Calculation
Note: Please correlate clinically.					
Sample Type: EDTA Whole Blood					
End Of Report					

ayana V. Shah

M.D (Pathology)

DR. ADLEY MARK FERNANDES DR. VYOMA SHAH

Page 3 of 3

MOHAMMED RASHID CHENANGADATH Laboratory Technologist

Pathologist Clinical Pathologist
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M.D (Pathology)

Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These





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tests are accredited under ISO 15189 unless specified by (\*).