

Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME : Mrs. TAJINDER KAUR
AGE/ GENDER : 59 YRS/FEMALE
COLLECTED BY : SURJESH
REFERRED BY :
BARCODE NO. : 01512406
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1536678
REG. NO./LAB NO. : 012407020062
REGISTRATION DATE : 02/Jul/2024 07:24 PM
COLLECTION DATE : 02/Jul/2024 07:25 PM
REPORTING DATE : 02/Jul/2024 07:39 PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

POTASSIUM

POTASSIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)	4.43	mmol/L	3.50 - 5.00
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INTERPRETATION:-

POTASSIUM:

Potassium is the major cation in the intracellular fluid. 90% of potassium is concentrated within the cells. When cells are damaged, potassium is released in the blood.

HYPOKALEMIA (LOW POTASSIUM LEVELS):-

- 1.Diarrhoea, vomiting & malabsorption.
2. Severe Burns.
- 3.Increased Secretions of Aldosterone

HYPERKALEMIA (INCREASED POTASSIUM LEVELS):-

- 1.Oliguria
- 2.Renal failure or Shock
- 3.Respiratory acidosis
- 4.Hemolysis of blood



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SODIUM

SODIUM: SERUM	139.4	mmol/L	135.0 - 150.0
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by ISE (ION SELECTIVE ELECTRODE)

INTERPRETATION:-

SODIUM:-

Sodium is the major cation of extra-cellular fluid. Its primary function in the body is to chemically maintain osmotic pressure & acid base balance & to transmit nerve impulse.

HYPONATREMIA (LOW SODIUM LEVEL) CAUSES:-


1. Low sodium intake.
2. Sodium loss due to diarrhea & vomiting with adequate water and inadequate salt replacement.
3. Diuretics abuses.
4. Salt loosing nephropathy.
5. Metabolic acidosis.
6. Adrenocortical insufficiency .
7. Hepatic failure.


HYPERNATREMIA (INCREASED SODIUM LEVEL) CAUSES:-

1. Hyperapnea (Prolonged)
2. Diabetes insipidus
3. Diabetic acidosis
4. Cushings syndrome
5. Dehydration

*** End Of Report ***




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