



PARAGON DIAGNOSTICS INC.

BLUZ Building 2, Tadeco Road, Brgy. San Francisco, Panabo City, Davao del Norte 8105
email address: paragondiagnostics.lab@gmail.com Number: 0995 677 3287

Specimen No 2025-KOH-

Name: Age: 32 Date & Time Received 04/09/2025 04:56:00 PM
Physician: Sex: FEMALE Date & time Released: 04/09/2025 04:56:00 PM

MICROBIOLOGY

SPECIMEN CERVICO-VAGINAL DISCHARGE

TEST:	RESULT
KOH	NO FUNGAL ELEMENTS FOUND

LHEA MAE D. PESIGAS, RMT
LIC. NO. 0096570

MEDICAL TECHNOLOGIST

ELIESSEE MAUVE L. MISOLES,RMT
LIC.NO. 0103063

MEDICAL TECHNOLOGIST

CYRIL PETE MARTIN S. MISOLES, MD,DPSP
LIC. NO. 0138266

PATHOLOGIST



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email address: paragondiagnostics.lab@gmail.com Number: 0995 677 3287

Specimen No: PD097

Name: TOCOYO, IAN GLENN
Physician: DR. MONDEJAR

Age: 33
Sex: MALE

Date & Time Received: 3/24/2025 7:20 AM
Date & time Released: 3/24/2025 9:00 AM

SEmenalysis

TIME COLLECTED : 7:17 AM
TIME RECEIVED : 7:20 AM
TIME EXAMINED : 7:28 AM

Volume	: 1 ML	Motility	: 4.0
Reaction	: 7.5	Sperm Concentration	: 91,500,000 sperms/ml
Viscosity	: 4	Total Sperm Count	: 91,500,000 sperms/ejaculate
RBC	: /hpf		
Pus cells	: /hpf		
Morphology	: %		

Remarks :

Noted:

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Specimen No:

Name: Physician: NOT PROVIDED

Age:

Sex:

Date & Time Received: 5

Date & time Released: 5

2:36:00PM

2:36:00PM

IMMUNOLOGY-SEROLOGY

TEST	RESULT
Dengue IgG	
IgM	
NS1	
TPHA (Syphilis Test)	NON-REACTIVE
HBsAg (Hepatitis B Surface Antigen)	NON-REACTIVE

REMARKS:

Noted:

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Specimen No:

Name:

Age:

Date & Time Received: 5

10:00:00 AM

Physician: NOT PROVIDED

Sex:

Date & time Released: 5

10:00:00 AM

IMMUNOLOGY-SEROLOGY

TEST	RESULT	REFERENCE RANGE	UNIT
FT4		12-22	pmol/L
FT3		3.1-6.8	pmol/L
TSH		0.3-4.2	mIU/L
cTnI		0-0.3	ng/mL
NT-proBNP		0-300	pg/mL
B-hCG		0-5.0	mIU/L
CK-MB		0-5	ng/mL
PSA		<4	ng/mL
CRP		0-10	mg/L

REMARKS:

Noted:

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email address: paragondiagnostics.lab@gmail.com Number: 0995 677 3287

Specimen No:

Name: **NOT PROVIDED**

Age:

Date & Time Received: 04/11/2025 10:46:00 AM

Sex:

Date & time Released: 04/11/2025 10:46:00 AM

CLINICAL CHEMISTRY

TEST	RESULT	UNIT	REFERENCE RANGE	
			LOWER	UPPER
Random Blood Sugar		mg/dL	80.00	140.00
Fasting Blood Sugar		mg/dL	70.00	110.00
Cholesterol		mmol/L	0.00	5.20
Triglyceride		umol/L	0.00	1.70
HDL		mmol/L	1.16	1.55
LDL		mmol/L	0.00	2.59
SGPT/ALT		U/L	5.00	40.00
SGOT/AST		U/L	8.00	40.00
Blood Uric Acid		umol/L	142.00	416.00
Creatinine		umol/L	53.00	115.00
Albumin		g/L	38.00	54.00
Hba1c		%	4.00	6.00
Total Bilirubin		umol/L	3.40	17.10
Direct Bilirubin		umol/L	0.00	3.40
Total Protein		g/L	60.00	83.00
OGTT 75 GRAMS:				
Fasting Blood Sugar		mg/dl	0.00	92.00
1st Hour		mg/dl	0.00	180.00
2nd Hour		mg/dl	0.00	153.00
ELECTROLYTE:				
Sodium		mmol/L	135.00	145.00
Potassium		mmol/L	3.50	5.00
Chloride		mmol/L	97.00	107.00
Ionized Calcium		mmol/L	1.15	1.35
Total Calcium		mmol/L	2.30	2.70
Magnesium		mmol/L	0.72	0.99

REMARKS:

Noted:

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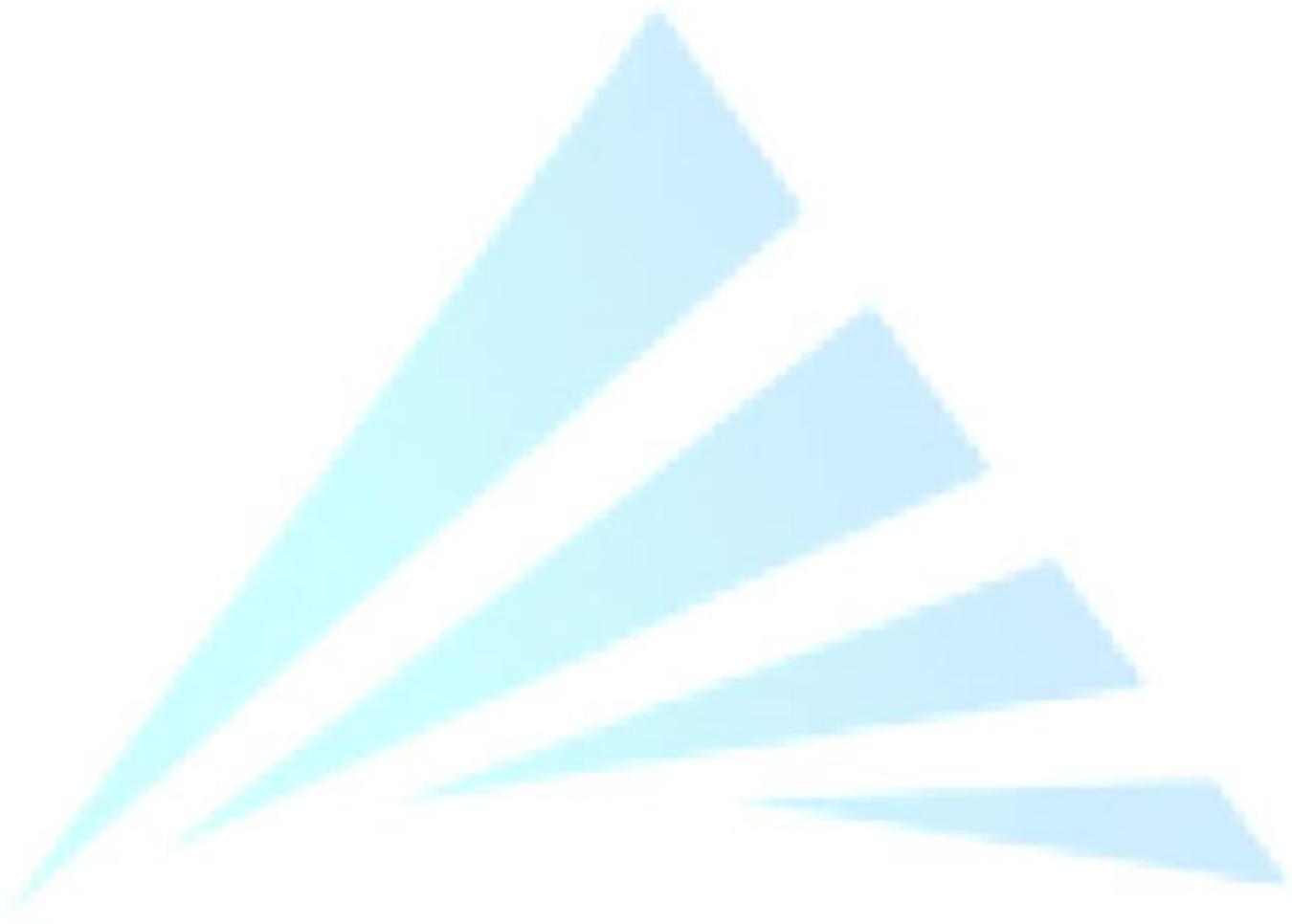
MEDICAL TECHNOLOGIST

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Specimen No:

Name:

Age:

Date & Time Received

3/31/2025 7:00:00 AM

Physician:

Sex:

Date & time Released

3/31/2025 10:20:00 AM

FECALYSIS

Macroscopic Examination:

Color: _____

Consistency: _____

Microscopic Examination:

Pus cell: _____ /hpf

RBC: _____ /hpf

Bacteria: _____

Fat Globules: _____

Yeast Cells: _____

Occult Blood: _____

NO OVA / PARASITE SEEN

Result:

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Specimen No:

Name: _____ **Age:** _____ **Date & Time Received:** 5 **8:30:00 AM**
Physician: _____ **Sex:** _____ **Date & time Released:** 5 **8:45:00 AM**

URINALYSIS

Macroscopic Examination:

Color: _____

Transparency: _____

Chemical Examination :

PH: _____

Specific Gravity: _____

Leukocyte: _____

Nitrite: _____

Urobilinogen: _____

Protein: _____

Blood: _____

Ketone: _____

Bilirubin: _____

Glucose: _____

CAST:

Fine Granular Cast: _____ /lpf

Coarse Granular Cast: _____ /lpf

Hyaline Cast: _____ /lpf

Pus Cast: _____

Others: _____

Crystals:

Amorphous urates: _____

Amorphous phosphate: _____

Calcium Oxalate: _____

Uric acid: _____

Others: _____

Microscopic Examination:

Pus cell: _____ /hpf

Red Blood Cells: _____ /hpf

Bacteria: _____

Epithelial Cells: _____

Mucus Threads: _____

Pregnancy Test:

REMARKS: _____

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Specimen No:**Name:****Physician:****Age:****Sex:****Date & Time Received:** 4/9/2025 9:15:00 AM**Date & time Released:** 4/9/2025 9:40:00 AM**URINALYSIS****Macroscopic Examination:**

Color: _____

Transparency: _____

CAST:

Fine Granular Cast: _____ /lpf

Coarse Granular Cast: _____ /lpf

Hyaline Cast: _____ /lpf

Pus Cast: _____

Others: _____

Chemical Examination :

PH: _____

Specific Gravity: _____

Protein: _____

Glucose: _____

Crystals:

Amorphous urates: _____

Amorphous phosphate: _____

Calcium Oxalate: _____

Uric acid: _____

Others: _____

Microscopic Examination:

Pus cell: _____ /hpf

Red Blood Cells: _____ /hpf

Bacteria: _____

Epithelial Cells: _____

Mucus Threads: _____

Pregnancy Test: _____

REMARKS:

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Specimen No:

Name: _____ **Age:** _____ **Date & Time Received:** 05/01/202 **9:05:00 AM
Physician: _____ **Sex:** _____ **Date & time Released:** 05/01/202 **9:30:00 AM****

BLOOD TYPING

BLOOD TYPE _____
RH TYPE: _____

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email address: paragondiagnostics.lab@gmail.com Number: 0995 677 3287

Specimen No: 326

Name: MOLINA, REYZELL
Physician: NOT PROVIDED

Age: 18
Sex: FEMALE

Date & Time Received: 5/10/2025 8:45:00 AM
Date & Time Released: 5/10/2025 1:08:00 PM

COMPLETE BLOOD COUNT

TEST	RESULT	REFERENCE RANGE				UNIT	REMARKS
		MALE		FEMALE			
	LOWER	UPPER	LOWER	UPPER			
Red Blood Cell	4.4	4.00	5.90	3.80	6.00	$\times 10^6/L$	
Hemoglobin	11.7	12.00	18.00	10.00	16.50	g/dL	
Hematocrit	34.5	35.00	54.00	33.00	54.00	%	
White Blood Cell	6.59	3.50	11.00	3.50	11.00	$\times 10^9/L$	
RED CELL INDICES:							
MCV	L 78.4	80.00	100.00	80.00	100.00	fL	
MCH	L 26.5	27.00	32.00	27.00	32.00	pg	
MCHC	34	32.00	36.00	32.00	36.00	g/dL	
RDW	13.1	8.00	15.00	8.00	15.00	%	
DIFFERENTIAL COUNT:							
Segmented Neutrophil	67	30.00	70.00	30.00	70.00	%	
Lymphocyte	25	20.00	40.00	20.00	40.00	%	
Monocyte	6	1.00	10.00	1.00	10.00	%	
Eosinophil	1	0.00	8.50	0.00	8.50	%	
Basophil	0	0.00	1.00	0.00	1.00	%	
Platelet Count	212	150.00	450.00	150.00	450.00	$\times 10^9/L$	

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Specimen No:

Name: Age: Date & Time Received: 4/9/2025 9:46:00 AM
Physician: Sex: Date & time Released: 4/9/2025 #####

COMPLETE BLOOD COUNT**REFERENCE RANGE**

TEST	RESULT	MALE		FEMALE		UNIT	REMARKS
		LOWER	UPPER	LOWER	UPPER		
Red Blood Cell		4.00	5.90	3.80	6.00	$\times 10^6/L$	
Hemoglobin		12.00	18.00	10.00	16.50	g/dL	
Hematocrit		35.00	54.00	33.00	54.00	%	
White Blood Cell		3.50	11.00	3.50	11.00	$\times 10^9/L$	
DIFFERENTIAL COUNT:							
Segmented Neutrophil		30.00	70.00	30.00	70.00	%	
Lymphocyte		20.00	40.00	20.00	40.00	%	
Monocyte		1.00	10.00	1.00	10.00	%	
Eosinophil		0.00	8.50	0.00	8.50	%	
Basophil		0.00	1.00	0.00	1.00	%	
Platelet Count							

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Specimen No:

Name:

Age:

Date & Time Received:

Physician:

Sex:

Date & time Released:

CLOTTING TIME/BLEEDING TIME

EXAM	RESULT	REFERENCE RANGE	UNIT
BLEEDING TIME		1.00-3.00	min
CLOTTING TIME		3.00-6.00	min.

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