



Ms. DAWN EATON

PID NO : 46915

Age : 64 Years Sex : Female



Reference : DR. AISHA

Sample Collected At :

CITICARE MEDICAL CENTER

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

VID : 5050108137

Registered on :

21-May-2025 10:45 PM

Collected on :

21-May-2025 04:07 PM

Reported on :

21-May-2025 11:40 PM

<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)	2.11		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."

URIC ACID (SERUM) (Serum, UV Enzymatic)	3.3		mg/dL	2.4 - 5.7
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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 -----

DR. ADLEY MARK FERNANDES
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This is an Electronically Authenticated Report.

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Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189 unless specified by (*).

