

PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

■ 0171-2532620, 8222896961 ■ pkrjainhealthcare@gmail.com

NAME : Mrs. NEELAM KHOSLA

AGE/ GENDER : 59 YRS/FEMALE **PATIENT ID** : 1340985

COLLECTED BY REG. NO./LAB NO. : 122407200018

REFERRED BY **REGISTRATION DATE** : 20/Jul/2024 11:39 AM BARCODE NO. : 12503708 **COLLECTION DATE** : 20/Jul/2024 12:08PM

CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 20/Jul/2024 01:32PM

CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

Test Name Value Unit **Biological Reference interval**

CLINICAL CHEMISTRY/BIOCHEMISTRY

UREA

51.61^H 10.00 - 50.00 **UREA: SERUM** mg/dL by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)

CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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





CLIENT CODE.



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NAME : Mrs. NEELAM KHOSLA

by ENZYMATIC, SPECTROPHOTOMETRY

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CREATININE

CREATININE: SERUM 1.25^H mg/dL 0.40 - 1.20



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ELECTROLYTES PROFILE: SODIUM AND POTASSIUM

SODIUM: SERUM 139.4 mmol/L 135.0 - 150.0

by ISE (ION SELECTIVE ELECTRODE)

POTASSIUM: SERUM 4.96 mmol/L 3.50 - 5.00

by ISE (ION SELECTIVE ELECTRODE)

INTERPRETATION:-SODIUM:-

CLIENT CODE.

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
- 4.Hemolysis of blood

*** End Of Report ***

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



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