



53 Y(s) / F

Age/Sex :

Registration Location:

Registration Date:

04-May-2025 16:27

Home Sampling Gujranwala Blue Card - Counter

Consultant:

.Dr israr ul haq

Reference:

5701-17-200079353

Case Number: 68661-04-05

Patient Number:

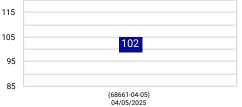
Note:



Collection DateTime: Reporting DateTime: 05-May-2025 05:13

04-May-2025 16:27

Serum Iron

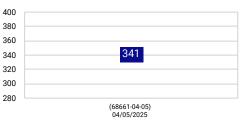


Normal

■ Low (<50) ■ Normal (50-170)

■ High (>170)

Serum TIBC



Normal

■ Low (<250) ■ Normal (250 - 400.9)

■ High (>400)



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04-May-2025 16:27

.Dr israr ul haq

68661-04-05



Department of Chemical Pathology

Collection DateTime:

04-May-2025 16:27

Reporting DateTime:

04-May-2025 23:48

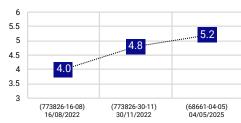
Serum Creatinine



Low

Note: Change in reference values is effective from 7 June 2022.

Glycosylated Hemoglobin (HbA1c)



5.2,

Normal

■ Normal (<5.7 %) ■ Pre-Diabetes (=5.7 - 6.4 %) ■ Diabetes (>6.4 %)

Interpretation: According to guidelines of the American Diabetes Association (ADA) patients already diagnosed with Diabetes Mellitus should monitor HbA1c level as an indicator of glycemic control over the previous 2-3 months time. The optimum HbA1c level is based on the health status of the individual. In conditions associated with an altered relationship between AIC & glycemia, such as hemoglobinopathies including sickle cell discease, pregnancy (second, third trimesters & the postpartum period), glucose-6-phosphate dehydrogenase deficiency, HIV, hemodialysis, recent blood lossor transfusion or erthropoietin therapy, only plasma blood glucose criteria should be used to diagnose diabetes.



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.Dr israr ul haq

Case Number: 68661-04-05

Department of Chemical Pathology

Collection DateTime: Reporting DateTime:

04-May-2025 16:27

Reference Value Test

Unit

ng/mL

68661-04-05

04-May-2025 23:48

Serum Ferritin

(See Below)

Adult Female:

10 - 120 ng/mL

04-May-2025 16:27

36.2

Reference Values

Newborn: 25 - 200 ng/mL 1 month: 200 - 600 ng/mL 2 - 5 month: 50 - 200 ng/mL

6 month - 15 yrs: 7 - 140 ng/mL Adult Male: 20 - 250 ng/mL

Methodology: Chemiluminescence Microparticle Immunoassay Technique (Abbott - Alinity Ci)



Age/Sex :

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Consultant:

.Dr israr ul haq

Reference:

Patient Number:

5701-17-200079353

Case Number: 68661-04-05

53 Y(s) / F

Department of Hematology

Collection DateTime:

04-May-2025 16:27

Reporting DateTime: 05-May-2025 12:31

Blood C/E (Complete, CBC)

Test	Reference Value	Unit	773802-20-06 20-Jun-2023 11:21	68653-27-01 27-Jan-2024 18:28	68656-20-08 20-Aug-2024 20:38	68661-04-05 04-May-2025 16:27
Hb	11.5 - 16	g/dl	11.3	11.2	10.2	11.3
Total RBC	4 - 6	x10^12/l	4.1	4.3	3.7	4.4
HCT	36 - 46	%	34	37	31	35
MCV	75 - 95	fl	84	87	82	81
MCH	26 - 32	pg	28	26	27	26
МСНС	30 - 35	g/dl	33	30	33	32
RDW CV %	11.5 - 14.5	%	14	15.4	16.1	15.6
Platelet Count	150 - 400	x10^9/l	57	38	40	40
MPV fl	7 - 11	fl	11.9	12.6	-	10.9
WBC Count (TLC)	4 - 11	x10^9/l	3.5	3.9	4.0	3.1
Neutrophils	40.0 - 75.0	%	58.9	57.0	51.0	57.0
Lymphocytes	20.0 - 50.0	%	24.3	27.0	29.0	27.0
Monocytes	2.0 - 10.0	%	9.7	10.0	13.0	8.0
Eosinophils	1.0 - 6.0	%	6.2	6.0	7.0	8.0
Abs. Neutrophils	2.00 - 7.00	x10^9/l	2.06	2.24	2.02	1.74
Abs. Lymphocytes	1.00 - 3.00	x10^9/l	0.84	1.07	1.15	0.84
Abs. Monocytes	0.20 - 1.00	x10^9/l	0.34	0.40	0.52	0.26
Abs. Eosinophils	0.02 - 0.50	x10^9/l	0.22	0.22	0.29	0.26

RBC: Anisocytosis, Microcytosis.

WBC: Reduced with Normal morphology

Platelets: Reduced.

Comments: Peripheral film findings are consistent with bicytopenia.

ADVISE: Rule out all possible causes.