

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

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

NAME : Mrs. SHOBHA DHAWAN

AGE/ GENDER : 82 YRS/FEMALE **PATIENT ID** : 1661684

COLLECTED BY : SURJESH REG. NO./LAB NO. :012411050066

REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT) **REGISTRATION DATE** : 05/Nov/2024 01:10 PM BARCODE NO. :01520162 **COLLECTION DATE** : 05/Nov/2024 01:44PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 05/Nov/2024 03:13PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Value Unit **Biological Reference interval Test Name**

CLINICAL CHEMISTRY/BIOCHEMISTRY **CHOLESTEROL: SERUM**

CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP

231.24^H

mg/dL

OPTIMAL: < 200.0

BORDERLINE HIGH: 200.0 -

239.0

HIGH CHOLESTEROL: > OR =

240.0

INTERPRETATION:

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	CHOLESTEROL IN ADULTS (mg/dL)	CHOLESTEROL IN ADULTS (mg/dL)
DESIRABLE	< 200.0	< 170.0
BORDERLINE HIGH	200.0 - 239.0	171.0 – 199.0
HIGH	>= 240.0	>= 200.0

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.

2. As per National Lipid association - 2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST





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NAME : Mrs. SHOBHA DHAWAN

AGE/ GENDER : 82 YRS/FEMALE **PATIENT ID** : 1661684

COLLECTED BY : SURJESH REG. NO./LAB NO. : 012411050066

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CLIENT ADDRESS: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name		Value	Unit	Biological Reference interval
	EL	ECTROLYTES CO	MPLETE PROFILE	

SODIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)	143.8	mmol/L	135.0 - 150.0
POTASSIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)	4.95	mmol/L	3.50 - 5.00
CHLORIDE: SERUM by ISE (ION SELECTIVE ELECTRODE)	107.85	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:-

- 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



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

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Test Name Value Unit Biological Reference interval

4. Hemolysis of blood

*** End Of Report ***



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