



BML462482

## Laboratory Investigation Report

**Name** : Miss. FATIMA EZZAHRA  
**DOB** : 29/07/1994  
**Age / Gender** : 30 Y / Female  
**Referred by** : DR. HUMAIRA MUMTAZ  
**Centre** : CITICARE MEDICAL CENTER

**Ref No.** :  
**Sample No.** : 2409472804  
**Collected** : 06/09/2024 12:15  
**Registered** : 07/09/2024 10:33  
**Reported** : 07/09/2024 14:21

### BIOCHEMISTRY

| Test          | Result | Flag | Unit   | Reference Range                                       | Methodology    |
|---------------|--------|------|--------|-------------------------------------------------------|----------------|
| CHLORIDE (CL) | 104    |      | mmol/L | 98 - 107<br>Please note change.<br>Source: Roche IFU. | ISE (Indirect) |

#### INTERPRETATION NOTES :

Increased level is seen in dehydration, with ammonium chloride administration, with renal tubular acidosis (hyperchloremic metabolic acidosis) and with 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.

| Test | Result | Flag | Unit  | Reference Range | Methodology        |
|------|--------|------|-------|-----------------|--------------------|
| IRON | 54     |      | ug/dL | 50 - 170        | Colorimetric assay |

#### INTERPRETATION NOTES :

Increased iron or Chronic iron overload may be due to excessive iron intake, hereditary hemochromatosis, multiple blood transfusions, and a few other conditions.  
Decreased level leads to Iron deficiency may be seen with insufficient intake, inadequate absorption or increased nutrient requirements as seen during pregnancy or with acute or chronic blood loss

| Test          | Result | Flag | Unit   | Reference Range                                        | Methodology    |
|---------------|--------|------|--------|--------------------------------------------------------|----------------|
| POTASSIUM (K) | 5.3    | H    | mmol/L | 3.5 - 5.1<br>Please note change.<br>Source: Roche IFU. | ISE (Indirect) |

**Comments** : Rechecked. Please correlate clinically. Advice: Repeat testing with fresh sample if required

| Test        | Result | Unit   | Reference Range                                        | Methodology    |
|-------------|--------|--------|--------------------------------------------------------|----------------|
| SODIUM (NA) | 140    | mmol/L | 136 - 145<br>Please note change.<br>Source: Roche IFU. | ISE (Indirect) |

#### INTERPRETATION NOTES :

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.

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

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

**Greeshma P Sidharthan**

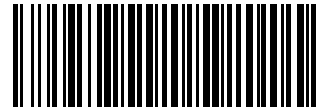
This is an electronically authenticated report

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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.





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### IMMUNOLOGY

| Test     | Result | Flag | Unit  | Reference Range                                                     | Methodology |
|----------|--------|------|-------|---------------------------------------------------------------------|-------------|
| FERRITIN | 23     |      | ng/mL | 6 - 175<br>Please note change.<br>Source: Mayo Clinic Laboratories. | ECLIA       |

#### INTERPRETATION NOTES :

##### Interpretation:

Increased level is seen in haemochromatosis, porphyria, rheumatoid arthritis, liver disease, hyperthyroidism, adult stills disease, type 2 diabetes, leukemia, Hodgkins lymphoma, iron poisoning, in inflammation, frequent blood transfusion, alcohol abuse  
Decreased level is seen in any Iron deficiency conditions such as heavy menstrual bleeding, pregnancy, not enough iron in the diet, or bleeding inside the intestinal tract (from ulcers, colon polyps, colon cancer, hemorrhoids, or other conditions).

Sample Type : Serum

End of Report

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

*Vyoma V. Shah*  
**Dr. Vyoma V Shah**  
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**Clinical Pathologist**

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