FORTE
CLINICAL LABORATORY
| DIAGNOSTICS TO THE NEXT LEVEL |

SRI LANKA | INDIA | UAE

FORTE CLINICAL LABORATORY
PO BOX 214-545, S-G09 / S-G10 , Al Garhoud Business Centre , Al Garhoud , Dubai, UAE.
Toll Free: 800 325 222
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CONFIDENTIAL LABORATORY REPORT

Patient Name	:	**Ms. NAHLA**	Request Date	:	21/05/2025 15:26
Age / Sex	:	15 Y / Female	Collected Date	:	21/05/2025 14:57
DOB	:		Acceptance Date	:	21/05/2025 15:34
Referral Doctor	:		Report Date	:	21/05/2025 16:34
Referrer	:	CITICARE MEDICAL CENTER L.L.C	Report Status	:	**Final Report**
SID.No.	:	**FD023873**	External Visit Id	:	**46190**
Patient No	:	**FCL024007**			

INVESTIGATION / SPECIMEN	RESULT	UNIT	REFERENCE RANGE	METHOD
HAEMATOLOGY				
CITICARE PULSEFIT PACKAGE				
COMPLETE BLOOD COUNT (CBC)				
EDTA Whole Blood				
HEMOGLOBIN	12.1	g/dL	12 - 15.5	Colorimetric
RBC COUNT	4.31	10^6/uL	3.5 - 5.5	EI
HEMATOCRIT	**36.9**	%	37 - 54	Calculation
MCV	85.5	fL	80 - 100	Calculation
MCH	27.9	pg	27 - 34	Calculation
MCHC	32.7	g/dL	32 - 36	Calculation
RDW	14.4	%	11 - 16	Calculation
MPV	11	fL	8 - 12	Calculation
PLATELET COUNT	267	10^3 /uL	140 - 450	EI
WBC COUNT	9.41	10^3 /uL	4 - 10	EI
DIFFERENTIAL COUNT (DC)				
EDTA Whole Blood				
NEUTROPHILS	62	%	50 - 70	Flow Cytometry
LYMPHOCYTES	26.9	%	20 - 40	Flow Cytometry
EOSINOPHILS	2.6	%	0.5 - 5	Flow Cytometry
MONOCYTES	8.3	%	3 - 12	Flow Cytometry
BASOPHILS	0.2	%	0 - 1	Flow Cytometry
ABSOLUTE NEUTROPHIL COUNT	5.83	10^3 cells/uL	2 - 7	
ABSOLUTE LYMPHOCYTE COUNT	2.54	10^3 cells/uL	0.8 - 4	
ABSOLUTE MONOCYTE COUNT	0.77	10^3 cells/uL	0.12 - 1.2	
ABSOLUTE EOSINOPHIL COUNT	0.25	10^3 cells/uL	0.02 - 0.5	
ABSOLUTE BASOPHIL COUNT	0.02	10^3 cells/uL	0 - 0.1	

Prepared By

Roshini
Medical Laboratory Technologist

Approved By

Dr Anjum Nawshehri
Laboratory Director
DHA-00208333-004

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SID.No.	:	**FD023873**	External Visit Id	:	**46190**
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INVESTIGATION / SPECIMEN	RESULT	UNIT	REFERENCE RANGE	METHOD
CLINICAL BIOCHEMISTRY				
CITICARE PULSEFIT PACKAGE				
GLUCOSE (FASTING) Fluoride Plasma	103	mg/dL	70 - 110	GOD - POD
GLYCATED HEMOGLOBIN (HbA1C) ^ EDTA Whole Blood				
HBA1C	4.9	%	Normal:4.6-5.6 Prediabetes: 5.7- 6.4 Diabetes: >6.5	HPLC
eAG (estimated Average Glucose)	94	%		Calculation
BLOOD UREA NITROGEN (SERUM) Serum				
UREA	36.7	mg/dL	16.87 - 43.37	Urease-glutamate Dehydrogenase, UV method
BUN	17.1	mg/dL	7 - 18	Calculation
CREATININE Serum	0.75	mg/dL	0.5 - 1.1	Sarcosine Oxidase
BUN/CREATININE RATIO	**22.80**	NULL	Prerenal: > 20:1 Normal or Postrenal: 10-20:1 Intrarenal: < 10:1	Calculation
URIC ACID Serum	5.7	mg/dL	1.9 - 7.5	Uricase - POD
IRON Serum	50.2	ug/dL	37 - 145	Ferrozine
CHOLESTEROL (TOTAL) Serum	139.1	mg/dL	Desirable: < 200 Borderline High: 200 - 239 High: > 239	CHOD-POD
NON-HDL CHOLESTEROL Serum	101.2	mg/dL	< 140	Calculation

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INVESTIGATION / SPECIMEN	RESULT	UNIT	REFERENCE RANGE	METHOD
CLINICAL BIOCHEMISTRY				
CITICARE PULSEFIT PACKAGE				
TRIGLYCERIDES	**299.3**	mg/dl	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 499	GPO-POD
Serum				
HDL CHOLESTEROL	**37.9**	mg/dL	Optimum>60 Borderline : 50-59 High risk : <50	Direct
Serum				
LDL CHOLESTEROL	95.9	mg/dl	Optimal: < 100 Near/Above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 189	Direct
Serum				
VLDL CHOLESTEROL	**59.86**	mg/dL	0 - 30	Calculation
Serum				
LDL / HDL RATIO	2.5	--	< 3.5	Calculation
Serum				

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INVESTIGATION / SPECIMEN	RESULT	UNIT	REFERENCE RANGE	METHOD
CLINICAL BIOCHEMISTRY				
CITICARE PULSEFIT PACKAGE				
TOTAL CHOLESTEROL / HDL RATIO Serum	3.7	--	< 4.5	Calculation

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CLINICAL BIOCHEMISTRY				
CITICARE PULSEFIT PACKAGE				
BILIRUBIN (TOTAL) Serum	0.2	mg/dL	Up to 1.2	DSA
BILIRUBIN (DIRECT) Serum	0.1	mg/dL	0.00 - 0.4	DSA
INDIRECT BILIRUBIN Serum	0.10	mg/dL	< or = 0.90	Calculation
TOTAL PROTEIN Serum	6.7	g/dL	6 - 8	Biuret
ALBUMIN (SERUM) Serum	4	g/dL	3.5 - 4.8	Bromcresol green (BCG)
GLOBULIN Serum	2.7	g/dL	2.0 - 3.5	Calculation
ALBUMIN / GLOBULIN RATIO Serum	1.48	NULL	0.8 - 2.0	Calculation
ALT / SGPT Serum	18.5	U/L	10 - 40	IFCC
ALP (ALKALINE PHOSPHATASE) Serum	92.8	U/L	30 - 115	IFCC
GGT (GAMMA GLUTAMYL TRANSFERASE) Serum	16.4	U/L	7 - 50	IFCC
AST / SGOT Serum	16.1	U/L	10 - 40	IFCC

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ENDOCRINOLOGY				
CITICARE PULSEFIT PACKAGE				
TRIIODOTHYRONINE, TOTAL (T3) Serum	1.41	ng/mL	0.8 - 1.9	CLIA
THYROXINE, TOTAL (T4) Serum	7.0	ug/dL	5 - 13	CLIA
FOLLICLE STIMULATING HORMONE (FSH) Serum	5.22	mIU/mL	Follicular phase: 2.50 - 11.40 Midcycle Peak: 3.3 - 21.7 Luteal Phase: 1.2 - 7.0 Postmenopausal: 18.8 - 132.0	CLIA
LUTEINISING HORMONE (LH) Serum	8.758	mIU/mL	Follicular phase: 1.2 - 12.7 Midcycle Peak: 15.2 - 90.0 Luteal Phase: 0.5 - 14.6 Postmenopausal: 15.6 - 72.0	CLIA
PROLACTIN Serum	316.11	uIU/mL	51 - 580	CLIA
TESTOSTERONE (TOTAL) Serum	0.23	ng/mL	0.1 - 0.9	CLIA
TESTOSTERONE (FREE) Serum	0.006	ng/mL	0.0002 - 0.0085	Calculation
SHBG (SEX HORMONE BINDING GLOBULIN) Serum	8.57	nmol/L	Males (17 - 65 Years old) : 13 .77 - 48.94 Females (17 - 65 Years old) : 24.0 - 110.07 Postmenopausal Females : 13.25 to 74.11	CLIA
VITAMIN B12 Serum	288.912	pg/mL	164 - 905	CLIA
VITAMIN D, 25-OH (TOTAL) Serum	**16**	ng/mL	Deficient : < 20 Insufficient: 20 - 30 Sufficient : 30 - 100 Upper Safety Limit:: > 100	CLIA

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ENDOCRINOLOGY				
CITICARE PULSEFIT PACKAGE				
BETA HCG	**0.012**	mIU/mL	Non-Pregnant Females: <2.9 Week after LMP 1-10 weeks 195 – 229796 11-15 weeks 22305 – 233036 16-22 weeks 7902 – 49645 23-40 weeks 1580 - 48608	CLIA
Serum				

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ENDOCRINOLOGY				
CITICARE PULSEFIT PACKAGE				
ESTRADIOL (E2)	56.5	pg/mL		CLIA
Serum				
PROGESTERONE	0.437	ng/mL	Follicular Phase : 0.00 - 1.40 Luteal Phase: 3.34 - 25.56 Mid luteal phase: 4.44 - 28.03 Post Menopausal: 0.00 - 0.73 First trimester: 11.22 - 90.0 Second trimester: 25.55 - 89.40 Third trimester: 48.40- 422.50	CLIA
Serum				

Interpretation Notes : A progesterone test may be used:To help recognize and manage some causes of infertility. Since progesterone levels vary throughout the menstrual cycle, multiple (serial) measurements can be used for this purpose.To determine whether or not a woman has ovulated, when ovulation occurred, or to monitor the success of induced ovulationIn early pregnancy to help diagnose an ectopic or failing pregnancy, along with human chorionic gonadotropin (hCG) testing To monitor a high-risk pregnancy to help evaluate placenta and fetal healthIf a woman is receiving progesterone injections to help support her early pregnancy, to help determine the effectiveness of the replacement treatmentAlong with other tests such as an FSH, LH, hCG, thyroid tests, clotting tests, and a complete blood count (CBC) to help determine the cause of abnormal uterine bleeding in non-pregnant women

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