LB-MED-305

Patient Name	:	Ms. LUCIANA GIRALDO PEREZ	**Sample UID No.**	:	4100328
Age / Gender	:	11 Y 10 M / Female	**Sample Collected On**	:	23-07-2025 22:40
Patient ID	:	QLD100089	**Registered On**	:	23-07-2025 22:42
Referred By	:	DR BUSHRA	**Reported on**	:	24-07-2025 08:54
Referral Client	:	CITICARE MEDICAL CENTER	**External Patient ID**	:	47276
Emirates ID / Passport No	:		**Print Version**	:	V.1

Department of BIOCHEMISTRY

Investigation	Results	Flag	Units	Biological Reference Interval	Method
* C-REACTIVE PROTEIN (CRP)	0.2		mg/L	< 5	Particle enhanced immunoturbidimetric assay

Sample: Serum

Comments :

CLINICAL IMPLICATIONS:

1. CRP is the most sensitive acute phase reactant that can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgeryor neoplastic proliferation. CRP levels may predict future cardiovascular events and can be used as a screening tool.

2. The traditional test of CRP has added significance over the elevated ESR, which may be influenced by altered physiologic states. CRP tends to increase before rises in antibody titres and ESR level occurs. CRP levels also tend to decrease sooner than ESR levels.

3. The traditional test for CRP is elevated in rheumatic fever, RA, myocardial infarction, malignancy, bacterial and viral infections. The positive test indicates active inflammation but not its cause. In RA, the traditional test for CRP becomes negative with successful treatment and indicates that the inflammation has subsided.

4.High sensitive measurement of CRP (hs-CRP) are useful in assessing vascular inflammation and cardiovascular stratification. A single test for hs-CRP may not reflect an individual patient basal hs-CRP level, therefore follow up tests or serial measurements may be required in patients presenting with increased hs-CRP levels.

INTERFERING FACTORS: Haemolysed or lipemic sample may alter the results.

REFERENCE:

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

2) Tietz clinical guide to Laboratory tests(Fourth edition) ALAN H.B.WU

- END OF REPORT -

Note:

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

"QLabs compliance with ISO 15189:2022 standards"

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Patient Name	: Ms. LUCIANA GIRALDO PEREZ	**Sample UID No.**	: 4100328U
Age / Gender	: 11 Y 10 M / Female	**Sample Collected On**	: 23-07-2025 22:42
Patient ID	: QLD100089	**Registered On**	: 23-07-2025 22:42
Referred By	: DR BUSHRA	**Reported on**	: 24-07-2025 10:47
Referral Client	: CITICARE MEDICAL CENTER	**External Patient ID**	: 47276
Emirates ID / Passport No	:	**Print Version**	: V.1

Department of CLINICAL PATHOLOGY

COMPREHENSIVE URINE ANALYSIS

Investigation	Results	Flag	Units	Biological Reference Interval	Method
Sample: URINE					
MACROSCOPIC EXAMINATION					
COLOR	Pale yellow			Pale to Dark Yellow	Colorimetric
APPEARANCE	Clear			-	Turbidometric Method
CHEMISTRY EXAMINATION					
SPECIFIC GRAVITY	1.010			1.002 - 1.035	Reflectance photometry
pH	6			4.5 - 8	Reflectance photometry
PROTEIN	Neg.			Negative	Reflectance photometry
GLUCOSE	Neg.			Negative	Reflectance photometry
KETONE	Neg.			Negative	Reflectance photometry
UROBILINOGEN	Neg.			Negative	Reflectance photometry
BILIRUBIN	Neg.			Negative	Reflectance photometry
BLOOD	Neg.			Negative	Reflectance photometry
LEUCOCYTES	Neg.			Negative	Reflectance photometry
MICROSCOPIC EXAMINATION					
NITRATE	Neg.			NEGATIVE	Reflectance photometry
PUS CELLS	Nil		/HPF	0 - 5	Microscopy
RBC	Nil		/HPF	0 - 3	Microscopy
NRBC	Nil		/HPF	0 - 3	Microscopy
DRBC	Nil		/HPF	0 - 3	Microscopy
RBC CLUMP	Nil		/HPF	0 - 3	Microscopy
SQUAMOUS EPITHELIAL CELLS	Few		/HPF	0 - 5	Microscopy
OTHER EPITHELIAL CELLS	Nil		/HPF	0 - 5	Microscopy

- END OF REPORT -

"QLabs compliance with ISO 15189:2022 standards"

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Patient Name	: Ms. LUCIANA GIRALDO PEREZ		**Sample UID No.**	:	4100328U
Age / Gender	: 11 Y 10 M / Female		**Sample Collected On**	:	23-07-2025 22:42
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Department of CLINICAL PATHOLOGY

COMPREHENSIVE URINE ANALYSIS

Investigation	Results	Flag	Units	Biological Reference Interval	Method
BACTERIA	Nil		/HPF	0 - 5	Microscopy
BACTERIA CLUMP	Nil		/HPF	0 - 5	Microscopy
BACTERIA RODS	Nil		/HPF	0 - 5	Microscopy
BACTERIA COCCI	Nil		/HPF	0 - 5	Microscopy
HYALINE CAST	Nil		/HPF	NIL	Microscopy
PATHOLOGICAL CAST	Nil		/HPF	NIL	Microscopy
GRANULAR CAST	Nil		/HPF	NIL	Microscopy
CELLULAR CAST	Nil		/HPF	NIL	Microscopy
WAXY CAST	Nil		/HPF	NIL	Microscopy
RBC CAST	Nil		/HPF	NIL	Microscopy
WBC CAST	Nil		/HPF	NIL	Microscopy
FACT	Nil		/HPF	NIL	Microscopy
CALCIUM OXALATE CRYSTALS	Nil		/HPF	NIL	Microscopy
MONOHYDRATE CALCIUM CRYSTALS	Nil		/HPF	NIL	Microscopy
TRIPLE PHOSPHATE CRYSTALS	Nil		/HPF	NIL	Microscopy
URIC ACID CRYSTALS	Nil		/HPF	NIL	Microscopy
OTHER SMALL CRYSTALS	Nil		/HPF	NIL	Microscopy
CALCIUM PHOSPHATE CRYSTALS	Nil		/HPF	NIL	Microscopy
LEUCINE CRYSTALS	Nil		/HPF	NIL	Microscopy
CYSTINE CRYSTALS	Nil		/HPF	NIL	Microscopy
TYROSINE CRYSTALS	Nil		/HPF	NIL	Microscopy

- END OF REPORT -

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Age / Gender	:	11 Y 10 M / Female	**Sample Collected On**	:	23-07-2025 22:42
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Department of CLINICAL PATHOLOGY

COMPREHENSIVE URINE ANALYSIS

Investigation	Results	Flag	Units	Biological Reference Interval	Method
AMORPHOUS CRYSTALS	Nil		/HPF	NIL	Microscopy
CHOLESTEROL CRYSTALS	Nil		/HPF	NIL	Microscopy
FAT	Nil		/HPF	NIL	Microscopy
MUCUS	Occasional		/HPF	NIL	Microscopy
YEAST	Nil		/HPF	NIL	Microscopy
UNCLASSIFIED	Nil		/HPF	NIL	Microscopy
OTHERS	Nil		/HPF	NIL	Microscopy

- END OF REPORT -

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LB-MED-305

Patient Name	: Ms. LUCIANA GIRALDO PEREZ		**Sample UID No.**	:	EB4100328
Age / Gender	: 11 Y 10 M / Female		**Sample Collected On**	:	23-07-2025 22:40
Patient ID	: QLD100089		**Registered On**	:	23-07-2025 22:42
Referred By	: DR BUSHRA		**Reported on**	:	24-07-2025 08:54
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Emirates ID / Passport No	:		**Print Version**	:	V.1

Department of HEMATOLOGY

COMPREHENSIVE COMPLETE BLOOD COUNT

Investigation	Results	Flag	Units	Biological Reference Interval	Method
HEMOGLOBIN	13.4		g/dl	11.5-15.5	photometric
RBC COUNT	4.74		10^6/uL	4-5.2	Electrical Impedance
HEMATOCRIT	39.9		%	35-47	Calculation
MCV	84.2		fL	78-95	Calculation
MCH	28.4		pg	26-32	Calculation
MCHC	33.7		g/dl	31-37	Calculation
RDW	14.3		%	9.3-16	Calculation
RDW-SD	42.9		fL	38.9-49	Calculation
MPV	10.5		fL	8.8-12.5	Calculation
PLATELET COUNT	158	L	10^3/uL	180-400	Electrical Impedance
* PCT	0.2		%	0.01-9.99	Calculation
* PDW	18.4			0.1-99.9	Calculation
* NUCLEATED RBC (NRBC)^	0.15		/100 WBC		Flow Cytometry
* ABSOLUTE NRBC COUNT^	0.01		10^3/uL		Calculation
* EARLY GRANULOCYTE COUNT (EGC)^	0.11		%		Flow Cytometry
* ABSOLUTE EGC^	0.01		10^3/uL		Calculation
WBC COUNT	9.4		10^3/uL	5-13	Electrical Impedance
* Neutrophil	44.22		%	44-70	VCS-Method
* Lymphocyte	48.41	H	%	25-48	VCS-Method
* Eosinophil	1.54		%	0-7	VCS-Method
* Monocyte	5.44		%	0-9	VCS-Method
* Basophil	0.39		%	0-2	VCS-Method
* ABSOLUTE NEUTROPHIL COUNT	4.15		10^3/uL	1.5-7	Calculation
* ABSOLUTE LYMPHOCYTE COUNT	4.54	H	10^3/uL	1.5-4	Calculation
* ABSOLUTE MONOCYTE COUNT	0.51		10^3/uL	0-0.8	Calculation
* ABSOLUTE EOSINOPHIL COUNT	0.14		10^3/uL	0-0.6	Calculation
* ABSOLUTE BASOPHIL COUNT	0.04		10^3/uL	0-0.2	Calculation

Sample: EDTA Whole Blood

- END OF REPORT -

Note:

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"QLabs compliance with ISO 15189:2022 standards"

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LB-MED-305

Patient Name	:	Ms. LUCIANA GIRALDO PEREZ	**Sample UID No.**	:	4100328
Age / Gender	:	11 Y 10 M / Female	**Sample Collected On**	:	23-07-2025 22:40
Patient ID	:	QLD100089	**Registered On**	:	23-07-2025 22:42
Referred By	:	DR BUSHRA	**Reported on**	:	25-07-2025 18:08
Referral Client	:	CITICARE MEDICAL CENTER	**External Patient ID**	:	47276
			Print Version	:	V.1

Department of MICROBIOLOGY
CULTURE AND SENSITIVITY (HVS)
Final Report

Result

Microscopy Exam Name	Microscopy Exam Result
Erythrocytes	Occasional
Leucocytes	Occasional
Clue cells	Nil
Bacteria	Present
Yeast	Nil
Epithelial cells	Moderate
Trichomonas vaginalis	Nil

Organism Details

Specimen : HIGH VAGINAL SWAB

Gram Stain : Presence of Vaginal epithelial cells and Gram positive bacilli presumptively Lactobacilli morphotype seen.

Organism **: Escherichia coli grown in culture.**

Growth : Moderate growth.

- END OF REPORT -

"QLabs compliance with ISO 15189:2022 standards"

Verified By

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LB-MED-305

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Department of MICROBIOLOGY
CULTURE AND SENSITIVITY (HVS)
Final Report

Culture Report:

Antibiotic Name	Interpretation
Ampicillin	Resistant
Amoxycillin with clavulanic acid	Sensitive
Cefazolin	Sensitive
Cefuroxime	Sensitive
Cefixime	Sensitive
Cefotaxime	Sensitive
Ceftazidime	Sensitive
Cefpodoxime	Sensitive
Ceftriaxone	Sensitive
Aztreonam	Sensitive
Cefepime	Sensitive
Imipenem	Sensitive
Ciprofloxacin	Resistant
Levofloxacin	Resistant
Gentamycin	Sensitive
Amikacin	Sensitive
Trimethoprim-sulfamethoxazole	Sensitive
Tetracycline	Sensitive
Doxycycline	Sensitive
Chloramphenicol	Sensitive

- END OF REPORT -

"QLabs compliance with ISO 15189:2022 standards"

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Patient Name	:	Ms. LUCIANA GIRALDO PEREZ	**Sample UID No.**	:	4100328
Age / Gender	:	11 Y 10 M / Female	**Sample Collected On**	:	23-07-2025 22:40
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			Print Version	:	V.1

Department of MICROBIOLOGY
CULTURE AND SENSITIVITY (HVS)
Final Report

Comments:

A. Criteria for Nugent scoring (To rule out Bacterial vaginosis)
(0-3 Normal
4-6 -Indeterminate
7-10 - Definitive of Bacterial vaginosis)
B. A negative Trichomonas result does not exclude the possibility of Trichomonas vaginalis infections as the sensitivity of wet mount examination of Trichomonas detection is 60% as compared to molecular methods and extremely depends on time of transit as the trophozoite may lose the viability during the transport. Recommended molecular methods for higher sensitivity [journal of global infectious diseases 2012] Jan-Mar 4(1)PM ID 22529623.
C. Ureaplasma, Mycoplasma, and Chlamydia are not detected with conventional media.
D. Quality controls for organisms are routinely performed using recommended ATCC strains.

References:

1. Clinical Microbiology procedures Handbook - Amy .L. Leber -4th edition.
2. Konneman colour Atlas and Textbook of Diagnostic Microbiology 7th edition.
3.CLSI M100 Ed 31 performance standards for Antimicrobial susceptibility testing

- END OF REPORT -

"QLabs compliance with ISO 15189:2022 standards"

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LB-MED-305

Patient Name	:	Ms. LUCIANA GIRALDO PEREZ	**Sample UID No.**	:	4100328U
Age / Gender	:	11 Y 10 M / Female	**Sample Collected On**	:	23-07-2025 22:40
Patient ID	:	QLD100089	**Registered On**	:	23-07-2025 22:42
Referred By	:	DR BUSHRA	**Reported on**	:	25-07-2025 17:58
Referral Client	:	CITICARE MEDICAL CENTER	**External Patient ID**	:	47276
			Print Version	:	V.1

Department of MICROBIOLOGY
CULTURE AND SENSITIVITY (URINE)
Final Report

Result

Organism Details

Specimen : Urine

Culture report: **No growth of uropathogens after 48 hours of aerobic incubation.**

Comments:

A. Colony count criteria:

<10,000 CFU/ml - not significant

10,000 - 100000- doubtful significant (suggest repeat sample)

>100,000CFU/ml- significant bacteriuria

B. Ureaplasma, Mycoplasma, and Chlamydia are not detected with conventional media.

C. Quality controls for organisms are routinely performed using recommended ATCC strains.

D. Antibiotic susceptibility testing is detected by Disc diffusion method based on Performance standard for Antimicrobial susceptibility testing M100 CLSI 30th edition.

References:

1. Clinical Microbiology procedures Handbook - Amy .L. Leber -4th edition.

2. Konneman colour Atlas and Textbook of Diagnostic Microbiology 7th edition.

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- END OF REPORT -

"QLabs compliance with ISO 15189:2022 standards"

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