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MEDICAL LABORATORY

Tel : 971 4 398 8567
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Ms. NATALIA KOPHEEBA KORNEEVA

PID NO : 46745
Age : 55 Years Sex : Female

Reference : DR. AISHA

Sample Collected At :
CITICARE MEDICAL CENTER
Unit G03, Al Barsha South Bldg, Al Barhsa South Third, Dubai

VID : 5050102338

Registered on :
06-May-2025 10:34 PM
Collected on :
06-May-2025 08:19 PM
Reported on :
06-May-2025 11:51 PM

Investigation	Observed Value	Flag	Unit	Biological Reference Interval	Method
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	14.0		g/dL	12 - 15.5	Photometric
RBC COUNT	4.8		10^6/µL	3.9 - 5	Electrical Impedance
HEMATOCRIT	42.5		%	35 - 45	Calculation
MCV	89.1		fL	82 - 98	Calculation
MCH	29.4		pg	27 - 32	Calculation
MCHC	33.0		g/dL	32 - 37	Calculation
*** RDW**	13.7		%	11.9 - 15.5	Calculation
*** RDW-SD**	42.00		fL		Calculation
MPV	8.2		fL	7.6 - 10.8	Calculation
PLATELET COUNT	213		10^3/uL	150 - 450	Electrical Impedance
*** NUCLEATED RBC (NRBC)**	0.10		/100 WBC		VCS 360 Technology
*** ABSOLUTE NRBC COUNT**	0.01		10^3/uL		Calculation
TOTAL & DIFFERENTIAL COUNT (DC)					
WBC COUNT	8.8		10^3/µL	4 - 11	Electrical Impedance
NEUTROPHILS	66		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	28	L	%	30 - 60	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	5.8		10^3/uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.5		10^3/uL	1.2 - 6.6	Calculation
ABSOLUTE MONOCYTE COUNT	0.4		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

***Sample Type**: EDTA Whole Blood*

DR. ADLEY MARK FERNANDES
M.D (Pathology)
Pathologist

DR. VYOMA SHAH
M.D (Pathology)
Clinical Pathologist

THAHSINA ANEES
Laboratory Technologist

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Investigation	Observed Value	Flag	Unit	Biological Reference Interval	Method
URINE ANALYSIS (ROUTINE)					
PHYSICAL EXAMINATION					
COLOR	Yellow			Pale to Dark Yellow	Photometry
APPEARANCE	Clear				Turbidimetry
CHEMICAL EXAMINATION					
SPECIFIC GRAVITY	1.011			1.002 - 1.035	Refractometry
PH	6.50			5 - 9	Litmus paper
GLUCOSE	Negative			Negative	GOD / POD
BLOOD	+	A		Negative	Peroxidase
PROTEIN	Negative			Negative	Protein error of pH indicator
LEUKOCYTE ESTERASE	+	A		Negative	Esterase
UROBILINOGEN	Negative			Negative	Diazonium Salt
BILIRUBIN	Negative			Negative	Diazonium Salt
KETONE	Negative			Negative	Legal`s test
NITRITE	Negative			Negative	Griess test
MICROSCOPIC EXAMINATION					
LEUCOCYTES	5-10	A	/HPF	1 - 4	
ERYTHROCYTES	5-10	A	/HPF	0 - 2	
SQUAMOUS EPITHELIAL CELLS	0-1		/HPF	< 20	
NON-SQUAMOUS EPITHELIAL CELLS	Absent		/HPF	Variable	
BACTERIA	Absent		/HPF	Absent	
CASTS	Absent		/HPF	Absent	
HYALINE CAST	Absent		/HPF	Absent	
FINE GRANULAR CAST	Absent		/HPF	Absent	
COARSE GRANULAR CAST	Absent		/HPF	Absent	
WAXY CAST	Absent		/HPF	Absent	
FATTY CAST	Absent		/HPF	Absent	
RBC CAST	Absent		/HPF	Absent	
WBC CAST	Absent		/HPF	Absent	
BACTERIAL CAST	Absent		/HPF	Absent	
EPITHELIAL CAST	Absent		/HPF	Absent	

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CRYSTALS	Absent	/HPF	Absent
CALCIUM OXALATE	Absent	/HPF	Absent
CALCIUM CARBONATE	Absent	/HPF	Absent
CALCIUM PHOSPHATE	Absent	/HPF	Absent
TRIPLE PHOSPHATE	Absent	/HPF	Absent
URIC ACID CRYSTAL	Absent	/HPF	Absent
AMMONIUM BIURATE	Absent	/HPF	Absent
AMORPHOUS URATES	Absent	/HPF	Absent
AMORPHOUS PHOSPHATES	Absent	/HPF	Absent
CYSTINE	Absent	/HPF	Absent
LEUCINE	Absent	/HPF	Absent
TYROSINE	Absent	/HPF	Absent
DRUG CRYSTAL	Absent	/HPF	Absent
MUCUS THREADS	Absent	/HPF	Absent
BUDDING YEAST CELLS	Absent	/HPF	Absent
HYPHAE	Absent	/HPF	Absent
OVA	Absent	/HPF	Absent
CYST	Absent	/HPF	Absent
PARASITE	Absent	/HPF	Absent
ARTIFACTS	Absent	/HPF	Absent

INTERPRETATION:

1. Urine routine and microscopy is a screening test.
2. Abnormal results of chemical examination are confirmed by manual methods.
3. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight.
4. During interpretation, points to be considered are Negative nitrite test does not exclude the presence of the bacteria or urinary tract infections.
5. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet etc.
8. False reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs etc.
9. Physiological variations may affect the test results.
10. The Microscopic examination findings reported are in decimal numbers as they represent arithmetic mean of multiple fields scanned using Microscopy.

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Investigation	Observed Value	Flag	Unit	Biological Reference Interval
*** C-REACTIVE PROTEIN (CRP)** (Serum, Particle-enhanced immunoturbidimetric assay)	13.8	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."

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

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