

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. BC21	Billing Date	: 07/07/2023 12:10:23
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.	: P1000100012331	Report Released on	: 14/07/2023 18:10:37
Accession No	: 10002304387	Barcode No.	: 10002304387-02, 10002304387-01
Referring Doctor	: Self	Ref no.	:
Referred By	:		

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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BIOCHEMISTRY

Electrolytes (Na/K/Cl), Urine

Sodium, Urine

# Total Volume	2500		ml
<i>Sample: 24Hrs. Urine</i>			
Urine Sodium	60	40 - 220	mmol/ 24 hrs
<i>Sample: Urine</i>			
Urine Sodium	150	71 - 171	mmol/L
<i>Sample: Urine</i>			

Potassium, 24 Hrs Urine

# Total Volume	2500		ml
<i>Sample: 24Hrs. Urine</i>			
# Urine Potassium	35	25 - 125	nmmol/ 24 hrs
<i>Sample: Urine</i>			
Urine Potassium	35	32 - 83	mmol/L
<i>Sample: Urine</i>			

Chloride, Urine

# Total Volume	2500		ml
<i>Sample: 24Hrs. Urine</i>			
Urine Chloride	115	110 - 250	mmol/ 24 hrs
<i>Sample: Urine</i>			
Urine Chloride	288 H	75 - 199	mmol/L
<i>Sample: Urine</i>			
<i>Method: ISE</i>			

**Sodium, Urine**

10002304387 Mr. BC21



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#### Clinical Significance :

Urine Sodium in a 24 hour urine sample is tested to assess acid-base balance, water balance, water intoxication and dehydration. Urinary sodium level varies with dietary intake, and there is a large diurnal variation. High urinary Sodium levels are seen in diuretic therapy, salt-losing nephropathies or adrenal insufficiency. low urine sodium may be seen in nephrotic syndrome and some other non-renal causes.

#### **Potassium, 24 Hrs Urine**

#### Clinical Significance :

Urine potassium test is performed to ascertain the cause of hyper kalemia or hypokalemia.

#### **Chloride, Urine**

#### Clinical Significance :

"Chloride is the major extracellular anion and it is involved in maintaining osmotic pressure, proper body hydration, and electric neutrality. Usually urine chloride levels reflect ingested chloride in a steady state, but renal excretion of chloride may not reflect intake in conditions like states of extracellular volume depletion. Estimation of chloride levels in 24-hour urine specimen is used as an indicator of fluid balance and acid-base homeostasis. Values usually remain in tandem with urinary Sodium levels. During states of extracellular volume depletion, low values indicate appropriate renal reabsorption of these ions, whereas high values indicate inappropriate excretion. Urinary sodium and chloride excretion may be dissociated during metabolic alkalosis with volume depletion where urine sodium excretion is usually high but urine chloride excretion remains low."

\*\* End of Report\*\*



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Senior Consultant

