

The Catholic Hospital (Incorporated)

Phone: 592-227-2072-5

Email: admins2@sjmh.org.gy

Website: www.mercyhospital.gy



St. Joseph's Mercy Hospital,

130-132 Parade Street, Kingston

Georgetown, Guyana

Lab Phone : 223-5448, Ext 107/148



Medical Laboratory Report

Patient ID	: 241303	Med. Lab. ID :	234859	IPD
Patient Name	: JINSEN WU	Age / Sex :	42 Years / Male	D.O.B:
Patient Address	: Lot 69 Robb Street Georgetown	Contact No. :		
Requested By	: DR. PRAMOD TEMBE	Billed Date & Time	: 15/08/2023 05:22 PM	
Specimen Type	: Whole Blood EDTA	Sample Collected	: 15/08/2023 05:22 PM	
Specimen Remark	: Accepted	Report Completed	: 15/08/2023 06:20 PM	

HAEMATOLOGY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REF. RANGES</u>	<u>METHODS</u>
<u>Complete Blood Count (CBC)</u>				
Total WBC Count	: 4.2	10 ³ /mm ³	4.5-10.0	Flow Cytometry
RBC Count	: 4.33	10 ⁶ /mm ³	4.00-6.00	
Haemoglobin (Hb)	: 14.8	g/dl	13.0-17.5	Colorimetric
PCV/HCT	: 44.4	%	35-60	
MCV	: 102	fL	80-100	
MCH	: 34.2	pg	27-31	
MCHC	: 33.3	g/dl	33.0-37.0	
Platelet Count	: 141	10 ³ /mm ³	150-450	
RDW-CV	: 12.9	%	11.6-13.7	
MPV	: 8.8	fL	7.8-11.0	
<u>Differential Count</u>				
Neutrophils	: 74	%	55.0-75.0	
Lymphocytes	: 22	%	20.0-35.0	
Monocytes	: 04	%	2.0-6.0	
Eosinophils	: 00	%	0.0-3.0	
Basophils	: 00	%	0.0-1.0	

NB: WBC and Platelets were rechecked manually.

--- End Of Report ---

Signature

Report Approved by

Date DD/MM/YYYY

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Patient Address	: Lot 69 Robb Street Georgetown	Contact No. :		
Requested By	: DR. PRAMOD TEMBE	Billed Date & Time	: 15/08/2023 05:22 PM	
Specimen Type	: Urine	Sample Collected	: 15/08/2023 05:22 PM	
Specimen Remark	: Accepted	Report Completed	: 15/08/2023 06:22 PM	

UROLOGY

TEST

Urine Analysis

Physical Examination

Colour : Yellow
Appearance : Transparent

Chemical Examination

Protein : Nil
Glucose : Nil
PH : 6.0
Specific gravity : 1.020
Bilirubin : Nil
Urobilinogen : Nil
Nitrite : Nil
Ketone : +
Blood : Nil
Leukocytes : Nil

Microscopic Examination

WBC	: 1-3	/HPF	0-5
RBC	: 0	/HPF	0-0
Epithelial Cells	: 2-4	/HPF	0-5
Bacteria	: +		

--- End Of Report ---

Signature

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Date DD/MM/YYYY