biosytech
MEDICAL LABORATORY

BML471487

Laboratory Investigation Report

Name	:	Ms. HANADI KILANI BAWAB	**Ref No.**	:	44349
DOB	:	24/11/1976	**Sample No.**	:	2409481940
Age / Gender	:	47 Y / Female	**Collected**	:	29/09/2024 12:45
Referred by	:	DR HUMAIRA	**Registered**	:	29/09/2024 13:25
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	29/09/2024 14:52

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
ELECTROLYTES (Na,K,Cl)					
SODIUM (NA)	137		mmol/L	136 - 145 Please note change. Source: Roche IFU.	ISE (Indirect)
POTASSIUM (K)	4.5		mmol/L	3.5 - 5.1 Please note change. Source: Roche IFU.	ISE (Indirect)
CHLORIDE (CL)	104		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.

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

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

ANJUMOL D V
Laboratory Technologist

This is an electronically authenticated report

Printed on: 29/09/2024 15:26

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BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
TIBC (TOTAL IRON BINDING CAPACITY)					
TOTAL IRON BINDING CAPACITY	354		µg/dL	168 - 585 Please note change in reference range.	Ferene
UIBC (UNSATURATED IRON BINDING CAPACITY)	297		µg/dL	135 - 392 Please note change. Source: Roche IFU.	FerroZine
IRON	57		ug/dL	33 - 193 Please note change. Source: Roche IFU.	Colorimetric assay

Sample Type : Serum

End of Report

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