



		hopra & Microbiology) onsultant Pathologist	Dr. Yugan MD CEO & Consultant	(Pathology)
NAME	: Mrs. KANCHAN VERMA			
AGE/ GENDER	: 46 YRS/FEMALE	PA	FIENT ID	: 1550583
COLLECTED BY	: SURJESH	RE	G. NO./LAB NO.	: 012407160022
REFERRED BY	:	RE	GISTRATION DATE	: 16/Jul/2024 10:03 AM
BARCODE NO.	: 01513235	CO	LLECTION DATE	: 16/Jul/2024 10:14AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	RE	PORTING DATE	: 16/Jul/2024 11:30AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD	), AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CLI	NICAL CHEMISTR	Y/BIOCHEMISTR	Y
	CLI	NICAL CHEMISTR GLUCOSE FA		Y

KOS Diagnostic Lab (A Unit of KOS Healthcare)

A fasting plasma glucose level below 100 mg/dl is considered normal.
A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients.
A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





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Test Name		Value	Unit	Biological Reference interval		
		CALC	CIUM			
CALCIUM: SERUM		8.99	mg/dL	8.50 - 10.60		

by ARSENAZO III, SPECTROPHOTOMETRY

## INTERPRETATION:-

1.Serum calcium (total) estimation is used for the diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract.

2. Calcium levels may also reflect abnormal vitamin D or protein levels.

3. The calcium content of an adult is somewhat over 1 kg (about 2% of the body weight). Of this, 99% is present as calcium hydroxyapatite in bones and <1% is present in the extra-osseous intracellular space or extracellular space (ECS).

4. In serum, calcium is bound to a considerable extent to proteins (approximately 40%), 10% is in the form of inorganic complexes, and 50% is present as free or ionized calcium.

**NOTE:**-Calcium ions affect the contractility of the heart and the skeletal musculature, and are essential for the function of the nervous system. In addition, calcium ions play an important role in blood clotting and bone mineralization.

## HYPOCALCEMIA (LOW CALCIUM LEVELS) CAUSES :-

1. Due to the absence or impaired function of the parathyroid glands or impaired vitamin-D synthesis.

2. Chronic renal failure is also frequently associated with hypocalcemia due to decreased vitamin-D synthesis as well as hyperphosphatemia and skeletal resistance to the action of parathyroid hormone (PTH).

3. NOTE: - A characteristic symptom of hypocalcemia is latent or manifest tetany and osteomalacia.

## HYPERCALCEMIA (INCREASE CALCIUM LEVELS) CAUSES:-

1. Increased mobilization of calcium from the skeletal system or increased intestinal absorption.

2. Primary hyperparathyroidism (pHPT)

3.Bone metastasis of carcinoma of the breast, prostate, thyroid gland, or lung

NOTE:-Severe hypercalcemia may result in cardiac arrhythmia.

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





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