

Client
Gurugram
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

| | | | |
|------------------|------------------|---------------------|-----------------------|
| Name | : Mr. BC20S | Billing Date | : 07/07/2023 12:32:19 |
| Age | : 35 Yrs | Sample Collected on | : 10/07/2023 10:01:31 |
| Sex | : Male | Sample Received on | : 10/07/2023 11:02:13 |
| P. ID No. | : P1000100012959 | Report Released on | : 14/07/2023 20:33:41 |
| Accession No | : 10002305015 | Barcode No. | : 10002305015-01 |
| Referring Doctor | : Self | Ref no. | : |
| Referred By | : | | |

Report Status - Final

| Test Name | Result | Biological Ref. Interval | Unit |
|-----------|--------|--------------------------|------|
|-----------|--------|--------------------------|------|

BIOCHEMISTRY

Electrolyte Extended Panel

| | | | |
|--|-----|------------|--------|
| Sodium <i>Sample: Serum</i> <i>Method: ISE</i> | 145 | 136 - 145 | mmol/L |
| Potassium <i>Sample: Serum</i> <i>Method: ISE</i> | 3.9 | 3.5 - 5.1 | mmol/L |
| Chloride <i>Sample: Serum</i> <i>Method: ISE</i> | 104 | 97 - 107 | mmol/L |
| Calcium <i>Sample: Serum</i> <i>Method: Spectrophotometry - OCC</i> | 9.6 | 8.6 - 10.0 | mg/dL |
| Phosphorus <i>Sample: Serum</i> <i>Method: Spectrophotometry-Phosphomolybdate Reduction</i> | 4.5 | 2.6 - 4.5 | mg/dL |
| Magnesium <i>Method: Spectrophotometry-Xylidyl blue</i> | 2.6 | 1.6 - 2.6 | mg/dL |

Sodium

Clinical Significance :

Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.

Potassium

Clinical Significance :

Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and

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hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.

Chloride

Clinical Significance :

"Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication, syndrome of inappropriate antidiuretic hormone secretion, and conditions associated with expansion of extracellular fluid volume."

Calcium

Serum Calcium levels are used to monitor and diagnose a wide range of diseases of bone, kidney, parathyroid gland, or gastrointestinal tract. Calcium levels may also reflect abnormal vitamin D or protein levels. Hypocalcemia or low serum calcium levels is associated with absent or decreased function of the parathyroid glands, impaired vitamin-D synthesis, low dietary intake and chronic renal failure. Hypercalcemia is due to increased mobilization of calcium from the skeletal system or increased intestinal absorption. It is usually seen in case of primary hyperparathyroidism (pHPT) or bone metastasis of carcinoma of the breast, prostate, thyroid gland, or lung.

Phosphorus

Clinical Significance :

Serum phosphorus levels are low in case of shift of phosphate from extracellular to intracellular space, renal phosphate wasting, loss from the gastrointestinal tract, and loss from intracellular stores. Serum Phosphorus levels rise when the kidneys have an inability to excrete phosphate, increased intake or a shift from of phosphate from the tissues into the extracellular fluid.

Magnesium

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Clinical Significance :

"Serum Magnesium levels are raised in acute and chronic renal failure, magnesium overload and magnesium release from the intracellular space. Low serum magnesium levels are seen in chronic alcoholism, childhood malnutrition, lactation, malabsorption, acute pancreatitis, hypothyroidism, chronic glomerulonephritis, aldosteronism, and prolonged intravenous feeding."

** End of Report**



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