



Mr. PINANANK

PID NO: 47118

Age: 37 Years Sex: Male DOB: 16-Dec-1987

Reference: CITICARE MEDICAL CENTER

Sample Collected At:

CITICARE MEDICAL CENTER

Unit G03, Al Barsha South Bldg, Al Barhsa South

Third, Dubai

VID: 5060102873

Registered on:

11-Jun-2025 04:30 PM

Collected on:

11-Jun-2025 07:00 AM

Reported on:

11-Jun-2025 05:23 PM

Investigation Observed Value Flag <u>Unit</u> **Biological Reference Interval MAGNESIUM** 1.9 1.6 - 2.6 mg/dL

(Serum, Colorimetric Endpoint Assay)

INTERPRETATION:

- Increased magnesium levels relate mostly to patients in renal failure. Increased serum magnesium is also found with Addison disease and in pregnant patients with severe preëclampsia or eclampsia who are receiving magnesiumsulfate as an anticonvulsant. Hypermagnesemia may occur in patients using magnesiumcontaining cathartics. High magnesium levels are manifested by decreased reflexes, somnolence and heart block.
- Decreased level or Hypomagnesia is seen in neuromuscular disorders. Hypomagnesemia is associated with hypocalcemia, hypokalemia, long-term hyperalimentation, intravenous therapy, diabetes mellitus, especially during treatment of ketoacidosis; alcoholism and other types of malnutrition; malabsorption; hyperparathyroidism; dialysis; pregnancy and hyperaldosteronism. Renal loss of magnesium occurs with cis-platinum therapy. Drugs like amphotericin toxicity will causes hypomagnesemia.

----- End Of Report -----

DR. ADLEY MARK FERNANDES M.D (Pathology) **Pathologist**

DR. VYOMA SHAH M.D (Pathology) **Clinical Pathologist**

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11-Jun-2025 05:26 PM

ACCREDITED

This is an Electronically Authenticated Report.



ANJUMOL VADAKKINATHU

Laboratory Technologist