



BML472798

Laboratory Investigation Report

Name : Miss. MELISHA MAHADOO
DOB : 28/03/1999
Age / Gender : 25 Y / Female
Referred by : DR. HUMAIRA MUMTAZ
Centre : CITICARE MEDICAL CENTER

Ref No. : 41031
Sample No. : 2410483267
Collected : 02/10/2024 18:30
Registered : 02/10/2024 17:37
Reported : 03/10/2024 11:20

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
CHLORIDE (CL)	104		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.

IRON	87	ug/dL	50 - 170	Colorimetric assay
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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

POTASSIUM (K)	4.6	mmol/L	3.5 - 5.1 Please note change. Source: Roche IFU.	ISE (Indirect)
SODIUM (NA)	138	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.

Sample Type : Serum

End of Report

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

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

Bhavya Thendankandy
BHAVYA THENDANKANDY
Biochemistry Technologist

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.

