

|                                  |                                        |                            |                    |
|----------------------------------|----------------------------------------|----------------------------|--------------------|
| <b>Patient Name</b>              | : Ms. SHABANA HAIDER SHAH SULTAN AHMAD | <b>Sample UID No.</b>      | : 4079292          |
| <b>Age / Gender</b>              | : 63 Y / Female                        | <b>Sample Collected On</b> | : 12-05-2025 19:00 |
| <b>Patient ID</b>                | : QLD079150                            | <b>Registered On</b>       | : 12-05-2025 21:19 |
| <b>Referred By</b>               | : PESHAWAR                             | <b>Reported on</b>         | : 13-05-2025 07:32 |
| <b>Referral Client</b>           | : CITICARE MEDICAL CENTER              | <b>External Patient ID</b> | : 32773            |
| <b>Emirates ID / Passport No</b> | :                                      | <b>Print Version</b>       | : V.1              |

**Department of BIOCHEMISTRY**

**ELECTROLYTE PANEL**

| <u>Investigation</u> | <u>Results</u> | <u>Flag</u> | <u>Units</u> | <u>Biological Reference Interval</u> | <u>Method</u>  |
|----------------------|----------------|-------------|--------------|--------------------------------------|----------------|
| SODIUM (NA)          | 141            |             | mmol/L       | 136-145                              | ISE (Indirect) |
| POTASSIUM (K)        | 3.9            |             | mmol/L       | 3.5-5.1                              | ISE (Indirect) |
| CHLORIDE (CL)        | 99             |             | mmol/L       | 98-107                               | ISE (Indirect) |

**Interpretation Notes :**

**Clinical Implication:**

- 1.Sodium levels detect changes in water balance rather than sodium balance and sodium levels are used to determine electrolytes, acid base balance, water balance, water intoxication, and dehydration.
- 2.Potassium,electrolytes of intracellular fluid is important to diagnose acid-base and water imbalance and the value varies with circulatory volume.
- 3.Chloride,blood electrolytes is helpful in diagnosing disorders of acid base, water balance and has reciprocal rise (or) fall in response to concentration of other anions.

**Interfering factors:**

- 1.Drugs like steroids, calcium, fluoride, iron can cause increase in sodium level. Drugs like heparin, laxative, sulphate, diuretics cause decrease in sodium level. High Triglycerides or low protein falsely decrease in sodium level.
2. Blood drawing procedure affect the values of potassium. Drugs like diuretics and NSAID increase values and excess intake of licorice decrease potassium level.
- 3.Plasma chloride concentration in infants is higher than in children and adults. Drugs may alter chloride levels. Increased values is associated with IV Saline infusion.

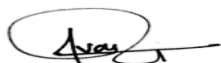
**Reference -**

Manual of Laboratory and Diagnostics -Frances Fischbach Marshall B. Dunning III [9th Edition]

Sample: Serum

**- END OF REPORT -**

"QLabs compliance with ISO 15189:2022 standards"



**Vaishnav Jayamohan**  
Lab Technologist

DHA No. 87250933-002





**Dr. Vidhya Mohan**  
Specialist Clinical Pathologist  
Clinical Pathologist  
DHA No. 23553203-004



**Dr. Dheepa Manoharan**  
Medical Director  
Specialist Microbiologist  
DHA No. 00231751-004

|                                  |                                        |                            |                    |
|----------------------------------|----------------------------------------|----------------------------|--------------------|
| <b>Patient Name</b>              | : Ms. SHABANA HAIDER SHAH SULTAN AHMAD | <b>Sample UID No.</b>      | : EB4079292        |
| <b>Age / Gender</b>              | : 63 Y / Female                        | <b>Sample Collected On</b> | : 12-05-2025 19:00 |
| <b>Patient ID</b>                | : QLD079150                            | <b>Registered On</b>       | : 12-05-2025 21:19 |
| <b>Referred By</b>               | : PESHAWAR                             | <b>Reported on</b>         | : 13-05-2025 07:32 |
| <b>Referral Client</b>           | : CITICARE MEDICAL CENTER              | <b>External Patient ID</b> | : 32773            |
| <b>Emirates ID / Passport No</b> | :                                      | <b>Print Version</b>       | : V.1              |

### Department of HEMATOLOGY

#### COMPREHENSIVE COMPLETE BLOOD COUNT

| <u>Investigation</u> | <u>Results</u> | <u>Flag</u> | <u>Units</u>        | <u>Biological Reference Interval</u> | <u>Method</u>        |
|----------------------|----------------|-------------|---------------------|--------------------------------------|----------------------|
| HEMOGLOBIN           | 9.5            | L           | g/dl                | 12-15                                | photometric          |
| RBC COUNT            | 3.76           | L           | 10 <sup>6</sup> /uL | 3.8-4.8                              | Electrical Impedance |
| HEMATOCRIT           | 30.4           | L           | %                   | 37-47                                | Calculation          |
| MCV                  | 80.9           |             | fL                  | 78-100                               | Calculation          |
| MCH                  | 25.2           | L           | pg                  | 27-31                                | Calculation          |
| MCHC                 | 31.1           |             | g/dl                | 31-35                                | Calculation          |
| RDW                  | 18.3           | H           | %                   | 9.3-16                               | Calculation          |
| RDW-SD               | 53.4           | H           | fL                  | 38.9-49                              | Calculation          |
| MPV                  | 11.6           |             | fL                  | 8.8-12.5                             | Calculation          |
| PLATELET COUNT       | 150            |             | 10 <sup>3</sup> /uL | 150-400                              | Electrical Impedance |

#### Comments :

Presence of giant platelets, manually checked.

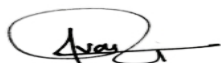
|                                  |      |   |                     |           |                      |
|----------------------------------|------|---|---------------------|-----------|----------------------|
| * PCT                            | 0.1  |   | %                   | 0.01-9.99 | Calculation          |
| * PDW                            | 17   |   |                     | 0.1-99.9  | Calculation          |
| * NUCLEATED RBC (NRBC)^          | 0.1  |   | /100 WBC            |           | Flow Cytometry       |
| * ABSOLUTE NRBC COUNT^           | 0    |   | 10 <sup>3</sup> /uL |           | Calculation          |
| * EARLY GRANULOCYTE COUNT (EGC)^ | 0    |   | %                   |           | Flow Cytometry       |
| * ABSOLUTE EGC^                  | 0    |   | 10 <sup>3</sup> /uL |           | Calculation          |
| WBC COUNT                        | 4.2  |   | 10 <sup>3</sup> /uL | 4-11      | Electrical Impedance |
| * Neutrophil                     | 65.8 |   | %                   | 40-80     | VCS-Method           |
| * Lymphocyte                     | 15.4 | L | %                   | 20-40     | VCS-Method           |
| * Eosinophil                     | 1.8  |   | %                   | 1-8       | VCS-Method           |
| * Monocyte                       | 16.1 | H | %                   | 2-10      | VCS-Method           |
| * Basophil                       | 0.9  |   | %                   | 0-2       | VCS-Method           |
| * ABSOLUTE NEUTROPHIL COUNT      | 2.8  |   | 10 <sup>3</sup> /uL | 1.5-7     | Calculation          |
| * ABSOLUTE LYMPHOCYTE COUNT      | 0.6  | L | 10 <sup>3</sup> /uL | 1.5-4     | Calculation          |
| * ABSOLUTE MONOCYTE COUNT        | 0.7  |   | 10 <sup>3</sup> /uL | 0-0.8     | Calculation          |
| * ABSOLUTE EOSINOPHIL COUNT      | 0.1  |   | 10 <sup>3</sup> /uL | 0-0.6     | Calculation          |
| * ABSOLUTE BASOPHIL COUNT        | 0    |   | 10 <sup>3</sup> /uL | 0-0.2     | Calculation          |

- END OF REPORT -

#### Note:

"The analytes with asterisk (\*) symbol are non-accredited parameters."

"QLabs compliance with ISO 15189:2022 standards"



Vaishnav Jayamohan  
Lab Technologist

DHA No. 87250933-002





Dr. Vidhya Mohan  
Specialist Clinical Pathologist  
Clinical Pathologist  
DHA No. 23553203-004

Page 2 of 4

|                                  |                                        |                            |                    |
|----------------------------------|----------------------------------------|----------------------------|--------------------|
| <b>Patient Name</b>              | : Ms. SHABANA HAIDER SHAH SULTAN AHMAD | <b>Sample UID No.</b>      | : EB4079292        |
| <b>Age / Gender</b>              | : 63 Y / Female                        | <b>Sample Collected On</b> | : 12-05-2025 19:00 |
| <b>Patient ID</b>                | : QLD079150                            | <b>Registered On</b>       | : 12-05-2025 21:19 |
| <b>Referred By</b>               | : PESHAWAR                             | <b>Reported on</b>         | : 13-05-2025 07:32 |
| <b>Referral Client</b>           | : CITICARE MEDICAL CENTER              | <b>External Patient ID</b> | : 32773            |
| <b>Emirates ID / Passport No</b> | :                                      | <b>Print Version</b>       | : V.1              |

**Department of HEMATOLOGY**

**COMPREHENSIVE COMPLETE BLOOD COUNT**

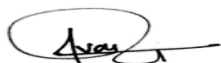
**Investigation**      **Results**      **Flag**      **Units**      **Biological Reference Interval**      **Method**

Sample: EDTA Whole Blood

**- END OF REPORT -**

**Note:**

"The analytes with asterix (\*) symbol are non-accredited parameters."  
"QLabs compliance with ISO 15189:2022 standards"



**Vaishnav Jayamohan**  
Lab Technologist

DHA No. 87250933-002





**Dr. Vidhya Mohan**  
Specialist Clinical Pathologist  
Clinical Pathologist  
DHA No. 23553203-004

Page 3 of 4

|                                  |                                        |                            |                    |
|----------------------------------|----------------------------------------|----------------------------|--------------------|
| <b>Patient Name</b>              | : Ms. SHABANA HAIDER SHAH SULTAN AHMAD | <b>Sample UID No.</b>      | : CP4079292        |
| <b>Age / Gender</b>              | : 63 Y / Female                        | <b>Sample Collected On</b> | : 12-05-2025 19:00 |
| <b>Patient ID</b>                | : QLD079150                            | <b>Registered On</b>       | : 12-05-2025 21:19 |
| <b>Referred By</b>               | : PESHAWAR                             | <b>Reported on</b>         | : 13-05-2025 07:32 |
| <b>Referral Client</b>           | : CITICARE MEDICAL CENTER              | <b>External Patient ID</b> | : 32773            |
| <b>Emirates ID / Passport No</b> | :                                      | <b>Print Version</b>       | : V.1              |

### Department of HAEMATOLOGY

#### PROTHROMBIN TIME (PT-INR)

| <u>Investigation</u>                 | <u>Results</u> | <u>Flag</u> | <u>Units</u> | <u>Biological Reference Interval</u>       | <u>Method</u> |
|--------------------------------------|----------------|-------------|--------------|--------------------------------------------|---------------|
| Sample: Citrated Plasma              |                |             |              |                                            |               |
| Prothrombin Time                     | 27.3           | H           | seconds      | 9.1-12.1                                   | Photo-Optical |
| International Normalized Ratio (INR) | 2.78           | H           |              | 0.8-1.2<br>Therapeutic range: Refer below* | Calculated    |

#### Comments :

Rechecked.

#### Interpretation Notes :

For vitamin K antagonists (eg, warfarin), the prothrombin time (PT/INR) is recommended. Direct oral anticoagulant medications (non-vitamin K) should not be monitored with PT/INR or aPTT because the effect of these tests is not predictable.

#### \*INR THERAPEUTIC RANGE:

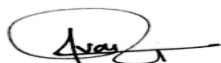
Standard intensity warfarin therapeutic range: 2.0 – 3.0

High intensity warfarin therapeutic range: 2.5 – 3.5

Source: Mayo Clinic Laboratories

- END OF REPORT -

"QLabs compliance with ISO 15189:2022 standards"



Vaishnav Jayamohan  
Lab Technologist

DHA No. 87250933-002





Dr. Vidhya Mohan  
Specialist Clinical Pathologist  
Clinical Pathologist  
DHA No. 23553203-004



Dr. Dheepa Manoharan  
Medical Director  
Specialist Microbiologist  
DHA No. 00231751-004