

(A Unit of KOS Healthcare)



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

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

NAME : Mrs. KAMAL CHOPRA

AGE/ GENDER : 93 YRS/FEMALE **PATIENT ID** :1713542

COLLECTED BY :012501010024 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 01/Jan/2025 12:54 PM BARCODE NO. :01523298 **COLLECTION DATE** : 01/Jan/2025 12:57PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 01/Jan/2025 01:53PM

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

Value Unit **Biological Reference interval Test Name**

CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA 177.2H NORMAL: < 140.00 mg/dL

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) PREDIABETIC: 140.0 - 200.0

DIABETIC: > 0R = 200.0

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-prnadial 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.



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST





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Test Name Value Unit Biological Reference interval

CREATININE

CREATININE: SERUM 1.16 mg/dL 0.40 - 1.20 by ENZYMATIC, SPECTROPHOTOMETRY

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Test Name	Value	Unit	Biological Reference interval

ELECTROLYTES COMPLETE PROFILE

SODIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)	136.2	mmol/L	135.0 - 150.0
POTASSIUM: SERUM by ISE (ION SELECTIVE ELECTRODE)	5.2 ^H	mmol/L	3.50 - 5.00
CHLORIDE: SERUM	102.15	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



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Test Name Value Unit Biological Reference interval

4.Hemolysis of blood

*** End Of Report ***



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