



Mr. NILESH SAVJI SAVJI TULSIRAM VAYCHAL VAYCHAL

PID NO : 26487

Age : 31 Years Sex : Male

DOB: 01-Jan-1994



Reference : Dr. AMAIZAH ISHTIAQ

Sample Collected At :

CITICARE MEDICAL CENTER

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

VID : 5060104987

Registered on :

17-Jun-2025 03:33 PM

Collected on :

17-Jun-2025 03:30 AM

Reported on :

17-Jun-2025 04:29 PM

<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	15.3		g/dL	13.5 - 17.5	Photometric
RBC COUNT	5.3		10 ⁶ /μL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	46.0		%	38 - 50	Calculation
MCV	86.6		fL	82 - 98	Calculation
MCH	28.9		pg	27 - 32	Calculation
MCHC	33.3		g/dL	32 - 37	Calculation
* RDW	13.9		%	11.8 - 15.6	Calculation
* RDW-SD	41.60		fL		Calculation
MPV	8.2		fL	7.6 - 10.8	Calculation
PLATELET COUNT	311		10 ³ /uL	150 - 450	Electrical Impedance
* NUCLEATED RBC (NRBC)	0.20		/100 WBC		VCS 360 Technology
* ABSOLUTE NRBC COUNT	0.02		10 ³ /uL		Calculation
<u>TOTAL & DIFFERENTIAL COUNT (DC)</u>					
WBC COUNT	8.6		10 ³ /μL	4 - 11	Electrical Impedance
NEUTROPHILS	62		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	31		%	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
<u>ABSOLUTE COUNT</u>					
ABSOLUTE NEUTROPHIL COUNT	5.3		10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	2.7		10 ³ /uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.4		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

Dr. Vyoma V. Shah

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

Dr. Anjumol Vada

ANJUMOL VADAKKINATHU
Laboratory Technologist

This is an Electronically Authenticated Report.

Printed on: 17-Jun-2025 05:31 PM

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 (*).



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<u>Investigation</u>	<u>Observed Value</u>	<u>Flag</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
* ANTI-STREPTOLYSIN O (ASO) TITER (Serum, Immunoturbidimetry)	40		IU/mL	0 - 200

INTERPRETATION:

Antibodies against streptolysin-O can be detected from one week to one month after the onset of a streptococcal infection.

A marked rise in titer or a persistently elevated titer indicates that a Streptococcus infection or poststreptococcal sequelae are present.

* C-REACTIVE PROTEIN (CRP) (Serum, Particle-enhanced immunoturbidimetric assay)	3.8		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."

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

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

Vyoma V. Shah

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Clinical Pathologist

Nazar Ali

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Laboratory Technologist

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