

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

NAME : Mrs. BIMLA VERMA  
AGE/ GENDER : 70 YRS/FEMALE  
COLLECTED BY : SURJESH  
REFERRED BY :  
BARCODE NO. : 01515196  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1583066  
REG. NO./LAB NO. : 012408170008  
REGISTRATION DATE : 17/Aug/2024 09:10 AM  
COLLECTION DATE : 17/Aug/2024 09:17AM  
REPORTING DATE : 17/Aug/2024 11:53AM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	227.09 <sup>H</sup>	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > OR = 126.0
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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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### SODIUM

SODIUM: SERUM	140.6	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 losing 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

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



  
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