



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 8

Reviewed By: Mark Winston Carizal Lab Technician



Released By: Shanmugam Boopathy Lab Supervisor Aster Medinova Diagnostic Centre, Burdubai

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 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 Co	ount						
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		
мсн	29.40	27 - 32	Pg		Calculated Value		
мснс	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		

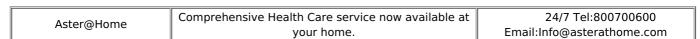
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Released By: Reena Mathew Lab Technician Aster Clinic, Al Muteena, 48 Al Muteena Street, Al Ghurair Real Estate Building, Al Mateena St - Dubai P.O Box:8703, Dubai, U.A.E. Phone: + 04 2979000 Helpline: +971 4 440 0500

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Absolute Eosinophil Count (AEC) *	0.02	0.02 - 0.5	1 ' 1	Automated Flow cytometric
Absolute Basophil Count (ABC) *	0.02	0.02 - 0.1		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 pllatelet count may be sample related(clot/lyse), suggested repeat fresh citrate and EDTA sample for confirmation.

# --- END OF HAEMATOLOGY---

--- End of Report ---

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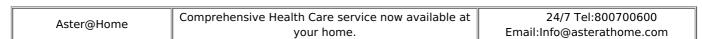
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 MPI
 : 1005039909/
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 : 28/01/2024 09:15

 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	Electrochemiluminesc ence 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 elevate d TSH may be seen in non - thyroidal illnesses.

Beta HCG	59748.00 H	Non Pregnant:<5	mIU/mL	Serum	Electrochemiluminesc
		3 Weeks:5.8-71.2			ence Immunoassay-
		4 Weeks:9.5-750			ECLIA
		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			

# Notes:

NOTE: KINDLY CORRELATE WITH USG FINDINGS.

# --- END OF ENDOCRINOLOGY---

--- End of Report ---

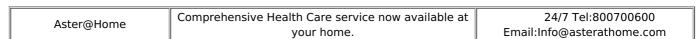
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Referring Org : ASTER AL NAHDA MEDICAL CENTER Reporting Org : ASTER MEDINOVA DIAGNOSTIC CENTRE

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	IU/mL	Serum	ECLIA
	l .	- 10 Redelive		l .	

### 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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 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	Electrochemiluminesc ence 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 m ethod. However, it does not rule out possibility of exposure to or infection with HIV 1 or 2. This could also mean that either patient h as 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	Serum	Electrochemiluminesc
		Non-Reactive < 1.00		ence 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 Hep atitis B virus. All reactive samples should be confirmed by more sensitive test like Neutralization test.

Antibody to Hepatitis C	0.047	Reactive ≥ 1.00	COI	Serum	ECLIA
Virus		Non-Reactive < 1.00			

# 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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CLINICAL PATHOLOGY						
Orderable	Result and Flag	Reference Interval	Unit	Sample	Method	
Urine Routine Sample: Urine			·		·	
Color	Yellow	Pale Yellow			Refraction	
Appearance	Light Turbid	Clear			Refraction	
pН	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 Ketoacisosis

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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<sup>\*</sup> False positive result can occur with high colour urine, high specific gravity , low pH, Drugs like - Levodopa metabolites compounds with Sulfhydryl groups





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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 Evaluation Module (AIEM)
Bacteria	Negative	Absent		Microscopic examination
Amorphous Deposits	Urates(3+)	Absent		Auto Image Evaluation Module (AIEM)
<b>Notes:</b> Amorphous ureats				·
Yeast Cells	Absent	Absent	hpf	Auto Image Evaluation Module (AIEM)

and blood tests to help establish a diagnosis.

# --- END OF CLINICAL PATHOLOGY---

--- End of Report ---



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