

Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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

NAME : Mr. KULWANT SINGH
AGE/ GENDER : 92 YRS/MALE
COLLECTED BY : SURJESH
REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT)
BARCODE NO. : 01515198
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1583069
REG. NO./LAB NO. : 012408170010
REGISTRATION DATE : 17/Aug/2024 09:12 AM
COLLECTION DATE : 17/Aug/2024 09:17AM
REPORTING DATE : 17/Aug/2024 11:03AM

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)	91.08	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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BARCODE NO.	: 01515198	REPORTING DATE	: 17/Aug/2024 10:49AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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Test Name	Value	Unit	Biological Reference interval
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SODIUM

SODIUM: SERUM	139.6	mmol/L	135.0 - 150.0
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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

*** End Of Report ***




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