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CEO & Consultant Pathologist

NAME : Mrs. MUKESH LATA
AGE/ GENDER : 67 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01517441
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1621339
REG. NO./LAB NO. : 012409220006
REGISTRATION DATE : 22/Sep/2024 07:29 AM
COLLECTION DATE : 22/Sep/2024 07:33AM
REPORTING DATE : 22/Sep/2024 10:44AM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	85.36	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0
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INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A random plasma glucose level below 140 mg/dl is considered normal.
2. A random glucose level between 140 - 200 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 random glucose level of above 200 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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MAGNESIUM

MAGNESIUM: SERUM	1.82	mg/dL	1.6 - 2.6
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by XYLIDYL BLUE, SPECTROPHOTOMETRY

INTERPRETATION:-

1. Magnesium along with potassium is a major intracellular cation.

2. Magnesium is a cofactor of many enzyme systems. All adenosine triphosphate (ATP)-dependent enzymatic reactions require magnesium as a cofactor.

3. Approximately 70% of magnesium ions are stored in bone. The remainder is involved in intermediary metabolic processes; about 70% is present in free form while the other 30% is bound to proteins (especially albumin), citrates, phosphate, and other complex formers. The serum magnesium level is kept constant within very narrow limits. Regulation takes place mainly via the kidneys, primarily via the ascending loop of Henle.

INCREASED (HYPERMAGNESIA):- Conditions that interfere with glomerular filtration result in retention of magnesium and hence elevation of serum concentrations.

1. Acute and chronic renal failure.
2. magnesium overload.
3. Magnesium release from the intracellular space.
4. Mild-to-moderate hypermagnesemia may prolong atrioventricular conduction time. Magnesium toxicity may result in central nervous system (CNS) depression, cardiac arrest, and respiratory arrest.

DECREASED (HYPOMAGNESIA):-

1. Chronic alcoholism.
2. Childhood malnutrition.
3. Malabsorption.
4. Acute pancreatitis.
5. Hypothyroidism.
6. Chronic glomerulonephritis.
7. Aldosteronism.
8. Prolonged intravenous feeding.

NOTE:-

Numerous studies have shown a correlation between magnesium deficiency and changes in calcium-, potassium-, and phosphate-homeostasis which are associated with cardiac disorders such as ventricular arrhythmias that cannot be treated by conventional therapy, increased sensitivity to digoxin, coronary artery spasms, and sudden death. Additional concurrent symptoms include neuromuscular and neuropsychiatric disorders.

*** End Of Report ***



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