



Mr. JEEVAN GAIRE

PID NO : 44071

Age : 28 Years Sex : Male



Reference : DR. AISHA

Sample Collected At :

CITICARE MEDICAL CENTER

Unit G03, Al Barsha South Bldg, Al Barsha South
Third, Dubai

VID : 5050102336

Registered on :

06-May-2025 10:33 PM

Collected on :

06-May-2025 07:52 PM

Reported on :

06-May-2025 11:50 PM

Investigation	Observed Value	Flag	Unit	Biological Reference Interval	Method
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	14.7		g/dL	13.5 - 17.5	Photometric
RBC COUNT	5.1		10 ⁶ /μL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	43.9		%	38 - 50	Calculation
MCV	85.5		fL	82 - 98	Calculation
MCH	28.6		pg	27 - 32	Calculation
MCHC	33.5		g/dL	32 - 37	Calculation
* RDW	14.0		%	11.8 - 15.6	Calculation
* RDW-SD	41.60		fL		Calculation
MPV	8.8		fL	7.6 - 10.8	Calculation
PLATELET COUNT	266		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	10.9		10 ³ /μL	4 - 11	Electrical Impedance
NEUTROPHILS	48		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	45		%	20 - 45	VCS 360 Technology
EOSINOPHILS	2		%	0 - 6	VCS 360 Technology
MONOCYTES	5		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	5.2		10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	4.9		10 ³ /uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.5		10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.2		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

Ayana V. Shah
DR. VYOMA SHAH
M.D (Pathology)
Clinical Pathologist

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Thahsina Anees
THAHSINA ANEES
Laboratory Technologist

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<u>Investigation</u>	<u>Observed Value</u>	<u>Flag</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
* C-REACTIVE PROTEIN (CRP) (Serum, Particle-enhanced immunoturbidimetric assay)	0.752		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."

CREATININE (SERUM) (Serum, Kinetic colorimetric assay based on Jaffe method)	0.858	L	mg/dL	0.9 - 1.3
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INTERPRETATION :

- Creatinine measurements are used as an aid in diagnosis and monitoring of renal disorders, Chronic Kidney disease (CKD) and in monitoring of renal dialysis and also used for the calculation of the fractional excretion of other urine analytes (e. g., albumin, a-amylase).
- Creatinine is a break-down product of creatine phosphate in muscle, and is produced at a fairly constant rate by the body (depending on muscle mass). It is freely filtered by the glomeruli and, under normal conditions, is not reabsorbed by the tubules to any appreciable extent. A small but significant amount is also actively secreted. Its concentration is thus, inversely related to glomerular filtration rate (GFR).
- Physiological factors affecting serum creatinine concentration include age, gender, race, muscularity, exercise, pregnancy, certain drugs, diet, dehydration and nutritional status.
- Low serum Creatinine levels is seen in cases of low muscle mass like muscular atrophy, or aging.
- High serum creatinine levels is seen in Acute and Chronic kidney disease, obstruction.
- Since a rise in blood creatinine is observed only with marked damage of the nephrons, it is not suited to detect early stage kidney disease.

UREA (SERUM) (Serum, Kinetic test with urease and glutamate dehydrogenase)	32		mg/dL	12.86 - 42.86
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URIC ACID (SERUM)

(Serum, UV Enzymatic)

6.02

mg/dL

3.4 - 7

INTERPRETATION:

- Increased in Gout, asymptomatic hyperuricemia, leukemia, polycythemia, hemolytic anemia, sickle cell anemia, resolving pneumonia, toxemia of pregnancy, psoriasis, lymphoma, metabolic acidosis, chronic lead poisoning.
- Decreased in disorders of copper accumulation, kidney tubule disorder, Acromegaly, Celiac disease, Xanthine oxidase deficiency.
- Its used to monitor gout and also chemotherapeutic treatment of neoplasm to avoid renal urate deposition with possible renal failure (tumor lysis syndrome).

Note:

- A purine rich diet as well as severe exercise increases uric acid values.
- High protein-weight reduction diet and alcohol consumption can cause raised uric acid levels.

References:

- Package insert
- Wallach's interpretation of diagnostic tests, Ed11, 2020.
- Henry's Clinical Diagnosis and Management by Laboratory Methods. 23rd ed; 2017.
- Tietz fundamentals of clinical chemistry 6th edition. Burtis CA, Ashwood ER, Bruns DE, 2008.

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

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