



BML451621

Laboratory Investigation Report

Name	: Mr. AUNG KO KO	Ref No.	: 40494
DOB	: 29/10/2000	Sample No.	: 2408461637
Age / Gender	: 23 Y / Male	Collected	: 12/08/2024 19:10
Referred by	: DR AHSAN	Registered	: 12/08/2024 21:47
Centre	: CITICARE MEDICAL CENTER	Reported	: 12/08/2024 23:02

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
ELECTROLYTES (Na,K,Cl)					
SODIUM (NA)	138		mmol/L	136 - 145 Please note change. Source: Roche IFU.	ISE (Indirect)
POTASSIUM (K)	4.4		mmol/L	3.5 - 5.1 Please note change. Source: Roche IFU.	ISE (Indirect)
CHLORIDE (CL)	103		mmol/L	98 - 107 Please note change. Source: Roche IFU.	ISE (Indirect)

INTERPRETATION NOTES :

Sodium (NA)

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.

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


HARSHAD MANIKANDAN
Laboratory Technician

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.

