

DEPARTMENT OF LABORATORY MEDICINE

Name	: Myna Kuruba Bandintysreenivasulu	Ordered On	: 27/01/2024 18:14
Age/Gender	: 23Y 6M 7D/Female	Collected On	: 27/01/2024 18:31
MPI	: 1005039909/	Received On	: 27/01/2024 22:55
Referred By	: Dr.Bharathi Veeraswamy	Reported On	: 28/01/2024 12:27
Referring Org	: ASTER AL NAHDA MEDICAL CENTER	Reporting Org	: ASTER MEDINOVA DIAGNOSTIC CENTRE

HAEMATOLOGY					
Test Name	Results	Biological Reference Interval	Units	Specimen	Test Method
Blood Group & Rh	B Positive			Whole Blood EDTA	Column Agglutination
--- END OF HAEMATOLOGY---					

--- End of Report ---


Entered By:
Mark Winston Carizal
Lab Technician


Reviewed By:
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Lab Supervisor

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Age/Gender	: 23Y 6M 7D/Female	Collected On	: 27/01/2024 18:31
MPI	: 1005039909/	Received On	: 28/01/2024 08:24
Referred By	: Dr.Bharathi Veeraswamy	Reported On	: 28/01/2024 08:57
Referring Org	: ASTER AL NAHDA MEDICAL CENTER	Reporting Org	: ASTER DR MOOPEN POLYCLINIC-MUTEENA

HAEMATOLOGY					
Orderable	Result and Flag	Reference Interval	Unit	Sample	Method
CBC - Complete Blood Count					
<i>Sample : Whole Blood EDTA</i>					
RBC	4.56	3.8 - 5.8	10 ⁶ / uL		Hydrodynamically focussed DC detection method
Haemoglobin	13.40	12 - 15	g/dL		SLS Colorimetry
Hematocrit	39.80	36 - 46	%		RBC pulse height detection method
MCV	87.30	83 - 101	fL		Calculated Value
MCH	29.40	27 - 32	Pg		Calculated Value
MCHC	33.70	31.5 - 34.5	g/dL		Calculated Value
Red Cell Distribution Width	12.20	11.6 - 14	%		Calculated Value
Total WBC Count	8.96	4 - 10	10 ³ /uL		Automated Flow cytometric
Neutrophils	70.70	40 - 80	%		Fluorescence Flow Cytometry
Lymphocytes	22.00	20 - 40	%		Fluorescence Flow Cytometry
Eosinophils	0.20 L	1 - 6	%		Fluorescence Flow Cytometry
Monocytes	6.90	2 - 10	%		Fluorescence Flow Cytometry
Basophils	0.20	< 2	%		Fluorescence Flow Cytometry
Platelet	223.00	150 - 410	10 ³ /uL		Fluorescence Flow Cytometry
Mean Platelet Volume	12.50 H	7.6 - 10.8	fL		Calculated Value
Absolute Count					
Absolute Neutrophil Count (ANC) *	6.33	2 - 7	10 ³ /uL		Fluorescence Flow Cytometry
Absolute Lymphocyte Count (ALC) *	1.97	1 - 3	10 ³ /uL		Fluorescence Flow Cytometry

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Absolute Eosinophil Count (AEC) *	0.02	0.02 - 0.5	10 ³ /uL	Automated Flow cytometric
Absolute Basophil Count (ABC) *	0.02	0.02 - 0.1	10 ³ /uL	Multi Angle Polarised Scatter Separations
Absolute Monocyte Count (AMC) *	0.62	0.2 - 1	10 ³ /uL	Fluorescence Flow Cytometry

Value out of reference range should be confirmed (if clinically indicated) by repeating the test with a fresh sample. Low cell count or platelet count may be sample related (clot/lyse), suggested repeat fresh citrate and EDTA sample for confirmation.

--- END OF HAEMATOLOGY---

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DEPARTMENT OF LABORATORY MEDICINE

Name	: Myna Kuruba Bandintysreenivasulu	Ordered On	: 27/01/2024 18:16
Age/Gender	: 23Y 6M 7D/Female	Collected On	: 27/01/2024 18:31
MPI	: 1005039909/	Received On	: 28/01/2024 09:15
Referred By	: Dr.Bharathi Veeraswamy	Reported On	: 28/01/2024 10:57
Referring Org	: ASTER AL NAHDA MEDICAL CENTER	Reporting Org	: ASTER DR MOOPEN POLYCLINIC-MUTEENA

ENDOCRINOLOGY					
Orderable	Result and Flag	Reference Interval	Unit	Sample	Method
Thyroid Stimulating Hormone	1.010	0.27-4.2	uIU/mL	Serum	Electrochemiluminescence Immunoassay-ECLIA
Notes: First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 Increased TSH levels may be seen in hypothyroidism or after surgical thyroidectomy. Subclinical hypothyroidism shows increased TSH in presence of normal T3 and T4 values. Decreased TSH may be seen in hyperthyroidism. Falsely depressed or transiently elevated TSH may be seen in non - thyroidal illnesses.					
Beta HCG	59748.00 H	Non Pregnant:<5 3 Weeks:5.8-71.2 4 Weeks:9.5-750 5 Weeks:217-7138 6 Weeks:158-31795 7 Weeks:3697-163563 8 Weeks:32605-149571 9 Weeks:63803-151410 10 Weeks:46509-186977 12 Weeks:27832-210612 14 Weeks:13950-62530 15 Weeks:12039-70971 16 Weeks:9040-56451 17 Weeks:8175-55868 18 Weeks:8099-58176	mIU/mL	Serum	Electrochemiluminescence Immunoassay-ECLIA
Notes: NOTE:KINDLY CORRELATE WITH USG FINDINGS.					
--- END OF ENDOCRINOLOGY---					

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Name	: Myna Kuruba Bandintysreenivasulu	Ordered On	: 27/01/2024 18:17
Age/Gender	: 23Y 6M 7D/Female	Collected On	: 27/01/2024 18:31
MPI	: 1005039909/	Received On	: 27/01/2024 22:58
Referred By	: Dr.Bharathi Veeraswamy	Reported On	: 28/01/2024 09:03
Referring Org	: ASTER AL NAHDA MEDICAL CENTER	Reporting Org	: ASTER MEDINOVA DIAGNOSTIC CENTRE

SEROLOGY					
Test Name	Results	Biological Reference Interval	Units	Specimen	Test Method
Screening For Syphilis	0.09	COI < 1.00 Non-reactive COI ≥ 1.00 Reactive	COI	Serum	ECLIA
Notes: This is a screening test. All reactive results should be confirmed by TPHA/FTA-ABS					
Rubella Ab IgG	152.00 H	<10 Non Reactive >10 Reactive	IU/mL	Serum	ECLIA
Notes: The presence of IgG antibodies to Rubella virus is an indication of previous infection or by vaccination. The specimen negative for IgM and positive for IgG usually indicative of immunity to Rubella IgM antibodies might not be detectable before 4-5 days after onset of rash and persist for 6 weeks after rash onset. The rise of Rubella IgG in specimen collected after 7-21 days after the first specimen is helpful in diagnosis of acute and convalescent phase. For pregnant women, measurement of rubella IgG antibody avidity can be used to distinguish recent and remote rubella infection.					
--- END OF SEROLOGY---					

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Referred By	: Dr.Bharathi Veeraswamy	Reported On	: 28/01/2024 10:08
Referring Org	: ASTER AL NAHDA MEDICAL CENTER	Reporting Org	: ASTER DR MOOPEN POLYCLINIC-MUTEENA

SEROLOGY					
Orderable	Result and Flag	Reference Interval	Unit	Sample	Method
HIV 1 and 2	0.224	Reactive: ≥ 1.0 Non-Reactive: < 1.0	COI	Serum	Electrochemiluminescence Immunoassay-ECLIA
Notes: This is a screening test. A negative result implies that no anti HIV 1 or anti HIV 2 antibodies have been detected in sample by this method. However, it does not rule out possibility of exposure to or infection with HIV 1 or 2. This could also mean that either patient has not been exposed to HIV 1 & 2 or sample has been tested during window period (Before development of detectable antibodies). Therefore, for a subject suspected of HIV exposure, it is advisable to repeat the test after 3 months. All reactive samples should be confirmed by using HIV Western Blot/PCR					
Hepatitis B surface Antigen	0.494	Reactive ≥ 1.00 Non-Reactive < 1.00		Serum	Electrochemiluminescence Immunoassay-ECLIA
Notes: The test method is only a screening test. A non - reactive result does not exclude the possibility of exposure to or infection with Hepatitis B virus. All reactive samples should be confirmed by more sensitive test like Neutralization test.					
Antibody to Hepatitis C Virus	0.047	Reactive ≥ 1.00 Non-Reactive < 1.00	COI	Serum	ECLIA
Notes: The test method is only a screening test. A non - reactive result does not exclude the possibility of exposure to or infection with HCV. HCV Antibodies may be undetectable in some stage of infection and in some clinical conditions. All reactive samples should be confirmed by immunoblot or HCV RNA					
--- END OF SEROLOGY---					

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Age/Gender	: 23Y 6M 7D/Female	Collected On	: 27/01/2024 18:31
MPI	: 1005039909/	Received On	: 28/01/2024 08:56
Referred By	: Dr.Bharathi Veeraswamy	Reported On	: 28/01/2024 09:31
Referring Org	: ASTER AL NAHDA MEDICAL CENTER	Reporting Org	: ASTER DR MOOPEN POLYCLINIC-MUTEENA

CLINICAL PATHOLOGY					
Orderable	Result and Flag	Reference Interval	Unit	Sample	Method
Urine Routine <i>Sample : Urine</i>					
Color	Yellow	Pale Yellow			Refraction
Appearance	Light Turbid	Clear			Refraction
pH	5	5 - 7.5			Refraction
Specific Gravity	1.028 H	1.005 - 1.025			Refraction
Protein	Negative	Negative			Reflectance Photometry
Glucose	Absent	Negative			GOD-POD Chromogen
Ketones	Present 2+	Negative			Reflectance Photometry
Notes: Interpretation- *Positive result is seen in fasting, Pregnancy, Starvation,Diabetic Ketoacidosis * False positive result can occur with high colour urine, high specific gravity , low pH, Drugs like - Levodopa metabolites compounds with Sulfhydryl groups All results should be correlated with clinical history.					
Urobilinogen	Normal	Negative			Reflectance Photometry
Bilirubin	Negative	Negative			Reflectance Photometry
Nitrite	Negative	Negative			Reflectance Photometry
Pus Cells	0-2	0-5/hpf	hpf		Auto Image EvaluationModule(AIEM)/Microscopy
RBC	0-2	0-2/hpf	hpf		Auto Image EvaluationModule(AIEM)/Microscopy

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Epithelial Cells	0 - 1	0 - 4	hpf		Auto Image EvaluationModule(AIEM)/Microscopy
Casts	Absent	Absent	LPF		Auto Image EvaluationModule(AIEM)/Microscopy
Crystals	Absent	Absent	hpf		Auto Image EvaluationModule(AIEM)/Microscopy
Mucus Thread	Absent	Absent	hpf		Auto Image EvaluationModule (AIEM)
Bacteria	Negative	Absent			Microscopic examination
Amorphous Deposits	Urates(3+)	Absent			Auto Image EvaluationModule (AIEM)
Notes: Amorphous ureats					
Yeast Cells	Absent	Absent	hpf		Auto Image EvaluationModule (AIEM)
Urine analysis help to diagnose and /or monitor several diseases and conditions such as kidney disorders or UTIs.abnormal Urine findings on a urine analysis may prompt repeat testing to see if the results are abnormal and/or may be followed by additional urine and blood tests to help establish a diagnosis.					
--- END OF CLINICAL PATHOLOGY---					

--- End of Report ---

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