



BML461216

## Laboratory Investigation Report

|                     |                                       |                   |                    |
|---------------------|---------------------------------------|-------------------|--------------------|
| <b>Name</b>         | : Ms. MARYAM HESHAM FADEL MOHAMED ALY | <b>Ref No.</b>    | : 43672            |
| <b>DOB</b>          | : 10/07/1996                          | <b>Sample No.</b> | : 2409471510       |
| <b>Age / Gender</b> | : 28 Y / Female                       | <b>Collected</b>  | : 03/09/2024 21:00 |
| <b>Referred by</b>  | : DR ENOMEN                           | <b>Registered</b> | : 03/09/2024 22:09 |
| <b>Centre</b>       | : CITICARE MEDICAL CENTER             | <b>Reported</b>   | : 03/09/2024 23:08 |

### BIOCHEMISTRY

| Test                          | Result | Flag | Unit   | Reference Range                                        | Methodology    |
|-------------------------------|--------|------|--------|--------------------------------------------------------|----------------|
| <b>ELECTROLYTES (Na,K,Cl)</b> |        |      |        |                                                        |                |
| <b>SODIUM (NA)</b>            | 136    |      | mmol/L | 136 - 145<br>Please note change.<br>Source: Roche IFU. | ISE (Indirect) |
| <b>POTASSIUM (K)</b>          | 4.2    |      | mmol/L | 3.5 - 5.1<br>Please note change.<br>Source: Roche IFU. | ISE (Indirect) |
| <b>CHLORIDE (CL)</b>          | 104    |      | mmol/L | 98 - 107<br>Please note change.<br>Source: Roche IFU.  | ISE (Indirect) |

#### INTERPRETATION NOTES :

##### Sodium (NA)

Hyponatremia 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

  
**NAZAR MOHAMED ALI**  
Laboratory Technologist

This is an electronically authenticated report

Page 1 of 1

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Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.

