Laboratory Analysis Report

Name	: Mr / Shahram Shamsaee	Lab ID	: 20516253
MRN	: 68067	Emirates / Passport ID	:
Gender	: Male Nationality : Saint Kitts and Nevis	Reference No	:
Age / DOB	: 56 Y / 27-02-1967	Reg Date	: 05-SEP-2023 12:38 PM
Client Name	: Valiant Clinic and Hospital	Collection Date	: 05-SEP-2023 10:30 AM
Referred by	: Dr. Iman Abisourour	Reporting Date	: 05-SEP-2023 05:37 PM

CLINICAL CHEMISTRY REPORT

Test	Result		Unit	Reference Range	Methodology
***Glucose-Fasting**	**108**	**H**	mg/dL	Normal-70 - < 100 Diabetic Risk 100 - 125 Diabetic > or = 126	Hexokinase/G-6-PDH
According to the American Diabetes Association 2013, fasting plasma glucose (FPG) levels of (100 - 125 mg/dL) are in the increased risk category for diabetes. Patients with values of 126 mg/dL for FPG and above are considered diabetic.					
***Glucose, Fasting (SI)**	**5.99**	**H**	mmol/L	Normal-3.89 - 5.55 Diabetic Risk 5.55 - 6.94 Diabetic > or = 6.99	Hexokinase/G-6-PDH
* Glucose reading was obtained from the serum sample provided. It is advised to run the test from a sodium fluoride plasma sample to exclude sample quality interference with the actual glucose reading.					
According to the American Diabetes Association 2013, fasting plasma glucose (FPG) levels of (5.55 - 6.94 mmol/L) are in the increased risk category for diabetes. Patients with values of 6.99 mmol/L for FPG and above are considered diabetic.					
***Aspartate Aminotransferase (AST)**	33		U/L	Up to 40	NADH (without P-5'-P)
***Alanine Aminotransferase (ALT)**	**49**	**H**	U/L	Up to 41	NADH (without P-5'-P)
Test results to be interpreted in the light of clinical history & to be investigated further if necessary.					
***Gamma Glutamyl Transferase (GGT)**	25		U/L	10 - 71-	G.G.3.Car.4.nitr.+glycylglycine

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Dr Samar Hourieh
Specialist Clinical Pathology
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CLINICAL CHEMISTRY REPORT

Test	Result	Unit	Reference Range	Methodology
***Creatinine**	0.93	mg/dL	0.67 - 1.17	Enzymatic colorimetric

The assay of creatinine in serum or plasma is the most commonly used test to assess renal function. Current guidelines define chronic kidney disease as kidney damage or glomerular filtration rate (GFR) less than 60 mL/min per 1.73 m2 for three months or more, regardless of cause. A rise in blood creatinine is observed only with marked damage of the nephrons, it is not suited to detect early stage kidney disease. A considerably more sensitive test and better estimation of glomerular filtration rate (GFR) is given by the creatinine clearance test based on creatinine's concentration in urine and serum or plasma, and urine flow rate. For this test a precisely timed urine collection (usually 24 hours) and a blood sample are needed. However, since this test is prone to error due to the inconvenient collection of timed urine, mathematical attempts to estimate GFR based only on the creatinine concentration in serum or plasma have been made. In addition to the diagnosis and treatment of renal disease, the monitoring of renal dialysis, creatinine measurements are used for the calculation of the fractional excretion of other urine analytes (e. g., albumin, ??amylase).

Reference: Roche Kit Insert for Creatinine 2016-12 V13.0

***Creatinine - SI**	82.2	umol/L	59.2 - 103.4	Enzymatic colorimetric
***Blood Urea Nitrogen (BUN)**	15.0	mg/dL	6.0 - 20.0	Urease, Kinetic/GLDH
***Calcium-Total**	9.3	mg/dL	8.6 - 10.0	NM-BAPTA

Serum calcium levels in the body are controlled by parathyroid hormone (PTH), calcitonin and Vitamin D. An imbalance in any of these modulators leads to alterations of the body and serum calcium levels. Increases in serum PTH or vitamin D are usually associated with hypercalcemia. Increased serum calcium levels may also be observed in multiple myeloma and other neoplastic diseases. Hypocalcemia may be observed e.g. in hypoparathyroidism, nephrosis, and pancreatitis.
Reference: Roche Kit Insert for Calcium 2013-10 V3.0

***Sodium (Na)**	138	mmol/L	136 - 145	ISE Indirect
***Potassium (K)**	4.5	mmol/L	3.5 - 5.1	ISE Indirect
***Chloride (Cl)**	104	mmol/L	98 - 107	ISE Indirect
***Bicarbonate (HCO3)**	22	mmol/L	22 - 29	PEP Carboxylase

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CLINICAL CHEMISTRY REPORT

Test	Result	Unit	Reference Range	Methodology
***Ferritin**	165.1	ng/mL	30.0 - 400.0	ECLIA
***eGFR**	96	mL/min		Calculation

In adults, the average normal GFR number is more than 90.

GFR declines with age, even in people without kidney disease.

Age-Years	*Average Estimated GFR*
20-29	*116*
30-39	*107*
40-49	*99*
50-59	*93*
60-69	*85*
70 +	*75*

A GFR below 60 for three months or more or a GFR above 60 with kidney damage (marked by high levels of albumin in urine) indicates chronic kidney disease.

Its always advised to interpret the GFR results in correlation with the presence of albuminuria.

(Reference: National Kidney foundation, USA). Updated 01-04-2018

End of Report

Sample Type : NaF-Plasma Fasting - 23090003578 Serum - 23090003577

Verifed by : Jannice Dangani Verifed on : 05-SEP-2023 02:46 PM

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HORMONES /ENDOCRINOLOGY REPORT

Test	Result	Unit	Reference Range	Methodology
***Thyroid Stimulating Hormone (TSH)**	2.00	uIU/mL	0.27 - 4.20	ECLIA

Reference Range for pregnant women:
First Trimester 0.26-2.66 mIU/L
Second Trimest 0.55-2.73 mIU/L
Third Trimester 0.43-2.91 mIU/L

TSH levels are lower during pregnancy, especially during the 1st trimester. Based on recent clinical studies which have shown that even mildly elevated TSH during pregnancy is associated with adverse pregnancy outcomes, the American Thyroid Association has released clinical guidelines which recommend the use of assay-specific and trimester-specific reference intervals.

Please note samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration. (Roche-TSH kit insert)

End of Report

Sample Type : Serum - 23090003577

Verifed by : Jannice Dangani Verifed on : 05-SEP-2023 02:18 PM

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Referred by	: Dr. Iman Abisourour	Reporting Date	: 06-SEP-2023 08:15 PM

TUMOR MARKER REPORT

Test	Result	Unit	Reference Range	Methodology
***Prostatic Specific Antigen- Total (Total PSA)**	0.40	ng/mL	Normal : < 4.0 Borderline: 4.0 - 10.0 Increased: > 10.0	ECLIA

Kindly note the change in Reference ranges and methodology effective from 08/10/2017

1. If Total serum PSA value is between 4 - 10 ng/mL its advised to run FPSA and obtain the ratio. If serum PSA concentration is less than 4 ng/mL & between 10-20 ng/mL, it will allow only a limited diagnostic interpretation of Free PSA / Total PSA ratio values.

2. Serum PSA concentrations, regardless of the value, should not be interpreted as definitive evidence for the presence or absence of prostate cancer. In addition, PSA testing should be done in conjunction with DRE, because PSA and DRE together detected the greatest number of cancers. Prostatic biopsy is required for the diagnosis of cancer.

End of Report

Sample Type : Serum - 23090003577

Verifed by : Jannice Dangani Verifed on : 06-SEP-2023 11:35 AM

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Referred by	: Dr. Iman Abisourour	Reporting Date	: 05-SEP-2023 05:44 PM

*Lipid Profile

Test	Result		Unit	Reference Range	Methodology
***Cholesterol**	**205**	H	mg/dL	Desirable: < 200 Borderline: 200 - 239 High: > or = 240	Enzymatic
***Triglycerides**	167		mg/dL	Normal < 150 High > 200	Glycerol Phosphate Oxidase
***HDL Cholesterol**	52		mg/dL	Risk for Heart Disease : Positive < 40 Negative >= 60	PEG-cholesterol esterase/oxidase
***LDL Cholesterol - Direct**	127		mg/dL	Optimal < 100 Very high > or = 190	Enzymatic colorimetric
VLDL Cholestrol	33		mg/dL	Up to 40	Calculation
HDL/Total Cholesterol Ratio	25		%	CHD risk : Below average risk 23-28 Average risk 18-22 High risk 8-17 Very High Risk < 8	Calculation
Total Cholesterol/HDL Ratio	3.9		Ratio	Normal: 2.0 - 4.4 Desirable: < 4.5 Borderline: 4.5 - 6.0 Increased Risk: > 6.0	Calculation
Non - HDL Cholesterol	153.0		mg/dL	50.0 - 850.0	Calculation

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*Lipid Profile

Test	Result		Unit	Reference Range	Methodology
***Cholesterol total (SI)**	**5.31**	H	mmol/L	Desirable: < 5.1 Borderline: 5.1 - 6.1 High: > or = 6.22	Enzymatic
Triglycerides (SI)	1.89		mmol/L	Normal < 1.67 High > 2.26	Glycerol Phosphate Oxidase
HDL Cholesterol direct (SI)	1.3		mmol/L	Risk for Heart Disease : Positive < 1.04 Negative >= 1.55	PEG-cholesterol esterase/oxidase
LDL Cholesterol direct (SI)	3.3		mmol/L	Optimal < 2.59 Very high > or = 4.92	Enzymatic colorimetric
HDL/Total Cholesterol Ratio (SI)	25		%	CHD risk : Below average risk 23-28 Average risk 18-22 High risk 8-17 Very high risk < 8	Calculation

End of Report

Sample Type : Serum - 23090003577

Verified by : Jannice Dangani Verified time : 05-SEP-2023 02:15 PM

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Vitamin D, 25-OH

Test	Result		Unit	Reference Range	Methodology
***Vitamin D, 25-OH (Total)**	**25.6**	L	ng/mL	Deficient < 10 Insufficient 10 - 29 Sufficient 30 - 120 Potential Intoxication > 120	ECLIA

Test results to be interpreted in the light of clinical history & to be investigated further if necessary.

*** Kindly note the change in reference range effective from 06/01/2022*

Vitamin D is mainly produced in the skin from 7-dehydrocholesterol after exposure to sunlight.
Two forms of vitamin D are biologically relevant - vitamin D3 (Cholecalciferol) and vitamin D2 (Ergocalciferol). Both vitamins D3 and D2 can be absorbed from food, with vitamin D2 being an artificial source, but only an estimated 10-20% of vitamin D is supplied through nutritional intake.
Both Vitamin D2 & D3 is converted in the liver to 25 OH Vitamin D which is the major storage form of vitamin D with a longer half-life compared to Vitamin D (1, 25 OH) which is the active form produced in the kidney. Therefore, 25-OH vitamin D is the analyte of choice for determination of the vitamin D levels status.
Aside from the medications, the use of fortified food and nutritional supplement are used to treat vitamin D deficiency. Rich sources of Vitamin D include oily fish (Salmon & Mackerel,) as well as mushroom and certain vegetables.

End of Report

Sample Type : Serum - 23090003577

Verified by : Jannice Dangani Verified time : 05-SEP-2023 02:16 PM

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*Urine Analysis

Test	Result	Unit	Reference Range	Methodology
Color	Yellow			Visual
Appearance	Clear		Clear	Visual
Glucose	Negative		Negative	GOD/POD
Blirubin	Negative		Negative	Diazonium Salt
Ketone	Negative		Negative	Aceto Acetic Acid
Specific gravity	1.025		1.002 - 1.030	Bromothymol Blue
Blood	Negative		Negative	Peroxidase
pH	5.5		4.6 - 8.0	MR/BTB
Protein	Negative		Negative	Protein Error of pH Indicator
Urobilinogen	0.2	mg/dL	< 2.0	Ehrlich's Test
Nitrite	Negative		Negative	Griess Test
Microscopy				
Leukocytes (WBCs)	2 - 3	/ HPF	1 - 2	Microscopy
Red Blood Cells (RBCs)	0 - 2	/ HPF	0 - 2	Microscopy
Epithelial cells	1 - 2	/ HPF	1 - 4	Microscopy
Mucus	+			Microscopy
Candida	Nil		Nil	Microscopy
Crystal	Nil		Nil	Microscopy
Casts	Nil	/LPF	Nil	Microscopy
Trichomonas Vaginalis	Nil		Nil	Microscopy

End of Report

Sample Type : Urine - 23090061964

Verified by : Masria Al Shekh Verified time : 05-SEP-2023 02:33 PM

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*HbA1C

Test	Result	Unit	Reference Range	Methodology
***Glycosylated Haemoglobin (HbA1C)**	6.1	%	Non-Diabetic: 4.0 - 5.6 Diabetic Risk: 5.7 - 6.4 Diabetic: > or = 6.5 Diabetic Control: Good: < 7.0 Fair: 8.0 - 9.0 Poor: > 9.0	HPLC

End of Report

Sample Type : EDTA - 23090003579

Verified by : Mary Joe Bacus Verified time : 05-SEP-2023 01:25 PM

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*Complete Blood Count

Test	Result	Unit	Reference Range	Methodology
RBC	5.01	10^12/L	4.50 - 5.90	Impedance
***Hemoglobin (Hb)**	15.2	g/dL	13.0 - 17.0	Photometry
HCT (Haematocrit)	45.5	%	38.9 - 50.9	Calculation
MCV	90.8	fL	81.2 - 94.0	Impedance
MCH	30.4	pg	27.1 - 32.5	Calculation
MCHC	33.5	g/dL	32.5 - 36.7	Calculation
RDW	14.5	%	12.1 - 16.2	Impedance
Platelet	220	10^3/uL	150 - 410	Impedance
WBC	4.7	10^3/uL	4.0 - 11.0	Impedance (Imp.)

Leukocytes Differential Count

	Differential Percentage					Absolute Count					
	Value	Unit	Normal Range			Value	Unit	Normal Range			
Neutrophils	51	%	43	-	78	2.40	10^3/uL	1.70	-	7.60	Imp.
Lymphocytes	36	%	14	-	46	1.69	10^3/uL	1.00	-	3.20	Imp.
Monocytes	10	%	2	-	10	0.47	10^3/uL	0.30	-	1.10	Imp.
Eosinophils	2	%	1	-	6	0.09	10^3/uL	0.05	-	0.50	Imp.
***Basophil**	1	%	Up to 1			0.05	10^3/uL	Up to 0.30			Imp.

End of Report

Sample Type : EDTA - 23090050662

Verified by : Mary Joe Bacus Verified time : 05-SEP-2023 12:55 PM

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