



# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

## A PIONEER DIAGNOSTIC CENTRE

☎ 0171-2532620, 8222896961 ✉ pkrajainhealthcare@gmail.com

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

<b>NAME</b>	: Mrs. SAROJ	<b>PATIENT ID</b>	: 1805792
<b>AGE/ GENDER</b>	: 72 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 122503250031
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 25/Mar/2025 02:43 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 25/Mar/2025 04:30PM
<b>BARCODE NO.</b>	: 12507709	<b>REPORTING DATE</b>	: 25/Mar/2025 05:06PM
<b>CLIENT CODE.</b>	: P.K.R JAIN HEALTHCARE INSTITUTE		
<b>CLIENT ADDRESS</b>	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

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

#### ELECTROLYTES PROFILE: SODIUM AND POTASSIUM

SODIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	140.3	mmol/L	135.0 - 150.0
POTASSIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	4.66	mmol/L	3.50 - 5.00

#### 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 inadequate 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
2. Renal failure or Shock
3. Respiratory acidosis



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4.Hemolysis of blood

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



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