



KOS Diagnostic Lab (A Unit of KOS Healthcare)

Dr. Vinay Chopra MD (Pathology & Microbiolog Chairman & Consultant Patho		/ & Microbiology)		
NAME	: Mrs. REKHA		DATIENT	.050500
AGE/ GENDER	: 46 YRS/FEMALE		PATIENT ID	: 959582 : 012410190006
COLLECTED BY REFERRED BY			REG. NO./LAB NO. REGISTRATION DATE	
BARCODE NO.	:01519151		COLLECTION DATE	: 19/Oct/2024 08:43AM
LIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 19/Oct/2024 10:07AM
LIENT ADDRESS	: 6349/1, NICHOLSON ROAI	D, AMBALA CANTT	,	
Test Name		Value	Unit	Biological Reference interval
	CLI	NICAL CHEMIS	STRY/BIOCHEMIST	RY
CALCIUM: SERUM		9.62	mg/dL	8.50 - 10.60
. The calcium conternd <1% is present ir . In serum, calcium resent as free or ior <i>IOTE:-</i> Calcium ions a ddition, calcium ion IVPOCALCEMIA (LOV . Due to the absence . Chronic renal failund skeletal resistant . <i>NOTE:-</i> A character IVPERCALCEMIA (INC . Increased mobiliza . Primary hyperpara . Bone metastasis of	In the extra-osseous intracellula is bound to a considerable extension ized calcium. Iffect the contractility of the he is play an important role in blo V CALCIUM LEVELS) CAUSES :- e or impaired function of the part re is also frequently associate to the action of parathyroid istic symptom of hypocalcemia CREASE CALCIUM LEVELS) CAUS tion of calcium from the skele	- 1 kg (about 2% of ar space or extrace ent to proteins (ap) eart and the skeleta bod clotting and bo arathyroid glands of d with hypocalcem hormone (PTH). a is latent or manifi- tal system or increa- tate, thyroid gland,	the body weight).Of this, Ilular space (ECS). proximately 40%), 10% is al musculature, and are e one mineralization. or impaired vitamin-D syn ia due to decreased vitat est tetany and osteomala ased intestinal absorptio or lung.	min-D synthesis as well as hyperphosphatemia acia.
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