

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

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

NAME	: Mr. S.C DHAWAN	PATIENT ID	: 1588913
AGE/ GENDER	: 95 YRS/MALE	REG. NO./LAB NO.	: 012408230050
COLLECTED BY	: SURJESH	REGISTRATION DATE	: 23/Aug/2024 01:17 PM
REFERRED BY	:	COLLECTION DATE	: 23/Aug/2024 01:44PM
BARCODE NO.	: 01515576	REPORTING DATE	: 23/Aug/2024 05:28PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

UREA

UREA: SERUM <i>by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)</i>	47.46	mg/dL	10.00 - 50.00
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MBBS, MD (PATHOLOGY)



TEST PERFORMED AT: KOS DIAGNOSTIC LAB, AMBALA CANTT.


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CREATININE			
CREATININE: SERUM <i>by ENZYMATIC, SPECTROPHOTOMETRY</i>	1.63 ^H	mg/dL	0.40 - 1.40




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ELECTROLYTES COMPLETE PROFILE

SODIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	135.7	mmol/L	135.0 - 150.0
POTASSIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	4.98	mmol/L	3.50 - 5.00
CHLORIDE: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	101.78	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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