

# Dr. Qadri's Hematology Center & Clinical Laboratory



Registered as Clinical Laboratory (Advanced) vide No. DRA/CMOSgr/2024/001  
Shaheen Plaza, Karan Nagar - 190010, Srinagar  
Tel: 2453843, (M) 9796300104, www.drqadrilab.com, email: info@drqadrilab.com



<b>Patient ID :</b> 1025110822	<b>Center :</b> MAIN :10	<b>Registration Date :</b> 03/02/2026 09:34:17
<b>Name :</b> Mrs. DAR ARIFA		<b>Sample Collection Date:</b> 03/02/2026 09:36:51
<b>Age/Gender :</b> 39 Yrs	Female	<b>Printed on :</b> 03/02/2026 11:15:20
<b>Sample Type :</b> Serum	<b>Collected at :</b> Lab	<b>Ref. By :</b> SKIMS

## **BIOCHEMISTRY** **Cobas PRO c503/c801 & PURE c303/c402**

<b><u>TEST</u></b>	<b><u>ASSAY RESULT</u></b>	<b><u>UNITS</u></b>	<b><u>BIOLOGICAL REFERENCE RANGE</u></b>
C-Reactive Protein (hsCRP) <small>Method: Immunoturbidity</small>	1.47	mg/L	0.0 - 5.0

The CDC/AHA recommended the following hsCRP cut-off points (tertiles) for CVD risk assessment:

hsCRP level (mg/L)	Relative risk
< 1.0	Low
1.0 - 3.0	Average
> 3.0	High

\*\*\* End of Report \*\*\*

**Junaid Bashir**  
Senior Technician

**Dr. Nusrat Hussain (4531)**  
MD, Biochemistry

**Dr. Tariq Miral (6866)**  
MBBS, Clinical Pathologist

**Dr. M. I. Qadri (1206)**  
MD, MNAMS, PhD, FASCP, FAIMS  
Commonwealth Medical Fellow (London)



C. NO. 305023071705Q

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Patient Name : Ms. AARIFA LATEEF RUSSU  
Age/Gender : 27 Y/Female  
Refer Client : LDPLJK2432 DAR DIAGNOSTIC RUSOO  
Referred By : DAR DIAGNOSTIC  
Doctor Name : Dr. SELF  
SampleType : Serum - JK3302309,Whole Blood EDTA - JK3302310

PateinIID : LAB/00011925  
Visit No : SRI2603260302  
Collected On : 26/Mar/2026 12:49 PM  
Received On : 26/Mar/2026 01:41 PM  
Reported Date : 26/Mar/2026 02:19 PM



**HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Interval
<b>COMPLETE BLOOD COUNT (CBC), WHOLE BLOOD EDTA</b>			
HAEMOGLOBIN (Hb) colorimetric method	11.3	g/dL	12.0-15.0
RED BLOOD CELLS- RBC COUNT electric impedance	4.40	millions/mm <sup>3</sup>	3.8 - 4.8
PACKED CELL VOLUME (PCV) - HEMATOCRIT Pulse Height detection method	38.4	%	40.0-50.0
MCV Automated/Calculated	87.27	fL	83-101
MCH by Automated/Calculated	25.68	pg	27.0-32.0
MCHC Automated/Calculated	29.3	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH (RDW- CV) Automated/Calculated	20.4	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH (RDW- SD) Automated/Calculated	52.9	fL	39.0- 46.0
MENTZER INDEX Calculated	19.83		
PLATELET COUNT Electric impedance/Microscopy	134	10 <sup>3</sup> /μL	150-410
PLATELET DISTRIBUTION WIDTH (PDW) Calculated	20.9	fL	9.00-17.00
PCT(PLATELETCRIT) Calculated	0.168	%	0.108-0.282
MEAN PLATELET VOLUME - MPV Calculated	12.6	fL	7.00-12.0
P-LCR Calculated	49.40	%	11.0-45.0
P-LCC Calculated	66.00	%	30.0-90.0
TOTAL LEUKOCYTE COUNT (TLC) electric impedance	6.63	10 <sup>3</sup> /μL	4.00-10.0
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
Neutrophils Flow cytometry/Manual	74.5	%	40 - 80
Lymphocytes Flow cytometry/Manual	21.5	%	20 - 40
Eosinophils Flow cytometry/Manual	0.8	%	1.00-6.00
Monocytes Flow cytometry/Manual	3.0	%	2.00-10.0

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Dr. MD ARIF  
MBBS, MD (PATHOLOGY)  
LAB DIRECTOR  
Reg. No. 24518

*Faisal*  
Dr. FAISAL BASHIR  
MBBS, DNB (MD)  
CONSULTANT PATHOLOGIST  
Reg. No. 4324



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**HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Interval
Basophils Flow cytometry/Manual	0.2	%	0.00-1.00
ABSOLUTE NEUTROPHIL COUNT Calculated	4.94	10 <sup>3</sup> /μL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT	1.43	10 <sup>3</sup> /μL	1.00-3.00
ABSOLUTE EOSINOPHIL COUNT Calculated	0.05	10 <sup>3</sup> /μL	0.02-0.50
ABSOLUTE MONOCYTE COUNT Calculated	0.20	10 <sup>3</sup> /μL	0.20-1.00
ABSOLUTE BASOPHIL COUNT Calculated	0.01	10 <sup>3</sup> /μL	0.02-0.10

**CLINICAL NOTES**

A complete blood count (CBC) is used to evaluate overall health and detect wide range of disorders, including anemia, infection and leukemia. There have been some reports of WBC and platelet counts being lower in venous blood than in capillary blood samples, although still within these reference ranges.

**POSSIBLE CAUSES OF ABNORMAL PARAMETERS**

High RBC, Hb, or HCT - dehydration, polycythemia, shock, chronic hypoxia	Low RBC, Hb, or HCT - anemia, thalassemia, and other hemoglobinopathies.
High MCV - macrocytic anemia, liver disease	Low MCV - microcytic anemia.
High WBC - acute stress, infection, malignancies	Low WBC - sepsis, marrow hypoplasia
High platelets - risk of thrombosis	Low platelets - risk of bleeding

**Notes**

1. Macrocytic Anemia/Dimorphic Anemia can have low platelet count.
2. Microcytic Anemia/Leucocytosis can have Reactive thrombocytosis.

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MBBS, DNB (MD)  
CONSULTANT PATHOLOGIST  
Reg. No. 1924



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**BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Interval
<b>CREACTIVE PROTEIN - CRP (QUANTITATIVE)</b>			
CREACTIVE PROTEIN - CRP (QUANTITATIVE), Serum Turbidimetric	1.50	mg/L	0 - 5

**CLINICAL NOTES**

CRP is an acute phase reactant, a protein made by the liver and released into the blood within a few hours after tissue injury, the start of an infection, or other cause of inflammation. The CRP test is not diagnostic of any condition, but it can be used together with signs and symptoms and other tests to evaluate an individual for an acute or chronic inflammatory condition. For example, CRP may be used to detect or monitor significant inflammation in an individual who is suspected of having an acute condition, such as: A serious bacterial infection like sepsis, fungal infection, Pelvic inflammatory disease (PID).

**Markedly increased levels can occur**, for example, after trauma or a heart attack, with active or untreated autoimmune disorders, and with serious bacterial infections, such as in sepsis. The level of CRP can jump as much as a thousand-fold in response to bacterial infection, and its rise in the blood can precede pain, fever, or other signs and symptoms.

The CRP test is useful in monitoring people with chronic inflammatory conditions to detect flare-ups and/or to determine if treatment is effective. Some examples include: Inflammatory bowel disease, Some forms of arthritis, Autoimmune diseases, such as lupus or vasculitis.

CRP may sometimes be ordered along with erythrocyte sedimentation rate (ESR), another test that detects inflammation. While the CRP test is not specific enough to diagnose a particular disease, it does serve as a general marker for infection and inflammation, thus alerting health practitioners that further testing and treatment may be necessary. Depending on the suspected cause, a number of other tests may be performed to identify the source of inflammation.

**Interpretation of CRP levels:-**

Reference National library of Medicine-C Reactive Protein Sara M. Nehring; Amandeep Goyal; Bhupendra C. Patel (Last Update: July 18, 2022)

Less than 3 mg/L: Normal (level seen in most healthy adults).

3 to 10 mg/L: Normal or minor elevation (can be seen in obesity, pregnancy, depression, diabetes, common cold, gingivitis, periodontitis, sedentary lifestyle, cigarette smoking, and genetic polymorphisms).

10 to 100 mg/L: Moderate elevation (Systemic inflammation such as RA, SLE, or other autoimmune diseases, malignancies, myocardial infarction, pancreatitis, bronchitis).

More than 100 mg/L: Marked elevation (Acute bacterial infections, viral infections, systemic vasculitis, major trauma).

More than 500 mg/L: Severe elevation (Acute bacterial infections).

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LAB DIRECTOR  
011-261518

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**BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Interval
<b><u>SGOT/AST(ASPARTATE AMINO-TRANSFERASE)</u></b>			
SGOT (AST) ,SERUM UV without PSP	28.30	U/L	0-40

**COMMENT**

The blood test for aspartate aminotransferase (AST) is usually used to detect liver damage. It is often ordered in conjunction with another liver enzyme, alanine aminotransferase (ALT), or as part of a liver panel or comprehensive metabolic panel (CMP) to screen for and/or help diagnose liver disorders. AST and ALT are considered to be two of the most important tests to detect liver injury, although ALT is more specific for the liver than is AST and is more commonly increased than is AST. Sometimes AST is compared directly to ALT and an AST/ALT ratio is calculated. This ratio may be used to distinguish between different causes of liver damage and to distinguish liver injury from damage to heart or muscle. AST levels are often compared with results of other tests such as alkaline phosphatase (ALP), total protein, and bilirubin to help determine which form of liver disease is present. AST is often measured to monitor treatment of persons with liver disease and may be ordered either by itself or along with other tests for this purpose. Sometimes AST may be used to monitor people who are taking medications that are potentially toxic to the liver. If AST levels increase, then the person may be switched to another medication.

**SGPT/ALT(ALANINE AMINO-TRANSFERASE)**

SGPT (ALT) ,SERUM UV without PSP	50.60	U/L	0-35
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**COMMENT**

The alanine aminotransferase (ALT) test is typically used to detect liver injury. It is often ordered in conjunction with aspartate aminotransferase (AST) as part of a liver panel or comprehensive metabolic panel (CMP) to screen for and/or help diagnose liver disease. ALT is an enzyme found mostly in the cells of the liver and kidney. When the liver is damaged, ALT is released into the blood. This makes ALT a useful test for early detection of liver damage. AST and ALT are considered to be two of the most important tests to detect liver injury, although ALT is more specific to the liver than is AST. Sometimes AST is compared directly to ALT and an AST/ALT ratio is calculated. This ratio may be used to distinguish between different causes of liver damage and to help recognize heart or muscle injury. ALT values are often compared to the results of other tests such as alkaline phosphatase (ALP), total protein, and bilirubin to help determine which form of liver disease is present. ALT is often used to monitor the treatment of persons who have liver disease, to see if the treatment is working, and may be ordered either by itself or along with other tests for this purpose

\*\*\*End of Report\*\*\*

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