

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

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

<b>NAME</b>	: Mrs. HARDEVI	<b>PATIENT ID</b>	: 1499326
<b>AGE/ GENDER</b>	: 82 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 042407180006
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 18/Jul/2024 03:26 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 18/Jul/2024 03:43PM
<b>BARCODE NO.</b>	: A0433669	<b>REPORTING DATE</b>	: 18/Jul/2024 04:31PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC SHAHBAD		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### ELECTROLYTES COMPLETE PROFILE

SODIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	140.5	mmol/L	135.0 - 150.0
POTASSIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	4.22	mmol/L	3.50 - 5.00
CHLORIDE: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	105.38	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 insufficiency .
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



  
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2.Renal failure or Shock  
 3.Respiratory acidosis  
 4.Hemolysis of blood

\*\*\* End Of Report \*\*\*



  
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