

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



	Dr. Vinay Chop MD (Pathology & Mid Chairman & Consulta	crobiology)	Dr. Yugam MD (I CEO & Consultant F	Pathology)
NAME	: Dr. ABHA MITTAL			
AGE/ GENDER	: 59 YRS/Female	P	PATIENT ID	: 1636489
COLLECTED BY	: SURJESH	R	REG. NO./LAB NO.	: 012410070033
<b>REFERRED BY</b>	:	R	REGISTRATION DATE	: 07/Oct/2024 10:22 AM
BARCODE NO.	: 01518469	С	COLLECTION DATE	:07/Oct/2024 10:31AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	R	REPORTING DATE	:07/Oct/2024 10:58AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMI	BALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		HAEMA	TOLOGY	
	COI	MPLETE BLOO	OD COUNT (CBC)	
RED BLOOD CELLS (RB	CS) COUNT AND INDICES			
HAEMOGLOBIN (HB) by CALORIMETRIC		11.9 <sup>L</sup>	gm/dL	12.0 - 16.0
RED BLOOD CELL (RBC	) COUNT cusing, electrical impedence	4.57	Millions/cn	nm 3.50 - 5.00
PACKED CELL VOLUME by CALCULATED BY AU	E (PCV) TOMATED HEMATOLOGY ANALYZER	37.2	%	37.0 - 50.0
MEAN CORPUSCULAR	VOLUME (MCV) TOMATED HEMATOLOGY ANALYZER	81.4	fL	80.0 - 100.0
MEAN CORPUSCULAR	HAEMOGLOBIN (MCH)	26 <sup>L</sup>	pg	27.0 - 34.0
MEAN CORPUSCULAR	HEMOGLOBIN CONC. (MCHC) TOMATED HEMATOLOGY ANALYZER	32	g/dL	32.0 - 36.0
RED CELL DISTRIBUTIO		14.7	%	11.00 - 16.00
RED CELL DISTRIBUTIO		45.2	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED		17.81	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX		26.14	RATIO	BETA THALASSEMIA TRAIT:<= 65.0 IRON DEFICIENCY ANEMIA: > 65.0
WHITE BLOOD CELLS	(WBCS)			
TOTAL LEUCOCYTE CO	UNT (TLC) BY SF CUBE & MICROSCOPY	6760	/cmm	4000 - 11000
NUCLEATED RED BLOO	DD CELLS (nRBCS) THEMATOLOGY ANALYZER	NIL		0.00 - 20.00
NUCLEATED RED BLOO by CALCULATED BY AU DIFFERENTIAL LEUCOO	TOMATED HEMATOLOGY ANALYZER	NIL	%	< 10 %
NEUTROPHILS by flow cytometry b	BY SF CUBE & MICROSCOPY	58	%	50 - 70

DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)







Dr. Vinay Chopra Dr. Yugam Chopra MD (Pathology & Microbiology) MD (Pathology) Chairman & Consultant Pathologist **CEO & Consultant Pathologist** NAME : Dr. ABHA MITTAL AGE/ GENDER : 59 YRS/Female **PATIENT ID** :1636489 **COLLECTED BY** : SURJESH :012410070033 REG. NO./LAB NO. **REFERRED BY REGISTRATION DATE** :07/Oct/2024 10:22 AM : **BARCODE NO.** :01518469 **COLLECTION DATE** :07/0ct/2024 10:31AM CLIENT CODE. : KOS DIAGNOSTIC LAB **REPORTING DATE** :07/Oct/2024 10:58AM **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit **Biological Reference interval** LYMPHOCYTES 29 % 20 - 40 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY EOSINOPHILS 4 % 1-6 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 0 MONOCYTES % 2 - 12 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY BASOPHILS 0 % 0 - 1 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE LEUKOCYTES (WBC) COUNT ABSOLUTE NEUTROPHIL COUNT 3921 /cmm 2000 - 7500 by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY 800 - 4900 ABSOLUTE LYMPHOCYTE COUNT 1960 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE EOSINOPHIL COUNT 270 40 - 440 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE MONOCYTE COUNT 608 80 - 880 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY ABSOLUTE BASOPHIL COUNT 0 - 110 0 /cmm by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS. 150000 - 450000 PLATELET COUNT (PLT) 381000 /cmm by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE 0.10 - 0.36 PLATELETCRIT (PCT) 0.39<sup>H</sup> % by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE MEAN PLATELET VOLUME (MPV) 10 6.50 - 12.0 fl by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET LARGE CELL COUNT (P-LCC) 30000 - 90000 /cmm 103000<sup>H</sup> by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE % PLATELET LARGE CELL RATIO (P-LCR) 27.1 11.0 - 45.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE PLATELET DISTRIBUTION WIDTH (PDW) 15.8 % 15.0 - 17.0 by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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<b>Dr. Vinay Chop</b> MD (Pathology & Mi Chairman & Consult		Microbiology)	Chopra hthology) thologist	
IAME	: Dr. ABHA MITTAL			
AGE/ GENDER	: 59 YRS/Female	PATIH	ENT ID	: 1636489
COLLECTED BY	: SURJESH	REG. N	NO./LAB NO.	: 012410070033
REFERRED BY	:	REGIS	STRATION DATE	: 07/Oct/2024 10:22 AM
BARCODE NO.	: 01518469			: 07/Oct/2024 10:31AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	RTING DATE	: 07/Oct/2024 03:50PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CLVC			
WHOLE BLOOD by HPLC (HIGH PERFC ESTIMATED AVERAG	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE	145.59 <sup>H</sup>	GLOBIN (HBA1C) % mg/dL	4.0 - 6.4 60.00 - 140.00
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY)	6.7 <sup>H</sup> 145.59 <sup>H</sup>	% mg/dL	
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO INTERPRETATION:	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY)	6.7 <sup>H</sup> 145.59 <sup>H</sup> DIABETES ASSOCIATION (	% mg/dL	60.00 - 140.00
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO INTERPRETATION:	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I	6.7 <sup>H</sup> 145.59 <sup>H</sup> DIABETES ASSOCIATION (	% mg/dL (ADA):	60.00 - 140.00
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO INTERPRETATION: NOT dia	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I REFERENCE GROUP	6.7 <sup>H</sup> 145.59 <sup>H</sup> DIABETES ASSOCIATION (	% mg/dL (ADA): LATED HEMOGLOGIB (HE	60.00 - 140.00
NHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO <u>NTERPRETATION:</u> Non dia A	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN REFERENCE GROUP abetic Adults >= 18 years	6.7 <sup>H</sup> 145.59 <sup>H</sup> DIABETES ASSOCIATION (	% mg/dL (ADA): LATED HEMOGLOGIB (HE <5.7 5.7 - 6.4 >= 6.5	60.00 - 140.00
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO INTERPRETATION: NON dia A D	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes) biagnosing Diabetes	6.7 <sup>H</sup> 145.59 <sup>H</sup> DIABETES ASSOCIATION ( GLYCOSYI	% mg/dL (ADA): LATED HEMOGLOGIB (HE <5.7 5.7 - 6.4 >= 6.5 Age > 19 Years rapy:	60.00 - 140.00 BAIC) in %
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO INTERPRETATION: NON dia A D	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	6.7 <sup>H</sup> 145.59 <sup>H</sup> DIABETES ASSOCIATION ( GLYCOSYI	% mg/dL (ADA): LATED HEMOGLOGIB (HE <5.7 5.7 - 6.4 >= 6.5 Age > 19 Years rapy:	60.00 - 140.00 BAIC) in %

## COMMENTS:

1.Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliace with therapeutic regimen in diabetic patients. 2.Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbAlc. Converse is true for a diabetic previously under good control but now poorly controlled.

3. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0% may not be appropriate.

4.High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications 5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.

6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term gycemic control.

7.Specimens from patients with polycythemia or post-splenctomy may exhibit increse in HbA1c values due to a somewhat longer life span of the red cells.





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	<b>Dr. Vinay Ch</b> MD (Pathology & Chairman & Con		Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Dr. ABHA MITTAL			
AGE/ GENDER	: 59 YRS/Female	Р	ATIENT ID	: 1636489
COLLECTED BY	: SURJESH	R	EG. NO./LAB NO.	: 012410070033
REFERRED BY	:	R	EGISTRATION DATE	: 07/Oct/2024 10:22 AM
BARCODE NO.	:01518469	C	OLLECTION DATE	: 07/Oct/2024 10:31AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	R	EPORTING DATE	:07/Oct/2024 11:13AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	ERYTH	ROCYTE SEDIM	ENTATION RATE (ESF	2)
	MENTATION RATE (ESR) GATION BY CAPILLARY PHOTOMETE	15 אי	mm/1st h	0 - 20
systemic lupus erytho CONDITION WITH LOV A low ESR can be see (polycythaemia), sigr as sickle cells in sickl NOTE: 1. ESR and C - reactiv 2. Generally, ESR doe 3. CRP is not affected 4. If the ESR is elevat 5. Women tend to ha 6. Drugs such as dext	ematosus <b>W ESR</b> n with conditions that inhibit the ificantly high white blood cell co e cell anaemia) also lower the E e protein (C-RP) are both marker is not change as rapidly as does ( <b>by as many other factors as is ES</b> ed, it is typically a result of two t ve a higher ESR, and menstruation	e normal sedimenta punt (leucocytosis) SR. s of inflammation. CRP, either at the st <b>R, making it a bette</b> types of proteins, gl on and pregnancy ca	tion of red blood cells, su, , and some protein abnor art of inflammation or as <b>r marker of inflammation</b> obulins or fibrinogen. In cause temporary elevat	





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NAME       : Dr. ABHA MITTAL         AGE/ CENDER       : 59 YES/Female       PATIENT ID       : 1636489         COLLECTED BY       : SURIFSII       REG. NO./LAB NO.       : 012410070033         REFERENED SY       :       REGISTRATION DATE       : 07/Oct/2024 10:22 AM         BARCODE NO.       : 01518469       COLLECTION DATE       : 07/Oct/2024 10:22 AM         CLENT CODE       :: KOS DIAGNOSTIC LAB       REPORTING DATE       : 07/Oct/2024 10:23 AM         CLENT CODE       :: KOS DIAGNOSTIC LAB       REPORTING DATE       : 07/Oct/2024 11:05AM         CLENT CODE       :: KOS DIAGNOSTIC LAB       REPORTING DATE       : 07/Oct/2024 11:05AM         CLENT CODE       :: KOS DIAGNOSTIC LAB       REPORTING DATE       : 07/Oct/2024 11:05AM         CLENT CODE       :: G349/1, NICHOLSON ROAD, AMBALA CANTT       : 0300000       : 0100000000000000000000000000000000000		MD (Patho	<b>y Chopra</b> ology & Microbiology) & Consultant Pathologis		(Pathology)
CULLECTED BY       SURJESH       REG.NO./LAB NO.       SU12410070033         REFERRED BY       I:       REGISTRATION DATE       :07/Oct/2024 10.22 AM         BARCODE NO.       :01518469       COLLECTON DATE       :07/Oct/2024 10.32 AM         CLIENT CODE       :00304000STIC LAB       REPORTING DATE       :07/Oct/2024 11.35AM         CLIENT ADDRESS       :6349/1, NICHOLSON ROAD, AMBALA CANT       :07/Oct/2024 11.35AM         CLINICAL CHEMISTRY/BIOCHEMISTRY         ELECTROLYTES COMPLETE PROFILE         SOULW: SERUM       132.1 <sup>1</sup> mmol/L       135.0 - 150.0         by set (on Selectrive ELECTRODE)         9.07       mmol/L       3.50 - 5.00         OCHICLESTROVE         SOULW: SERUM       90.0 - 110.0       90.0 - 110.0         of set (on Selectrive ELECTRODE)         9.07       mmol/L       90.0 - 110.0         VISE (on Selectrive ELECTRODE)         ONDUME         SOULW: SERUM       90.0 - 110.0         NOTACTION:         SOULW: SERUM       90.0 - 110.0         VISE (on Selectrive ELECTRODE)         NOTACTION:         SO	NAME	: Dr. ABHA MITTAL			
REFERENDEY       ::       REGISTRATION DATE       :07./0ct/2024 10.22 AM         BARCODE NO.       ::01518469       COLLECTION DATE       :07./0ct/2024 10.31 AM         CLIENT CODE       ::SOS DIAGNOSTIC LAB       REPORTING DATE       :07./0ct/2024 11.05 AM         CLIENT ADDRESS       :SO349/1, NICHOLSON ROAD, AMBALA CANTT       Biological Reference interval         CLINICAL CHEMISTRY/BIOCHEMISTRY         BIOLOGICAL CHEMISTRY/BIOCHEMISTRY         ELECTROLYTES COMPLETE PROFILE         SODIUM: SERUM       4.26       mmol/L       3.50 - 5.00         by 182 (ono SELECTIVE ELECTRODE)       99.07       mmol/L       90.0 - 110.0         by 182 (ono SELECTIVE ELECTRODE)         OPTASSUM: SERUM         SODIUM: SERUM       4.26       mmol/L       3.50 - 5.00         POTASSUM: SERUM         SODIUM: SERUM       99.07       mmol/L       90.0 - 110.0       by 182 (ono SELECTIVE ELECTRODE)         NICHTRERVERTION:         SODIUM:         SODIUM:         SODIUM:         SOLUM:         SOLUM:         SOLUM:         SOLUM:	AGE/ GENDER	: 59 YRS/Female		PATIENT ID	: 1636489
BARCODE NO. : : 01518469 COLLECTION DATE : : 07/Oct/2024 10:31AM CLEENT CODE : : KOS DIAGNOSTIC LAB REPORTING DATE : : 07/Oct/2024 11:05AM CLEENT ADDRESS : : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interval CLINICAL CHEMISTRY/BIOCHEMISTRY ELECTROLYTES COMPLETE PROFILE SODUM: SERUM 132,1 <sup>1</sup> mmol/l 135.0 - 150.0 by ISE (00 SELECTIVE ELECTRODE) 132,1 <sup>1</sup> mmol/l 3.50 - 5.00 by ISE (00 SELECTIVE ELECTRODE) 99.07 mmol/L 90.0 - 110.0 by ISE (00 SELECTIVE ELECTRODE) 99.07 mmol/L 90.0 - 110.0 by ISE (00 SELECTIVE ELECTRODE) 99.07 mmol/L 90.0 - 110.0 by ISE (00 SELECTIVE ELECTRODE) CHLORIDE: SERUM 99.07 mmol/L 90.0 - 110.0 by ISE (00 SELECTIVE ELECTRODE) SODUM: SERUM 4.26 mmol/L 90.0 - 110.0 by ISE (00 SELECTIVE ELECTRODE) SODUM: SOUTH 100 SO	COLLECTED BY	: SURJESH		REG. NO./LAB NO.	: 012410070033
CLIENT CODE       : KOS DIAGNOSTIC LAB       REPORTING DATE       : 07/Oct/2024 11:05AM         CLIENT ADDRESS       : 6349/1, NICHOLSON ROAD, AMBALA CANTT       Biological Reference interval         CLINICAL CHEMISTRY/BIOCHEMISTRY         CLINICAL CHEMISTRY/BIOCHEMISTRY         ELECTROLYTES COMPLETE PROFILE         SODIUM: SERUM       132.0       135.0       150.0         by SE (or SELECTIVE ELECTRODE)         NON SELECTIVE ELECTRODE)         NON SELECTIVE ELECTRODE)         NON SELECTIVE ELECTRODE)         MICHONE: SERUM         SODIUM: SERUM         9.07 <mmol l<="" td="">       3.50         NON SELECTIVE ELECTRODE)         SODIUM SOULD LEVEL CAUSES:         1.00% SOLICM HEVEL CAUSES:         1.00% SOLICM HEVEL CAUSES:         1.00% SOLICM HEVEL CAUSES:         1.00% SOLICM HEVEL CAUSES:</mmol>	REFERRED BY	:		<b>REGISTRATION DATE</b>	: 07/Oct/2024 10:22 AM
CLIERT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANT Test Name Value Unit Biological Reference interval CLINICAL CHEMISTRY/BIOCHEMISTRY ELECTROLYTES COMPLETE PROFILE SODIUM: SERUM 132,1 <sup>1</sup> mmol/l 135.0 · 150.0 by ES (000 SELECTIVE ELECTRODE) 90.07 mmol/l 3.50 · 5.00 by ES (001 SELECTIVE ELECTRODE) 90.07 mmol/l 90.0 · 110.0 by ES (001 SELECTIVE ELECTRODE) MIEMERITATION: SOUTH SOUTH SOUTH SOUTH SOUTH SOUTH SOUTH SOUTH SOUTH SOUTH SOUTH SOUTH SOUTH South 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. HYPONATEMIA (LOW SOUTH LEVEL) CAUSES: 1.00 south intake. SOUTH South 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. HYPONATEMIA (LOW SOUTH LEVEL) CAUSES: 1.00 south intake. South Is the major cation of extra-cellular fluid. South exter and iadequate salt replacement. 3.00 the failure 3.00 the failure South Is the major cation of the intracellular fluid. 90% of potassium is concentrated within the cells. When cells are damaged, potassium 3.01 bette cationsis 3.01 be	BARCODE NO.	:01518469		<b>COLLECTION DATE</b>	: 07/Oct/2024 10:31AM
Test Name       Value       Unit       Biological Reference interval         CLINICAL CHEMISTRY/BIOCHEMISTRY         CLINICAL CHEMISTRY/BIOCHEMISTRY         ELECTROLYTES COMPLETE PROFILE         SODIUM: SERUM       132.1 <sup>1</sup> mmol/L       3.50 - 150.0         by SE (on SELECTIVE ELECTRODE)         INTERPRETATION:         SODIUM:         SODIUM:         SOLIW:         SODIUM LEVEL) CAUSES:-         1. Low sodium Intake.         2. Sodium loss due to diarchea & vomiting with adequate water and ladequate salt replacement.         Diartetics aduess.         A salt lossing nephropathy.         Solution:         Sonium: <td< th=""><th>CLIENT CODE.</th><th>: KOS DIAGNOSTIC LAB</th><th></th><th>REPORTING DATE</th><th>: 07/Oct/2024 11:05AM</th></td<>	CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 07/Oct/2024 11:05AM
CLINICAL CHEMISTRY/BIOCHEMISTRY         ELECTROLYTES COMPLETE PROFILE         SODIUM: SERUM         by BE (ON SELECTIVE ELECTRODE)         POTASSIUM: SERUM         by BE (ON SELECTIVE ELECTRODE)         OPTONSIUM: SERUM         by BE (ON SELECTIVE ELECTRODE)         OPTON         OPTON         MITEMPRITATION:         SODIUM:         SOLUM EVELOP COLSPAN         SOLUM	CLIENT ADDRESS	: 6349/1, NICHOLSON F	ROAD, AMBALA CANTT		
ELECTROLYTES COMPLETE PROFILE         SODIUM: SERUM       132.1 <sup>L</sup> mmol/L       135.0 - 150.0         Monoral Serum       3.50 - 5.00         POTASSIUM: SERUM       9.07       mmol/L       90.0 - 110.0         by ise (ion selectrice electricode)         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.         MYPOMATREMIA (LOW SODIUM LEVEL) CAUSES:-         1. Low sodium intake.         2. Sodium loss due to diarrhea & vomiting with adequate water and iadequate salt replacement.         Sodium loss due to diarrhea & vomiting with adequate water and iadequate salt replacement.         Sodium loss due to diarrhea & vomiting with adequate water and iadequate salt replacement.         Sodium loss due to diarrhea & vomiting with adequate salt replacement.         Sodium loss due to diarrhea & vomiting with adequate salt replacement.         Sodium loss due to diarrhea & vomiting with adequate salt replacement.         Sodium loss due to diarrhea & vomiting with adequate salt replacement.         Diarbetic acidosis         A ditolosing nephropathy.	Test Name		Value	Unit	Biological Reference interval
SODULY: SERUM by SE (ON SELECTIVE ELECTRODE)       132.1L       mmol/L       135.0 - 150.0         POTASSIUM: SERUM by SE (ON SELECTIVE ELECTRODE)       4.26       mmol/L       3.50 - 5.00         POTASSIUM: SERUM by SE (ON SELECTIVE ELECTRODE)       99.07       mmol/L       90.0 - 110.0         PHOENDE: SERUM by SE (ON SELECTIVE ELECTRODE)       99.07       mmol/L       90.0 - 110.0         WITERPRETATION: SODUM: 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.       Note: Sodium instake.       Sodium instake.         1. Low sodium intake.       3.00 citian instake.       Sodium ios due to diarrhea & vomiting with adequate water and iadequate salt replacement.       Sodium instake.         2. Sodium loss due to diarrhea & vomiting with adequate water and iadequate salt replacement.       Sodium instake.       Sodium instake.         3. Outretics abuses.       4. Salt loosing nephropathy.       Sodium instake.       Sodium instake.         3. Adrencocrtical issufficiency .       .       .       .       .         1. Hyperapnea (Prolonged)       .       .       .       .       .         3. Diabetic acidosis       .       .       .       .       .       .         1. Diabetic acidosis       .       .       .       .<			CLINICAL CHEMIS	STRY/BIOCHEMISTR	Y
by SE (ON SELECTIVE ELECTRODE)       1.201         POTASSIUM: SERUM       4.26       mmol/L       3.50 - 5.00         by ISE (ION SELECTIVE ELECTRODE)       99.07       mmol/L       90.0 - 110.0         by ISE (ION SELECTIVE ELECTRODE)       99.07       mmol/L       90.0 - 110.0         by ISE (ION SELECTIVE ELECTRODE)       99.07       mmol/L       90.0 - 110.0         by ISE (ION SELECTIVE ELECTRODE)       WINTERPRETATION:-       SODIUM:       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. Diartics abuses.         4. Salt lossing nephropathy.       5. Metabolic acidosis       5. Adrencortical Issuficiency .         5. Metabolic acidosis       6. Jiabeti cacidosis       5. Jiabeti cacidosis         6. Juabeti cacidosis       5. Dehydration         POTASSIUM:       Potassium is the major cation in the intracellular fluid. 90% of potassium is concentrated within the cells. When cells are damaged, potassiun released in the blood.         MYPCKALEMIA (UNCREASED POTASSIUM LEVELS):-       1.         Diarbetea, vomiting & malabsorption.       2. Severe Burns. <t< td=""><th></th><td></td><td>ELECTROLYTES</td><td>COMPLETE PROFILE</td><td></td></t<>			ELECTROLYTES	COMPLETE PROFILE	
POTASSIUM: SERUM 4.26 mmol/L 3.50 - 5.00 by Ise (ION SELECTIVE ELECTRODE) CHUORIDE: SERUM 90.0 - 110.0 by ISE (ION SELECTIVE ELECTRODE) MITERPRETATION: 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. Adrenocorrical issuficiency . 7. Hepatic failure. HYPERNATREMIA (INCREASED SODIUM LEVEL) CAUSES:- 1. Hyperapane (Prolonged) 2. 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 released in the blood. HYPOKALEMIA (LOW POTASSIUM LEVELS):- 1. Diarrhoea, vomiting & malabsorption. 2. Severe Burns. 3. Increased Secretions of Aldosterone HYPERKALEMIA (INCREASED POTASSIUM LEVELS):-		(E ELECTRODE)	132.1 <sup>L</sup>	mmol/L	135.0 - 150.0
CHLORIDE: SERUM 99.07 mmol/L 90.0 - 110.0 by Ise (ION SELECTIVE ELECTRODE) INTERPRETATION: SODIUM: SODIUM: 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 intake. 2. Sodium intake. 3. Diaretics abuses. 4. Salt loosing nephropathy. 5. Metabolic acidosis. 6. Adrenocortical issufficiency . 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 released in the blood. HYPOKALEMIA (LOW POTASSIUM LEVELS):- 1. Diarrhoea, vomiting & malabsorption. 2. Severe Burns. 3. Increased Secretions of Aldosterone HYPERKALEMIA (INCREASED POTASSIUM LEVELS):-	POTASSIUM: SERUM		4.26	mmol/L	3.50 - 5.00
INTERPRETATION: SODIUM:- 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. HYPENNATREMIA (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 released in the blood. HYPOKALEMIA (LOW POTASSIUM LEVELS):- 1. Diarrhoea, vomiting & malabsorption. 2. Severe Burns. 3. Increased Secretions of Aldosterone HYPEKALEMIA (INCREASED POTASSIUM LEVELS):-	CHLORIDE: SERUM		99.07	mmol/L	90.0 - 110.0
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	Potassium is the major released in the blood <b>HYPOKALEMIA (LOW</b> 1.Diarrhoea, vomiting 2. Severe Burns. 3.Increased Secretion <b>HYPERKALEMIA (INCR</b>	<b>POTASSIUM LEVELS):-</b> g & malabsorption. Is of Aldosterone		um is concentrated within	the cells. When cells are damaged, potassium

KOS Diagnostic Lab (A Unit of KOS Healthcare)

DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)



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	<b>Dr. Vinay Chopra</b> MD (Pathology & Microb Chairman & Consultant F		(Pathology)
NAME	: Dr. ABHA MITTAL		
AGE/ GENDER	: 59 YRS/Female	PATIENT ID	: 1636489
COLLECTED BY	: SURJESH	<b>REG. NO./LAB NO.</b>	: 012410070033
<b>REFERRED BY</b>	:	<b>REGISTRATION DATE</b>	: 07/Oct/2024 10:22 AM
BARCODE NO.	: 01518469	<b>COLLECTION DATE</b>	:07/Oct/2024 10:31AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	<b>REPORTING DATE</b>	:07/Oct/2024 11:05AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBAL	A CANTT	
Test Name	V	alue Unit	Biological Reference interval

2.Renal failure or Shock

3.Respiratory acidosis

4.Hemolysis of blood

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



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