

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. ABHA MITTAL

AGE/ GENDER : 59 YRS/FEMALE **PATIENT ID** :1714706

COLLECTED BY : SURJESH :012501030007 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 03/Jan/2025 10:28 AM BARCODE NO. :01523363 **COLLECTION DATE** : 03/Jan/2025 10:49AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE :03/Jan/2025 12:18PM

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

Value Unit **Biological Reference interval Test Name**

CLINICAL CHEMISTRY/BIOCHEMISTRY GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA NORMAL: < 100.0 112.61^H mg/dL

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) PREDIABETIC: 100.0 - 125.0

DIABETIC: > 0R = 126.0

INTERPRETATION
IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.

2. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood

test (after consumption of 75 gms of glucose) is recommended for all such patients.

3. A fasting plasma glucose level of above 125 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
	ELECTROLYTES CO	MPLETE PROFILE	
SODIUM: SERUM	138.8	mmol/L	135.0 - 150.0

by ISE (ION SELECTIVE ELECTRODE)

POTASSIUM: SERUM
by ISE (ION SELECTIVE ELECTRODE)

CHLORIDE: SERUM

104.1

mmol/L

90.0 - 110.0

by ISE (ION SELECTIVE ELECTRODE)

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)



KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana



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Test Name Value Unit **Biological Reference interval**

4. Hemolysis of blood

End Of Report



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