

Ms. SYEDA FIRDOS FATIMA SYED

PID NO : 46451

Age : 25 Years Sex : Female 30-Jun-1999



Reference : DR. AMAILAH

Sample Collected At :

CITICARE MEDICAL CENTER

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

VID : 5060101326

Registered on :

04-Jun-2025 11:55 PM

Collected on :

04-Jun-2025 05:00 PM

Reported on :

05-Jun-2025 12:32 AM

<u>Investigation</u>	<u>Observed Value</u>	<u>Flag</u>	<u>Unit</u>	<u>Biological Reference Interval</u>	<u>Method</u>
<u>COMPLETE BLOOD COUNT (CBC)</u>					
HEMOGLOBIN	9.5	L	g/dL	12 - 15.5	Photometric
RBC COUNT	5.0		10 ⁶ /μL	3.9 - 5	Electrical Impedance
HEMATOCRIT	30.7	L	%	35 - 45	Calculation
MCV	61.8	L	fL	82 - 98	Calculation
MCH	19.1	L	pg	27 - 32	Calculation
MCHC	30.9	L	g/dL	32 - 37	Calculation
* RDW	18.3	H	%	11.9 - 15.5	Calculation
* RDW-SD	40.30		fL		Calculation
MPV	8.0		fL	7.6 - 10.8	Calculation
PLATELET COUNT	484	H	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
<u>TOTAL & DIFFERENTIAL COUNT (DC)</u>					
WBC COUNT	10.7		10 ³ /μL	4 - 11	Electrical Impedance
NEUTROPHILS	73		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	22	L	%	30 - 60	VCS 360 Technology
EOSINOPHILS	1		%	0 - 6	VCS 360 Technology
MONOCYTES	4		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
<u>ABSOLUTE COUNT</u>					
ABSOLUTE NEUTROPHIL COUNT	7.8		10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.4		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

Note: Please correlate clinically.

Sample Type: EDTA Whole Blood

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

Dr. Vyoma Shah

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

Haleem Hakkim

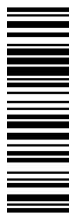
HALEEM HAKKIM
Laboratory Technician

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GLUCOSE RANDOM (Fluoride Plasma, Hexokinase)	94		mg/dL	< 200

INTERPRETATION:

- High levels (More than or equal to 500 mg/dL) are considered a critical value.
- Infants older than 1 week: Low levels (Less than or equal to 40 mg/dL) are considered to be potentially life threatening.
- Infants younger than 1 week: Low levels (Less than or equal to 25 mg/dL) are considered to be potentially life threatening.

Clinical Utility:

- Helpful in evaluation of diabetes and other carbohydrate metabolism disorders including gestational diabetes, neonatal hypoglycemia, idiopathic hypoglycemia and pancreatic islet cell carcinoma.

Note:

- Whole blood glucose levels (capillary blood/ glucometer samples) are 12 – 15% lower than plasma concentrations.
- Exercise immediately before sample collection can lower random glucose test results.

Associated Tests:

- HbA1c, Diabetes Profile

References:

- Kit insert
- Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics. 8th edition. Edited by CA Burtis.

* C-REACTIVE PROTEIN (CRP) (Serum, Particle-enhanced immunoturbidimetric assay)	1.59		mg/L	< 5.0 Please note change. Source: Roche IFU.
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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."

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Dr. Harshad Manikandan

HARSHAD MANIKANDAN
Laboratory Technician

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Dr. Vyoma V. Shah

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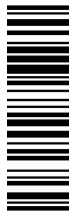
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<u>Investigation</u>	<u>Observed Value</u>	<u>Flag</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
D-DIMER (Citratd Plasma, Turbidimetric Immunoassay)	250		ng/mL D-DU	< 255 Source: ACL IFU.

Interpretation:

- D-dimer is a small protein fragment present in the blood after a blood clot is dissolved in the body.
- Elevated D-dimer is seen in DVT (Deep Vein Thrombosis), blood clotting disorders, DIC (Disseminated Intravascular Coagulation), recent surgery, trauma or infection.
- D-dimer is falsely elevated in the elderly, Liver disease, Obesity, Pregnancy, Eclampsia, Heart disease, Rheumatoid arthritis, some cancers, High triglycerides, Hemolysis, Lipemia, Hyperbilirubinemia
- D-dimer is also found elevated in COVID 19 and its monitoring helps to prevent thrombotic events

Clinical Utility:

- D-Dimer is a marker for the activation of coagulation.
- D-Dimer is used in the diagnosis of blood clotting disorders like Deep Vein Thrombosis (DVT) & pulmonary embolism (PE).

Limitations:

False Negative: Anticoagulant therapy

False Positive: Elderly, Liver disease, Pregnancy, Eclampsia, Heart disease, Rheumatoid arthritis, Some cancers, High triglycerides, Hemolysis, Lipemia, Hyperbilirubinemia

Reference:

- Kit Insert
- Kabrhel C, Mark Courtney D, Camargo CA Jr, Plewa MC, Nordenholz KE, Moore CL, Richman PB, Smithline HA, Beam DM, Kline JA. Factors associated with positive D-dimer results in patients evaluated for pulmonary embolism. Acad Emerg Med. 2010 Jun;17(6):589-97

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

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