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MEDICAL LABORATORY

Laboratory Investigation Report

BML286365

Name	:	Mr. RABIULLAH MIZANUR RAHMAN	**Ref No.**	:	41161
DOB	:	01/06/1979	**Sample No.**	:	2310289972
Age / Gender	:	44 Y / Male	**Collected**	:	16/10/2023 19:00
Referred by	:	DR RASHMI	**Registered**	:	16/10/2023 21:59
Centre	:	Peshawar Medical Center LLC	**Reported**	:	17/10/2023 19:59

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
ELECTROLYTES (Na,K,Cl)					
SODIUM (NA)	138		mmol/L	136 - 145	ISE (Indirect)
POTASSIUM (K)	**5.8**	**H**	mmol/L	3.5 - 5.1	ISE (Indirect)
CHLORIDE (CL)	103		mmol/L	98 - 107	ISE (Indirect)

Comments : Please correlate clinically. advice: repeat freshly collected sample

Interpretation Notes :

Sodium (NA)

Hypernatremia will be seen in dehydration, Cushing syndrome, central or nephrogenic diabetes insipidus with insufficient fluids, primary aldosteronism, lactic acidosis, azotemia, weight loss, nonketotic hyperosmolar coma. Hyponatremia occurs with nephrotic syndrome, cachexia, hypoproteinemia, intravenous glucose infusion, in congestive heart failure, and other clinical entities. Serum sodium is a predictor of cardiovascular mortality in patients in severe congestive heart failure. Addison disease, hypopituitarism, cirrhosis, hypertriglyceridemia, and psychogenic polydipsia.

Chloride (CL)

Increased level is seen in dehydration, with ammonium chloride administration, with renal tubular acidosis (hyperchloremic metabolic acidosis), and with an excessive infusion of normal saline, hyperparathyroidism. Decreased level with overhydration, congestive failure, syndrome of inappropriate secretion of ADH, vomiting, gastric suction, chronic respiratory acidosis, Addison disease, salt-losing nephritis, burns, metabolic alkalosis, and in some instances of diuretic therapy.

Sample Type : Serum

End of Report

Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

HALEEM HAKKIM
Laboratory Technician

This is an electronically authenticated report

Printed on: 17/10/2023 20:01

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