NAME	**: Mr. S.C DHAWAN**		
AGE/ GENDER	: 96 YRS/MALE	**PATIENT ID**	: 1767817
COLLECTED BY	: SURJESH	**REG. NO./LAB NO.**	**: 012502240015**
REFERRED BY	: CENTRAL PHOENIX CLUB (AMBALA CANTT)	**REGISTRATION DATE**	: 24/Feb/2025 09:47 AM
BARCODE NO.	: 01526058	**COLLECTION DATE**	: 24/Feb/2025 10:17AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 24/Feb/2025 11:14AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	76.73	mg/dL	NORMAL: < 100.0 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.

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CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 24/Feb/2025 12:33PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
UREA			
UREA: SERUM *by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)*	**61.4^{H}**	mg/dL	10.00 - 50.00

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Test Name	Value	Unit	Biological Reference interval
CREATININE			
CREATININE: SERUM *by ENZYMATIC, SPECTROPHOTOMETRY*	**1.61^{H}**	mg/dL	0.40 - 1.40

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BARCODE NO.	: 01526058	**COLLECTION DATE**	: 24/Feb/2025 10:17AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 24/Feb/2025 11:28AM
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Test Name	Value	Unit	Biological Reference interval
ELECTROLYTES COMPLETE PROFILE			
SODIUM: SERUM *by ISE (ION SELECTIVE ELECTRODE)*	140.7	mmol/L	135.0 - 150.0
POTASSIUM: SERUM *by ISE (ION SELECTIVE ELECTRODE)*	**6.43^{H}**	mmol/L	3.50 - 5.00
CHLORIDE: SERUM *by ISE (ION SELECTIVE ELECTRODE)*	105.53	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:-

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.

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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