

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



Irs. MOHINDER KAUR 3 YRS/FEMALE JRJESH 1514316 OS DIAGNOSTIC LAB 349/1, NICHOLSON ROAD, CLIN PHOTOMETRY	REG. REGE COLL REPO		: 1568876 : 012408020043 : 02/Aug/2024 05:11 PM : 02/Aug/2024 05:29PM : 02/Aug/2024 06:44PM Biological Reference interval 0.40 - 1.20
	IICAL CHEMISTRY	BIOCHEMISTRY	1
	CREATINI	NE	
PHOTOMETRY			
ONSULTANT PATHOLOGIST	CONSULTANT	PATHOLOGIST	
	R.VINAY CHOPRA DNSULTANT PATHOLOGIST BBS, MD (PATHOLOGY & MICRO	DNSULTANT PATHOLOGIST CONSULTANT	DNSULTANT PATHOLOGIST CONSULTANT PATHOLOGIST

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KOS Diagnostic Lab (A Unit of KOS Healthcare)

AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE.	: Mrs. MOHINDER KAUR : 83 YRS/FEMALE : SURJESH : : 01514316 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD, .	RE RE CO RE	TIENT ID G. NO./LAB NO. GISTRATION DATE LLECTION DATE PORTING DATE	: 1568876 : 012408020043 : 02/Aug/2024 05:11 PM : 02/Aug/2024 05:29PM
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CLIENT CODE. CLIENT ADDRESS	: KOS DIAGNOSTIC LAB	RE		. 02/ Mug/ 2024 00.201 M
CLIENT ADDRESS				: 02/Aug/2024 05:45PM
	. 0349/1, MCHOLSON ROAD, .	AMDALA CANTI	. Cornig Ditte	. 02/ Aug/ 2024 05.451 M
Test Name				
		Value	Unit	Biological Reference interval
	EI	ECTROLYTES COI	WPLETE PROFILE	
SODIUM: SERUM		133.9 ^L	mmol/L	135.0 - 150.0
by ISE (ION SELECTIVE	ELECTRODE)			
POTASSIUM: SERUM by ISE (ION SELECTIVE I		4.5	mmol/L	3.50 - 5.00
CHLORIDE: SERUM		100.43	mmol/L	90.0 - 110.0
by ISE (ION SELECTIVE I	ELECTRODE)	100.10		70.0 110.0
<u>INTERPRETATION:-</u> SODIUM:-				
 Salt loosing nephrop Metabolic acidosis. Adrenocortical issufi Hepatic failure. HYPERNATREMIA (INCR Hyperapnea (Prolong Diabetes insipidus Diabetic acidosis Cushings syndrome Dehydration 	ciency . EASED SODIUM LEVEL) CAUSES:	-		
released in the blood. HYPOKALEMIA (LOW PO		d. 90% of potassium	is concentrated within t	the cells. When cells are damaged, potassium

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	Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Patholo		(Pathology)
NAME	: Mrs. MOHINDER KAUR		
AGE/ GENDER	: 83 YRS/FEMALE	PATIENT ID	: 1568876
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4.Hemolysis of blood



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	Dr. Vinay Cho MD (Pathology & Chairman & Cons		Dr. Yugam MD CEO & Consultant	(Pathology)		
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	. 0040/ 1, 101010101001 10/10, /					
Test Name		Value	Unit	Biological Reference interval		
		CLINICAL PATH	OLOGY			
	URINF RO	OUTINE & MICROSCO	OPIC FXAMINAT	ION		
PHYSICAL EXAMINA						
QUANTITY RECIEVE		10	ml			
	TANCE SPECTROPHOTOMETRY	10				
COLOUR		AMBER YELLOW		PALE YELLOW		
	TANCE SPECTROPHOTOMETRY					
TRANSPARANCY	TANCE SPECTROPHOTOMETRY	HAZY		CLEAR		
SPECIFIC GRAVITY		1.01		1.002 - 1.030		
	TANCE SPECTROPHOTOMETRY					
CHEMICAL EXAMINA	ATION					
REACTION		ACIDIC				
PROTEIN	TANCE SPECTROPHOTOMETRY	1+		NEGATIVE (-ve)		
	CTANCE SPECTROPHOTOMETRY					
SUGAR		Negative		NEGATIVE (-ve)		
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	<=5.0		5.0 - 7.5		
F	TANCE SPECTROPHOTOMETRY	<-0.0		5.6 7.5		
BILIRUBIN		Negative		NEGATIVE (-ve)		
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)		
	TANCE SPECTROPHOTOMETRY.	Negative		NEGATIVE (-ve)		
UROBILINOGEN		Normal	EU/dL	0.2 - 1.0		
	TANCE SPECTROPHOTOMETRY	Nogativo		NEGATIVE (-ve)		
KETONE BODIES by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-VE)		
BLOOD		TRACE		NEGATIVE (-ve)		
	TANCE SPECTROPHOTOMETRY					
ASCORBIC ACID	TANCE SPECTROPHOTOMETRY	NEGATIVE (-ve)		NEGATIVE (-ve)		
2, 2 SHOWERED						

MICROSCOPIC EXAMINATION

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

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RED BLOOD CELLS (F	(BUS) CENTRIFUGED URINARY SEDIMENT	3-4	/HPF	0 - 3	
PUS CELLS		30-40	/HPF	0 - 5	
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT		2.2		ADCENT	
EPITHELIAL CELLS	CENTRIFUGED URINARY SEDIMENT	2-3	/HPF	ABSENT	
CRYSTALS				NEGATIVE (-ve)	
•	CENTRIFUGED URINARY SEDIMENT				
CASTS	CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)	
BACTERIA		NEGATIVE (-ve)		NEGATIVE (-ve)	
	CENTRIFUGED URINARY SEDIMENT				
OTHERS		NEGATIVE (-ve)		NEGATIVE (-ve)	

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT TRICHOMONAS VAGINALIS (PROTOZOA)

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT

*** End Of Report ***

ABSENT





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