| Visit Number: | 24619519214 | | Registered | 06-08-2019 12:02:30 |
|---------------|-------------|----------|---------------|---------------------|
| Patient Name: | | | Collected | 14-08-2019 10:12:07 |
| Age / Sex: | 50 Year | / Female | Authenticated | 14-08-2019 20:34:46 |
| Referred By: | Prof : - | | Printed | 12-09-2019 10:35:33 |
| Client Name: | 41274 | | | |

| HEMATOLOGY REPORT | | | | | | | |
|---|---------------|---------------------|------|--------------------------------|--|--|--|
| TEST NAME | RESULT | Previous Result | UNIT | BIOLOGICAL REFERENCE INTERVALS | | | |
| Detection of Lupus Anticoagula | nt (LA) | | | | | | |
| dRVV Screen Ratio (Citrated Plasma) | 1.24 | | | < 1.2 | | | |
| dRVV Normalized Ratio | 1.03 | | | < 1.2 | | | |
| dRVV Confirm Ratio | 1.20 | | | | | | |
| * Negative for LA . If the screen ratio is greater than or equal to 1.2 while normalized ratio is less than 1.2 ,the test is negative for LA .Factor deficiency or factor inhibitor is suspicious | | | | | | | |
| N.B. :diluted Russell's Viper Venom | | for detection of it | - | _ | | | |
| Free Protein S Assay (Citrated Plasma) | 63.9 | | % | 60 - 150 | | | |
| | | | | | | | |
| Coagulation Profile | | | | | | | |
| Anti-thrombin III (AT-III) activity (Citrated Plasma) | (_ L 25 | | % | 80 - 120 | | | |
| ABO & Rh Typing | | | | | | | |
| ABO GROUP (EDTA Blood) | В | | | | | | |
| Rh Grouping (EDTA Blood) | Positive | | | | | | |
| Prothrombin Time (PT) (Cite | rated Plasma) | | | | | | |
| Patient Prothrombin Time | 30.8 | | sec | | | | |
| Control Prothrombin Time | 13.3 | | sec | | | | |
| Prothrombin Concentration | 31.0 | | % | 70 - 120 | | | |
| INR | 2.46 | | | 0.9 - 1.27 | | | |
| APTT (Citrated Plasma) | H 42.2 | | sec | 23 - 40 | | | |
| Erythrocyte Sedimentation | Rate (ESR) | | | | | | |
| First Hour: | H 120 | | mm | Up to 12 | | | |
| Protein C Assay (Citrated Plasma) | L 23.5 | | % | 72 - 160 | | | |
| Factor V Activity (Citrated Plasma) | L 9 | | % | 70 - 120 | | | |

Italia shobe

اسم الفرع المعادي 2 مدير الفرع د. نسرين ابراهيم مدير الوحده ا.د. هالة شيبه طبيب الوحده د. فاتن رمضان د. دعاء خميس

رئيس مجلس الادارة ا. د. مؤمنه كامل

مدير المعامل ا. د. هند الشربيني

| Visit Number: | 24619519214 | | Registered | 06-08-2019 12:02:30 |
|---------------|-------------|----------|---------------|---------------------|
| Patient Name: | | | Collected | 14-08-2019 10:12:07 |
| Age / Sex: | 50 Year | / Female | Authenticated | 14-08-2019 20:59:00 |
| Referred By: | Prof : - | | Printed | 12-09-2019 10:35:34 |
| Client Name: | 41274 | | | |

| | | HEMAT | OLOGY REPORT | | |
|--|--------|-------------|----------------------|-----------------|-----------------|
| TEST NAME | RESULT | | <u>UNIT</u> <u>E</u> | BIOLOGICAL REFE | RENCE INTERVALS |
| | | <u>Comp</u> | lete Blood Picture | | |
| Haemoglobin | 13.2 | | g/dl | 11. | 5 - 15.5 |
| Haematocrit (PCV) | 38.6 | | % | 3 | 6 - 45 |
| RBCs Count | 4.01 | | millions/cmm | 4 | l - 5.2 |
| MCV | 96.3 | | fl | 86 | 0 - 100 |
| MCH | 32.9 | | pg | 2 | 7 - 33 |
| MCHC | 34.2 | | g/dl | 3 | 1 - 37 |
| RDW-CV | 14.5 | | % | 11 | 1.5 - 15 |
| Platelet Count (EDTA Blood) | L 70 | | thousands /cmm | 15 | 0 - 450 |
| Total Leucocytic Count (EDTA Blood) | 7.4 | | thousands /cmm | • | 4 - 11 |
| Percent Values | | | <u>Abso</u> | olute Values | |
| Neutrophils | 71 | % | 5.25 | x10^9/L | 2 - 7 |
| Staff | 7 | % | 0.52 | x10^9 | |
| Segmented | 64 | % | 4.74 | x10^9 | |
| Lymphocytes | 22.0 | % | 1.63 | x10^9/L | 1 - 4.8 |
| Monocytes | 7.0 | % | 0.52 | x10^9/L | 0.2 - 1 |
| Eosinophils | 0.0 | % | 0 | x10^9/L | 0.1 - 0.45 |
| Basophils | 0.0 | % | 0 | x10^9/L | 0 - 0.1 |
| Other Cells | | | | | |
| Comment: MODERATE THROMBOCYTO FOLLOW UP IS RECOMMEND PMN SHIFT TO LEFT. | | | | | |

Dr.Hala Sheba Professor of clinical pathology, Faculty of medicine, Cairo university

| Visit Number: | 24619519214 | | | Registered | 06-08-2019 12:02:30 |
|--------------------|------------------------|------------------|------------------------|---------------|--|
| Patient Name: | | | | Collected | 14-08-2019 10:12:08 |
| Age / Sex: | 50 Year | / Female | | Authenticated | 14-08-2019 19:44:19 |
| Referred By: | Prof : - | | | Printed | 12-09-2019 10:35:35 |
| Client Name: | 41274 | | | | |
| TEST NAME | | RESU | JLT Previous Result | UNIT | BIOLOGICAL REFERENCE INTERVALS |
| Diabetic Profile | | | | | |
| Fasting Blood G | ilucose | 78 | | mg/dL | "Normal 60 - 100 Prediabetes 101 - 125 Diabetes more than 125" |
| Glucose After 2 | <u>Hours</u> | 114 | | mg/dL | "Normal: 70 - 139 Prediabetes: 140 - 199 Diabetes: more than 200" |
| Haemoglobin A | <u>IC</u> | 4.7 | | % | Normal: less than 5.7 Prediabetes: 5.7-6.4 Diabetes: more than 6.4 |
| Inflammatory M | arkers | | | | |
| C-Reactive Prot | <u>ein (Quantitati</u> | <u>ve)</u> 70.33 | | mg/L | Up To 5.0 |
| Liver Function | Tests | | | | |
| Total Bilirubin | | H 5.80 | | mg/dL | 0.3 - 1.2 |
| Direct Bilirubin | | H 1.48 | | mg/dL | 0 - 0.3 |
| Indirect Bilirubii | <u>1</u> | H 4.32 | | mg/dL | 0 - 0.9 |
| SGPT (ALT) | | 20 | | U/L | 7 - 40 |
| SGOT (AST) | | H 40 | | U/L | 0 - 34 |
| Alkaline Phosph | <u>natase</u> | 89 | | U/L | 35 - 105 |
| Gamma GT | | H 43 | | U/L | 0 - 38 |
| Serum Total pro | <u>tein</u> | 8.0 | | g/dL | 5.7 - 8.2 |
| Serum Albumin | | L 2.6 | | g/dL | 3.2 - 4.8 |
| Serum Globulin | | H 5.40 | | g/dL | 2 - 3.5 |
| Albumin/Globul | in ratio | L 0.5 | | | 1.1 - 2.1 |

| Visit Number: 24619519214 | | Registered | 06-08-2019 12:02:30 |
|-----------------------------------|-----------|---------------|---|
| Patient Name: | | Collected | 14-08-2019 10:12:08 |
| Age / Sex: 50 Year | / Female | Authenticated | 14-08-2019 19:44:19 |
| Referred By: Prof : - | | Printed | 12-09-2019 10:35:35 |
| Client Name: 41274 | | | |
| Lipid Profile | | | |
| Serum Total Cholesterol | 87 | mg/dL | Normal: Up to 200 Borderline Risk: 200-240 High Risk: > 240 |
| Serum Triglycerides | 59 | mg/dL | 0 - 150 |
| HDL Cholesterol | L 35 | mg/dL | 40 - 60 |
| _DL Cholesterol | 40 | mg/dL | 0 - 100 |
| /LDL Cholesterol | 12 | mg/dL | 0 - 30 |
| HDL Risk Factor | 2.49 | | 1/2 Average : 3.9 Average : 4.4 2 Average : 7.1 3 Average : 11.0 |
| Kidney Function Tests | | | |
| Serum Creatinine | 0.61 | mg/dL | 0.5 - 1.1 |
| Blood Urea Nitrogen (BUN) | 15 | mg/dL | 5 - 21 |
| Serum Uric Acid | 3.6 | mg/dL | 2.4 - 6 |
| Serum Calcium | L 7.9 | mg/dL | 8.5 - 10.2 |
| Serum Phosphorous | L 1.8 | mg/dL | 2.4 - 5.1 |
| Serum Magnesium | 1.8 | mg/dL | 1.3 - 2.7 |
| Serum Potassium | L 3.2 | mmol/L | 3.5 - 5.5 |
| Serum Sodium | 141 | mmol/L | 132 - 146 |
| Serum Chloride | 106 | mmol/L | 99 - 109 |
| ron Profile | | | |
| Serum Iron | 164.00 | ug/dL | 50 - 170 |
| Total Iron Binding Capacity TIBC) | L 217.000 | ug/dL | 250 - 450 |
| Fransferrin saturation | H 75.50 | % | 15 - 50 |
| <u>-erritin</u> | H 496.80 | ng/ml | 13 - 150 |
| Cardiac Markers | | | |
| Serum LDH | 223 | U/L | 120 - 246 |

<u>C4</u>

مدير المعامل ا. د. هند الشربيني

| Visit Number: | 24619519214 | | Registered | 06-08-2019 12:02:30 |
|---------------------|-------------------|----------|---------------|--|
| Patient Name: | | | Collected | 14-08-2019 10:12:08 |
| Age / Sex: | 50 Year | / Female | Authenticated | 14-08-2019 19:44:19 |
| Referred By: | Prof : - | | Printed | 12-09-2019 10:35:35 |
| Client Name: | 41274 | | | |
| Pancreatic Fund | ction Tests | | | |
| Serum Amylase | | 35.00 | U/L | 0 - 118 |
| Fertility Profile | | | | |
| HCG (Quantitati | <u>ve) Report</u> | <0.1 | mIU/mL | Nonpregnant females: < 5.3 mlU/ml Pregnant Women:Gestational age (in weeks from LMP)(mlU/ml) Weeks 3: 5.8 - 71.2 Weeks 4: 9.5 - 750 Weeks 5: 217 - 7138 Weeks 6: 158 - 31795 Weeks 7: 3697 - 163563 Weeks 8: 32065 - 149571 Weeks 9: 63803 - 151410 Weeks 10-11: 46509 - 186977 Weeks 12-13: 27832 - 210612 Weeks 14: 13950 - 62530 Weeks 15: 12039 - 70971 Weeks 16: 9040 - 56451 Weeks 17: 8175 - 55868 Weeks 18: 8099 - 58176 |
| Immunoglobulir | ns Profile | | | |
| <u>lgG in serum</u> | | H 2780 | mg/dL | 700 - 1600 |
| <u>lgA in serum</u> | | H 1150 | mg/dL | 70 - 400 |
| <u>lgM in serum</u> | | H 313.20 | mg/dL | 40 - 230 |
| Complement Pr | ofile | | | |
| <u>C3</u> | | L 63.20 | mg/dL | 90 - 180 |
| | | | | |

L 8.70

10 - 40

mg/dL

| 1 | | | |
|--|---------------------------------|---------------|--|
| Visit Number: 24619519214 | | Registered | 06-08-2019 12:02:30 |
| Patient Name: | | Collected | 14-08-2019 10:12:08 |
| 3 | / Female | Authenticated | 14-08-2019 19:44:19 |
| Referred By: Prof : - | | Printed | 12-09-2019 10:35:35 |
| Client Name: 41274 | | | |
| Hepatitis Markers | | | |
| Hepatitis A virus IgM | Negative | | Negative |
| Hepatitis A virus IgG | Positive | | Negative |
| Hepatitis B surface antigen | Negative | | Negative |
| Hepatitis B surface antibody (titre) | Negative 2.00 | mIU/mL | Negative <10 Positive =>10 |
| Hepatitis B core total | Negative | | Negative |
| Hepatitis B core IgM | Negative | | Negative |
| Hepatitis B e Antigen | Negative | | Negative |
| Hepatitis B e antibody | Negative | | Negative |
| HCV Ab by Chemiluminescent technology | Negative | | Negative |
| TORCH Screening | | | |
| | | | |
| Herpes simplex virus Type I IgG : | 57.57 | COI | Negative : <0.6 Weak Positive : 0.6 - 0.99 Positive : =>1.0 |
| | 57.57 Negative 0.537 | соі | Weak Positive: 0.6 - 0.99 |
| <u>:</u> | | | Weak Positive: 0.6 - 0.99 Positive: =>1.0 Negative: < 0.9 Weak positive: 0.9 - <1.1 |
| : Cytomegalovirus IgM | Negative 0.537 | соі | Weak Positive: 0.6 - 0.99 Positive: =>1.0 Negative: < 0.9 Weak positive: 0.9 - <1.1 Positive: => 1.1 Negative: < 0.5 Weak positive: 0.5 - 0.99 |
| : Cytomegalovirus IgM Cytomegalovirus IgG | Negative 0.537 | соі | Weak Positive: 0.6 - 0.99 Positive: =>1.0 Negative: < 0.9 Weak positive: 0.9 - <1.1 Positive: => 1.1 Negative: < 0.5 Weak positive: 0.5 - 0.99 |
| Cytomegalovirus IgM Cytomegalovirus IgG Param- General Epstein-barr virus antibody to | Negative 0.537 Positive 2762.00 | COI U/mL | Weak Positive: 0.6 - 0.99 Positive: =>1.0 Negative: < 0.9 Weak positive: 0.9 - <1.1 Positive: => 1.1 Negative: < 0.5 Weak positive: 0.5 - 0.99 Positive: => 1.0 Negative: < 0.9 Weak Positive: 0.9 - <1.1 |

Visit Number: Registered 06-08-2019 12:02:30 24619519214 Patient Name: Collected 14-08-2019 10:12:53 Age / Sex: / Female 50 Year Authenticated 19-08-2019 11:25:03 Referred By: Prof:-Printed 12-09-2019 10:35:37 Client Name: 41274

| WATER REPORT | | | | | |
|--------------|--------|----------------------|-------|--------------------------------|--|
| TEST NAME | RESULT | Previous U Result | JNIT | BIOLOGICAL REFERENCE INTERVALS | |
| Serum Copper | 89 | u | ıg/dL | 68 - 169 | |

| Visit Number: | 24619519214 | | Registered | 06-08-2019 12:02:30 |
|---------------|-------------|----------|---------------|---------------------|
| Patient Name: | | | Collected | 14-08-2019 10:12:53 |
| Age / Sex: | 50 Year | / Female | Authenticated | 15-08-2019 19:25:46 |
| Referred By: | Prof : - | | Printed | 12-09-2019 10:35:37 |
| Client Name: | 41274 | | | |

| TEST NAME | RESULT | PRV.RSLT | UNIT | BIOLOGICAL REFERENCE INTERVALS |
|--------------------------------------|-------------|----------|-------|---|
| Immunology | | | | |
| Anti-nuclear Antibody (ANA) | 0.82 | | RU | Negative <1 Borderline 1-1.5 Positive > 1.5 |
| N.B. :Follow up ANA, ADNA, by IF are | recommended | | | |
| ADNA (ds) | 19.2 | | IU/mL | Negative <20 Positive >20 |

N.B.: Follow up ANA, ADNA, by IF are recommended

اسم الفرع المعادي 2 مدير الفرع د. نسرين ابراهيم مدير الوحده ا.د. مؤمنه كامل طبيب الوحده ا.د. هشام جمال الدين د. أحمد الشناوي

رئيس مجلس الادارة ا. د. مؤمنه كامل

مدير المعامل ا. د. هند الشربيني

Visit Number: 24619519214 Registered 06-08-2019 12:02:30

Patient Name: Collected 14-08-2019 10:12:53

Age / Sex: 50 Year / Female Authenticated 15-08-2019 14:01:02

Referred By: Prof : - Printed 12-09-2019 10:35:37

Client Name: 41274

| IMM | UNO | LOGY | REP | ORT |
|-----|-----|------|-----|-----|
| | | | | |

| TEST NAME | RESULT | PRV.RSLT UNIT | BIOLOGICAL REFERENCE INTERVALS |
|--------------------------|--------|---------------|--------------------------------|
| Autoimmune Liver Profile | | | |

<u>Liver Kidney Microsomal</u> Negative Negative

Antibody (LKM-1) (Serum)

N.B.: By Indirect Immunofluorescence Technique

Extractable Nuclear Antigen (ENA) In Serum

Anti Smith & RNP Negative Negative Anti Smith Antibodies Negative Negative Anti SSA(Ro) Antibodies Negative **Negative** Anti SS-B (LA) Negative Negative Negative Anti Jo. 1 Negative **Anti SCL 70 Antibodies Negative Negative Negative Anti Centromere** Negative

N.B.:

Done by Immunoblot technique.

Anticentromere done by Immunofluorescent Technique.

Anti mitochondrial antibody Negative Negative Negative

(AMA-M2) by IF (Serum)

N.B.: The Starting dilution of AMA is 1/20

Anti Smooth Muscle Antibody Positive >1/20 Negative

(ASMA) by IF (Serum)

N.B. :The starting dilution of ASMA is 1/20

<u>Cryoglobulins evaluation</u> Negative Negative

Dr.Moamena Kamel
Professor of Immunology,
Faculty of medicine, Cairo University

| Visit Number: | 24619519214 | | Registered | 06-08-2019 12:02:30 |
|---------------|-------------|----------|---------------|---------------------|
| Patient Name: | | | Collected | 14-08-2019 10:12:53 |
| Age / Sex: | 50 Year | / Female | Authenticated | 29-08-2019 10:52:15 |
| Referred By: | Prof : - | | Printed | 12-09-2019 10:35:38 |
| Client Name: | 41274 | | | |

| | CHEMISTRY REPORT | | | | | |
|--------------------------------|------------------|--------------------|---------------------|--------------------------------|--|--|
| TEST NAME | RESULT | Previous Result | UNIT | BIOLOGICAL REFERENCE INTERVALS | | |
| Kidney Function Tests | | | | | | |
| Creatinine Clearance | | | | | | |
| Total Urine Volume / 24 Hrs | 485 | | ml/24 Hrs | 600 - 1600 | | |
| Serum Creatinine | 1.03 | | mg/dL | 0.5 - 1.1 | | |
| Urinary Creatinine | 64 | | mg/dL | | | |
| Surface Area | 1.61 | | | | | |
| Creatinine Clearance | 20.93 | | ml/min | | | |
| Corrected Creatinine Clearance | L 22.49 | | ml/min/1.73 m2 | 66 - 111 | | |
| Urine Chemistry Analysis | | | | | | |
| Protein / creatinine ratio | | | | | | |
| Urinary Protein | 7.21 | | mg/dL | | | |
| Urinary Creatinine | 39 | | mg/dL | | | |
| Protein/ creatinine ratio | 183.3672 | | mg/ g creatinine | 0 - 200 | | |
| Protein in 24 hrs Urine | | | | | | |
| Total Urine Volume / 24 Hrs | 1020 | | ml/24 Hrs | 600 - 1600 | | |
| Urinary Protein | 20.08 | | mg/dL | | | |
| Protein in 24 hrs Urine | 0.2 | | gm/24 hrs | Less than 0.15 | | |

رئيس مجلس الادارة ا. د. مؤمنه كامل

مدير المعامل ا. د. هند الشربيني

Visit Number: 24619519214 Registered 06-08-2019 12:02:30

Patient Name: Collected 14-08-2019 10:11:26

Age / Sex: 50 Year / Female Authenticated 15-08-2019 14:00:18

Referred By: Prof: - 12.00.2010 10:25:28

Printed 12-09-2019 10:35:38

Client Name: 41274

MOLECULAR BIOLOGY REPORT

TEST NAME RESULT Previous UNIT BIOLOGICAL REFERENCE INTERVALS

Result

HCV RNA Quantitative by <15 IU/ml <15

TagMan Realtime PCR:

N.B. :The COBAS Ampliprep/COBAS TaqMan (CAP/CTM), a fully automated real-time PCR used to monitor HCV viremia during treatment of patients with chronic hepatitis and patients undergoing antiviral therapy. The wide dynamic range of the (CAP/CTM) allowed for a better definition of viral kinetics for all HCV genotypes (1 - 6).

Results are reported in international units (IU).

1 IU/ml Corresponds to approx. 5 Copies/ml.

Interpretation of viremia:

< 200,000 IU/ml Low

200,000 - 2,000,000 IU/ml Moderate

> 2,000,000 IU/ml High

HCV RNA < 15 IU/mL indicates that the result was valid and the concentration was below the limit of detection (Undetectable Viremia).

HCV RNA >100,000,000 IU/mL indicates that the result was valid and the concentration was above the defined range of the test. Fibro-Acti test and Interleukin 28B are recommended for Positive HCV patients.

HBV DNA Quantitative by <20 lu\mL < 20

(TagMan) Real- time PCR:

N.B. :The COBAS AmpliPrep/COBAS TaqMan HBV test (Version 2 FDA approved) uses nucleic acid amplification technology by real-time PCR to achieve maximum sensitivity and wide dynamic range for the quantitative detection of HBV DNA in EDTA anti-coagulated plasma

The COBAS AmpliPrep / COBAS TaqMan provides a fully automated specimen preparation, and a fully automated amplification and detection.

HBV DNA <20 IU/mL indicates that the HBV DNA level is below the limit of detection of the assay.

HBV DNA >170,000,000 IU/mL indicates that the HBV DNA level is above the limit of detection of the assay.

Note: The HBV DNA concentration in IU/mL X 5.82 = HBV DNA in copies/mL.

رئيس مجلس الادارة ا. د. مؤمنه كامل

مدیر المعامل ۱. د. هند الشربینی

Visit Number: 24619519214 Registered 06-08-2019 12:02:30

Patient Name: Collected 14-08-2019 10:11:26

Age / Sex: 50 Year / Female Authenticated 15-08-2019 14:00:18

Referred By: Prof: - Printed 12-09-2019 10:35:38

Client Name: 41274

Thrombophilia Gene Screen

Factor V G1691A (leiden):

Normal

Factor V H1299R (R2):

Normal

Prothrombin G20210A:

Normal

Normal

Normal

Normal

B-Fibrinogen -455 G>A:

Normal

Normal

Normal

PAI-1 4G/5G: 5G HPA-1 a/b: 1a

MTHFR C677T: Positive at Normal

Heterozygous state

MTHFR A1298C: Positive at Normal

Heterozygous state

ACE I/D: Del
APO B R3500Q: Normal
APO E genotype: E3/4

N.B. :A single genetic defect rarely exerts a dramatic effect in the development of cardiovascular disease (CVD). Most gene variations contribute with minor effects, and the individual cardiovascular risk is related to a critical accumulation of detrimental polymorphism acting in synergy with unfavorable environmental factors.

The procedure includes single multiplex PCR for the amplification of relevant sequences in the respective genes followed by reverse hybridization of biotinylated amplification products to oligonucleotides probes on the test strip.

The assay covers the following 12 mutations: FV G1691A (Leiden), FV H1299R (R2), Prothrombin G20210A, Factor XIIIV34L, B-Fibinogen -455 G > A, PAI-1 4G/5G, GPIIIa L33P (HPA-1), MTHFR C677T, MTHFR A1298C, ACE I/D, Apo B R3500Q, and Apo E2/E3/E4.

| <u>Herpes simplex</u> | virus Type I IgN | Negative 11.2 | | U/mI | Negative <20 Weak Positive 20.0 - 29.9 Positive =>30 |
|-----------------------|------------------|---------------|--------------------|---------------|--|
| TORCH Screeni | ng | | | | |
| TEST NAME | | RESULT | Previous Result | UNIT E | BIOLOGICAL REFERENCE INTERVALS |
| Client Name: | 41274 | | | | 12 00 20 10 10:00:00 |
| Referred By: | Prof : - | | | Printed | 12-09-2019 10:35:39 |
| Age / Sex: | 50 Year | / Female | | Authenticated | 15-08-2019 14:02:03 |
| Patient Name: | | | | Collected | 14-08-2019 10:11:26 |
| Visit Number: | 24619519214 | | | Registered | 06-08-2019 12:02:30 |

Anti Cardiolipin Antibodies

Anti-Cardiolipin IgG

Anti-Cardiolipin IgM Negative 3.4

loguli vo o. 4

Negative 4.1

MPLU/ml

GPLU/ml

Negative < 6.9
Negative < 9.9

Visit Number: 24619519214 Registered 06-08-2019 12:02:30

Patient Name: Collected 14-08-2019 10:11:26

 Age / Sex:
 50 Year
 / Female
 Authenticated
 29-08-2019 10:07:38

 Referred By:
 Prof: 13.00 2010 10:35:30

Client Name: 41274 Printed 12-09-2019 10:35:39

| PARASITULOGT REPORT | | | | | |
|---------------------|--------|-------------------------|--------------------------------|--|--|
| TEST NAME | RESULT | Previous UNIT Result | BIOLOGICAL REFERENCE INTERVALS | | |

DADACITOL OCY DEDODT

Urine Analysis

| $M \land C D $ | つらたへりに | EXAMINAT | |
|----------------|---------------|-----------------|-------|
| WALK | ノのしいとに、 | | ILJIN |

| Colour | Yellow | | Yellow |
|----------|--------|----|--------|
| Aspect | Clear | | Clear |
| Volume | 10.0 | ml | |
| Reaction | 5.0 | | 4 - 8 |

1.005-1.025 1.015 Specific Gravity in urine **Nitrite** Negative **Negative** Negative Negative **Albumin Negative Negative** Sugar Negative Negative **Acetone** Negative **Bile Salts** Negative **Bile Pigments** Negative **Negative Normal Trace Normal Trace** Urobilinogen Leukocyte esterase **Negative Negative**

MICROSCOPIC EXAMINATION

| MICROSCOPIC EXAMINATION | | | |
|-------------------------|------|---------|-------|
| RBCs | 1-3 | /H.P.F | 0 - 5 |
| Pus Cells | 4-6 | /H.P.F. | 0 - 5 |
| Epithelial Cells | Some | | Nil |
| Casts | Nil | | Nil |
| Ova | Nil | | Nil |
| Crystals | Nil | | Nil |
| Mucus | Nil | | Nil |
| Yeast Cells | Nil | | Nil |
| Trichomonas vaginalis | Nil | | Nil |
| | | | |

| Visit Number: | 24619519214 | | Registered | 06-08-2019 12:02:30 |
|---------------|-------------|----------|---------------|---------------------|
| Patient Name: | | | Collected | 14-08-2019 10:11:26 |
| Age / Sex: | 50 Year | / Female | Authenticated | 29-08-2019 10:07:38 |
| Referred By: | Prof : - | | Printed | 12-09-2019 10:35:39 |
| Client Name: | 41274 | | | |
| 1 | | | | |

Stool Analysis

MACROSCOPIC EXAMINATION

| Colour | Brown | Brown |
|-------------|-------------|---------------|
| Odour | Faecal | Feacal |
| Consistency | Semi-formed | Semi - formed |

MucusNilNilBloodNilNilpHAlkalineAlkalineWormsNilNilUndigested FoodNilNil

MICROSCOPIC EXAMINATION

1. Digestion

| Vegetable Cells | Few | Nil - Few |
|-----------------|------|-----------|
| Starch | Some | Nil - Few |
| Muscle Fibers | Some | Nil - Few |
| Fat | Some | Nil - Few |
| | | |

2. Cytology

| Pus Cells | 4-6 | /H.P.F | 0 - 1 |
|------------------|-----|---------|-------|
| RBCs | 1-2 | /H.P.F. | 0 - 1 |
| Epithelial Cells | Nil | | Nil |
| Yeast Cells | Nil | | Nil |

3. Parasites

| Protozoa | Nil | Nil |
|-----------|-----|-----|
| Helminths | Nil | Nil |

اسم الفرع المعادي 2 مدير الفرع د. نسرين ابراهيم مدير الوحده اد عزة العدوى طبيب الوحده د. ايمان ياسين

رئيس مجلس الادارة ا. د. مؤمنه كامل

> مدبر المعامل ا. د. هند الشربيني

06-08-2019 12:02:30 Visit Number: 24619519214 Registered

Patient Name: Collected 14-08-2019 10:11:26

Age / Sex: 50 Year / Female Authenticated 14-08-2019 19:16:59

Referred By: Prof: -Printed 12-09-2019 10:35:41

Client Name: 41274

PARASITOLOGY REPORT

TEST NAME RESULT Previous UNIT **BIOLOGICAL REFERENCE INTERVALS**

Result

Anti-Bilharzial Antibodies in Serum

Negative 1/80 Anti-bilharzial antibodies in Negative < 1/160

Positive > = 1/160serum

Bilharzial Antigen in Serum

Bilharzial Antigen in Serum **Negative Negative**

N.B. :Test limitations:

1- The analysis of a single test sample should not be used as the sole criteria for diagnosis. The final diagnosis should be based on the test result in conjunction with other clinical and or laboratory findings.

2- In early infections detectable levels of antigen may be absent, the parasite load will determine the sensitivity of the test.

Bilharzial antigen in urine **Negative Negative**

N.B.: Test limitations:

- 1- The analysis of a single test sample should not be used as the sole criteria for diagnosis. The final diagnosis should be based on the test result in conjunction with other clinical and or laboratory findings.
- 2- In early infections detectable levels of antigen may be absent. The worm load will also determine the sensitivity of the test.
- 3- In suspected clinical cases of Bilharzia, the test may be false negative during the parasitic developing phase (first
- 6-7 weeks). Retesting or alternative testing methodologies should be considered in such a case.
- 4- Haematuria or pio-uria may cause a false positive test.
- 5- CCA in urine decreases usually already the next day & should become undetectable 2-3 weeks after successful treatment.

مدیر المعامل ۱. د. هند الشربینی

| Visit Number: | 24619519214 | Registered | 06-08-2019 12:02:30 |
|---------------|-------------|------------|---------------------|
|---------------|-------------|------------|---------------------|

Patient Name: Collected 14-08-2019 10:11:26

Age / Sex: 50 Year / Female Authenticated 14-08-2019 18:34:21

Referred By: Prof: - 12-09-2019 10:35:41

Client Name: 41274 Printed 12-09-2019 10:35:41

TEST NAME RESULT PRV.RSLT UNIT BIOLOGICAL REFERENCE INTERVALS

<u>Ceruloplasmin</u> 18.14 mg/dL 16 - 45