

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

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

**NAME** : Mr. S.C DHAWAN  
**AGE/ GENDER** : 95 YRS/MALE  
**COLLECTED BY** : SURJESH  
**REFERRED BY** : CENTRAL PHOENIX CLUB (AMBALA CANTT)  
**BARCODE NO.** : 01512893  
**CLIENT CODE.** : KOS DIAGNOSTIC LAB  
**CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

**PATIENT ID** : 1545120  
**REG. NO./LAB NO.** : 012407100065  
**REGISTRATION DATE** : 10/Jul/2024 07:08 PM  
**COLLECTION DATE** : 10/Jul/2024 07:11 PM  
**REPORTING DATE** : 10/Jul/2024 07:49 PM

Test Name	Value	Unit	Biological Reference interval
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**CLINICAL CHEMISTRY/BIOCHEMISTRY**

**UREA**

UREA: SERUM by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)	67.08 <sup>H</sup>	mg/dL	10.00 - 50.00
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CREATININE

CREATININE: SERUM  
by ENZYMATIC, SPECTROPHOTOMETRY

2.01<sup>H</sup>

mg/dL

0.40 - 1.40



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#### ELECTROLYTES COMPLETE PROFILE

SODIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	137.8	mmol/L	135.0 - 150.0
POTASSIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	4.5	mmol/L	3.50 - 5.00
CHLORIDE: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	103.35	mmol/L	90.0 - 110.0

#### 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. Cushing's syndrome
5. Dehydration

##### **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



  
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4.Hemolysis of blood

\*\*\* End Of Report \*\*\*



  
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