

Laboratory Report

Comprehensive Panel – Alfa Labs

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28 Feb 2026

Abnormal – Requiring Attention (11)

Test	Result	Reference	Status	Clinical Significance
Vitamin B12	1109 pg/mL	180-914	HIGH	Elevated – likely from supplementation. Monitor but not clinically concerning.
Ammonia	1.04 ug/mL	0.19-0.87	HIGH	Elevated above reference. Monitor – VPA (Depakine) can raise ammonia. Consider L-Carnitine.
Creatinine	0.56 mg/dL	0.63-1.16	LOW	Below reference – consistent with sarcopenia (low muscle mass). Cystatin C normal rules out renal impairment.
Magnesium	1.8 mg/dL	1.9-2.5	LOW	Below reference. Supplementing with Mg Glycinate 2000mg/day. Low Mg worsens seizures.
Fibrinogen	428 mg/dL	200-400	HIGH	Elevated – may indicate inflammation or acute phase response. Monitor.
Hematocrit	35.5 %	36-46	LOW	Slightly below reference. Monitor with hemoglobin.
WBC	2.9 x10 ³ /μL	4-10	LOW	Low – leukopenia. Consistent with chronic pattern. Monitor for infection signs.
ANC	0.8 x10 ³ /μL	2-7	CRITICAL	Severe neutropenia (ANC <1.0). High infection risk. Neutropenic precautions required.
Lymphocytes	60 %	20-40	HIGH	Relatively elevated – compensatory for low neutrophils.
Monocytes	11 %	2-10	HIGH	Slightly elevated. May indicate chronic inflammation.
MCHC	34.9 g/dL	31.5-34.5	HIGH	Slightly above reference. Not clinically significant in isolation.

Normal – Reassuring (11)

Test	Result	Comment
CEA	4.8 ng/mL	Within normal range. Previously 6.3 (11 Feb 2026). Trend improving.
Homocysteine	11.40 μmol/L	Normal. Good B-vitamin status.
CK	26 U/L	Normal. No evidence of muscle breakdown.
eGFR	>90	Normal kidney function.
Sodium	137 mmol/L	Normal. Previously borderline low.
Hemoglobin	12.40 g/dL	Normal.
Platelets	186 x10 ³ /μL	Normal.
RBC	4.21 x10 ⁶ /μL	Normal.

Test	Result	Comment
MCV	84.3 fL	Normal.
MCH	29.5 pg	Normal.
RDW	13.3 %	Normal.

Notes

Full comprehensive panel collected 28 Feb 2026.