

Dr. TARTANPION Louis

Application No. 07/02/2024-A-8192

Ms. Zohra SAIDI**Born on 20 October 1980**

Sampled / registered (if external direct debit) on 07/02/24 at 11:29 am

Sampler: PMAO

Prescriber: Dr. TARTANPION Louis

Copy to:

FSE Third-Party Payer AMO – FS140 – Remaining to be paid: Printed on 12, 2024 at 2:32 pm

SATISFACTION SURVEY

In order to improve our skills, you may be asked by SMS to answer a questionnaire satisfaction. Thank you for your participation!

HEMATOLOGY*Reference values*

SYSMEX XN 29.03.2016

✓ Hémations	5,28 T/l	4.53 to 5.79
Haemoglobin	13,7 g/100ml	13.4 to 16.7
Haematocrit	43,9 %	39.2 to 48.6
V.G.M.	83 µm ³	78.0 to 91.9
T.C.M.H.	28,4 picog	26,3 at 32,1
C.C.M.H.	32,9 g/dl	32,4 at 36,3
IDR	12 %	

✓ Leukocytes 7.06 G/l 4.1 to 11.0

Polynuclear neutrophils	49,0 % 3,46 G/l	1,8 at 6,9
Eosinophilic polynuclear	3,0 % 0,21 G/l	0,05 at 0,63
Polynuclear basophils	0,7 % 0,05 G/l	Inf. 0,10
Lymphocytes	40,8 % 2,88 G/l	1,3 at 3,9
Monocytes	6,5 % 0,46 G/l	0,23 at 0,77

✓ Platelets..... 246 G/l 172 at 398

SYSMEX XN 29.03.2016

V.P.M.	9,3 µm ³	9.3 to 12.1
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BLOOD BIOCHEMISTRY

Reference values

Appearance of plasma	Slightly opalescent Non-hemolysed Non-jaundice	
✓ Fasting blood glucose	4,71 mmol/l	3.89 at 5.83
Hexokinase Architect Abbott 10.10.18	0,85 g/l	0.70 at 1.05
✓ Simple Ionogram		
Natremia	132 mmol/l	136 at 145
Abbott Architect Indirect Potentiometrics 10.10.18		
Kalemia	4,3 mmol/l	3.5 at 4.5
Abbott Architect Indirect Potentiometrics 10.10.18		
✓ Creatinine	74 µmol/l	64 at 104
Abbott Architect 10.10.18 8 mg/l 7.3 to 11.8		

Calculation GFR selon CDK-EPI 131 ml/mn/1,73

Andrew and al. Ann Intern Med. 2009 ; 150(9) : 604-12.

The formulas for estimating GFR are only estimates and have not been validated in the following populations: non-Caucasian patients, kidney transplant recipients, patients over 75 ans, variations in height, muscle mass, malnutrition, vegetarian diet, severe obesity or pregnancy.

In these subjects, the results should be interpreted with caution, comparing them with the clinic and with the results of other examinations.

Note: For subjects of African descent, the filtration (CKD-EPI) must be multiplied x 1.159.

Glomerular Filtration Rate (MDRD) 129 ml/mn

Levey AS, Greene T, Kusek JW, et al. J Am Soc Nephrol 2000

Note: For subjects of African descent, the filtration (MDRD) must be multiplied x 1.21.

Interprétation (HAS July 2012):

No renal impairment or chronic kidney disease with normal or increased stage 1 GFR if markers of renal involvement (clinical proteinuria, hematuria, leukocyturia, or morphological or histological abnormalities, or markers of tubular dysfunction, persisting more than 3 months).

✓ Total cholesterol 2,73 mmol/l Inf. at 5.18
Abbott Architect Enzyme 10.10.18 1.06 g/l Less than 2.00

Cholesterol H.D.L. 0,99 mmol/l Sup. to 1.55
Selective Detergent & Accelerator Architect Abbott 10.10.18 0,38 g/l Sup. to 0.60

Cholesterol L.D.L. 1,27 mmol/l
LDL calculated according to Friedwald's formula 0,49 g/l

Different LDL targets depending on cardiovascular risk assessed using SCORE (2019 : Dyslipidémies)

✓ Triglyceridemia 1,04 mmol/l Inf. 1.70
Abbott Architect Architect Glycerol Phosphate Oxidase 10.10.18 0,91 g/l Less than 1.50

BLOOD ENZYMOLOGY

Reference values

✓ Transaminases TGO (ASAT) 26 UI/l 5 à 34
NADH with P-5'-P Architect Abbott 10.10.18

✓ TGP Transaminases (ALT) 21 IU/L Less than 55
NADH with P-5'-P Architect Abbott 10.10.18

BACTERIOLOGY

Clostridium tetani..... Positive
The incubation period can vary from 24 hours to 1 month, with an average of 8 days. The shorter the incubation period, the worse the prognosis. Partial immunity on the part of the patient (due to an incomplete vaccination schedule) also seems to be linked to a lesser severity of symptoms.

IMMUNOLOGY

Reference values

✓ Syphilis

Treponemal Test Negative
Chimiluminescence Architect Abbott 10.10.18

According to the decree of June 8, 2018, only a treponemal test is performed as a first-line test for the detection of syphilis.

Interpretation:

*Tested negative for syphilis. If recent contamination is suspected, repeat serology.
Consider the seroconversion time of 3 to 5 weeks. (HAS 2015)*

✓ Diagnosis of hepatitis B

HBS antigen Negative
Chimiluminescence Architect Abbott 10.10.18

Total anti-HBc antibodies Negative
Chimiluminescence Architect Abbott 10.10.18

Anti-HBS antibodies < 2.5 IU/l *Lack of immunity if <10*
Chimiluminescence Architect Abbott 10.10.18

✓ HCV antibodies Negative
Chimiluminescence Architect Abbott 10.10.18

Interpretation:

In acute hepatitis, a negative response does not necessarily eliminate HCV. In 60% of cases, antibodies are not positive until 2 to 3 months after transaminase elevation; It is therefore useful to repeat the examination.

✓ HIV 1 and 2 serodiagnosis.....

Negative

Chimiluminescence Architect Abbott 10.10.18

Interpretation:

Negative serology (P24 Ag and antibodies not detectable to date by the technique used).

A negative serology does not exclude a possible contamination contracted during the last 6 weeks.

Depending on the context, a new serology may be discussed with your treating physician.