

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

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

NAME : Mrs. OM KUMARI SAINI
AGE/ GENDER : 92 YRS/FEMALE
COLLECTED BY : SURJESH
REFERRED BY :
BARCODE NO. : 01513779
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1560064
REG. NO./LAB NO. : 012407250024
REGISTRATION DATE : 25/Jul/2024 10:16 AM
COLLECTION DATE : 25/Jul/2024 10:22 AM
REPORTING DATE : 25/Jul/2024 11:39 AM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

| | | | |
|--|---------------------|-------|---|
| GLUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) | 129.85 ^H | mg/dL | NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > OR = 126.0 |
|--|---------------------|-------|---|

INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.
2. 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.
3. 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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| UREA | | | |
| UREA: SERUM by UREASE - GLUTAMATE DEHYDROGENASE (GLDH) | 47.85 | mg/dL | 10.00 - 50.00 |




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| CREATININE | | | |
| CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETRY | 1.16 | mg/dL | 0.40 - 1.20 |




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ELECTROLYTES COMPLETE PROFILE

| | | | |
|---|-------|--------|---------------|
| SODIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i> | 142.4 | mmol/L | 135.0 - 150.0 |
| POTASSIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i> | 4.16 | mmol/L | 3.50 - 5.00 |
| CHLORIDE: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i> | 106.8 | 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 iadequate salt replacement.
3. Diuretics abuses.
4. Salt loosing nephropathy.
5. Metabolic acidosis.
6. Adrenocortical issuficiency .
7. Hepatic failure.

HYPERNATREMIA (INCREASED SODIUM LEVEL) CAUSES:-

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