



BML463371

Laboratory Investigation Report

Name	: Mr. ARBAZ AZIZ AHMED SHAIKH	Ref No.	: 44065
DOB	: 28/09/1996	Sample No.	: 2409473702
Age / Gender	: 27 Y / Male	Collected	: 08/09/2024 19:00
Referred by	: DR. HUMAIRA MUMTAZ	Registered	: 08/09/2024 20:56
Centre	: CITICARE MEDICAL CENTER	Reported	: 08/09/2024 21:53

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
CHLORIDE (CL)	103		mmol/L	98 - 107 Please note change. 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.

POTASSIUM (K)	4.7		mmol/L	3.5 - 5.1 Please note change. Source: Roche IFU.	ISE (Indirect)
SODIUM (NA)	137		mmol/L	136 - 145 Please note change. 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

NAZAR MOHAMED ALI
Laboratory Technologist

This is an electronically authenticated report

Page 1 of 2

Printed on: 08/09/2024 21:55

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.





BML463371

Laboratory Investigation Report

Name : Mr. ARBAZ AZIZ AHMED SHAIKH
DOB : 28/09/1996
Age / Gender : 27 Y / Male
Referred by : DR. HUMAIRA MUMTAZ
Centre : CITICARE MEDICAL CENTER

Ref No. : 44065
Sample No. : 2409473702
Collected : 08/09/2024 19:00
Registered : 08/09/2024 20:56
Reported : 08/09/2024 21:53

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
LIPID PROFILE TEST					
CHOLESTEROL (TOTAL)	221	H	mg/dl	Desirable: < 200 Borderline High: 200 - 239 High: = 240 Please note change. Source: Roche IFU.	Enzymatic colorimetric assay
HDL CHOLESTEROL	53		mg/dl	40 - 60 Please note change. Source: Roche IFU.	Homogeneous enzymatic colorimetric assay
LDL CHOLESTEROL DIRECT	144	H	mg/dl	Optimal: < 100 Near/Above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: = 190 Please note change. Source: Roche IFU.	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL	43	H	mg/dL	< 30	Calculation
NON-HDL CHOLESTEROL	187	H	mg/dL	< 140	Calculation
TRIGLYCERIDES	215	H	mg/dl	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500 Source: Roche IFU.	Enzymatic colorimetric assay
TOTAL CHOLESTEROL / HDL RATIO	4.2			< 4.5	Calculation
LDL / HDL RATIO	2.7			< 3.5	Calculation

Sample Type : Serum

End of Report

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

This is an electronically authenticated report

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

Page 2 of 2

Nazar Mohamed Ali
NAZAR MOHAMED ALI
Laboratory Technologist

Printed on: 08/09/2024 21:55

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.

