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NAME	: Mr. VED PARKASH	PATIENT ID	: 1629259
AGE/ GENDER	: 37 YRS/MALE	REG. NO./LAB NO.	: 012409290061
COLLECTED BY	:	REGISTRATION DATE	: 29/Sep/2024 07:28 PM
REFERRED BY	:	COLLECTION DATE	: 29/Sep/2024 07:29PM
BARCODE NO.	: 01517973	REPORTING DATE	: 29/Sep/2024 08:11PM
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

CALCIUM

CALCIUM: SERUM	8.85	mg/dL	8.50 - 10.60
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by ARSENAZO III, SPECTROPHOTOMETRY

INTERPRETATION:-

1. Serum calcium (total) estimation is used for the diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract.
2. Calcium levels may also reflect abnormal vitamin D or protein levels.
3. The calcium content of an adult is somewhat over 1 kg (about 2% of the body weight). Of this, 99% is present as calcium hydroxyapatite in bones and <1% is present in the extra-osseous intracellular space or extracellular space (ECS).
4. In serum, calcium is bound to a considerable extent to proteins (approximately 40%), 10% is in the form of inorganic complexes, and 50% is present as free or ionized calcium.

NOTE:- Calcium ions affect the contractility of the heart and the skeletal musculature, and are essential for the function of the nervous system. In addition, calcium ions play an important role in blood clotting and bone mineralization.

HYPOCALCEMIA (LOW CALCIUM LEVELS) CAUSES :-

1. Due to the absence or impaired function of the parathyroid glands or impaired vitamin-D synthesis.
2. Chronic renal failure is also frequently associated with hypocalcemia due to decreased vitamin-D synthesis as well as hyperphosphatemia and skeletal resistance to the action of parathyroid hormone (PTH).
3. **NOTE:-** A characteristic symptom of hypocalcemia is latent or manifest tetany and osteomalacia.

HYPERCALCEMIA (INCREASE CALCIUM LEVELS) CAUSES:-

1. Increased mobilization of calcium from the skeletal system or increased intestinal absorption.
 2. Primary hyperparathyroidism (pHPT)
 3. Bone metastasis of carcinoma of the breast, prostate, thyroid gland, or lung.
- NOTE:-** Severe hypercalcemia may result in cardiac arrhythmia.

*** End Of Report ***




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