



BML483811

# **Laboratory Investigation Report**

 Name
 : Ms. AZRA

 DOB
 : 17/08/1948

 Age / Gender
 : 76 Y / Female

Referred by : DR HUMAIRA

Centre : CITICARE MEDICAL CENTER

**Ref No.** : 43640

**Sample No.** : 2411494508

**Collected** : 01/11/2024 11:25 **Registered** : 01/11/2024 13:50

Reported

: 01/11/2024 14:38

## **BIOCHEMISTRY**

| DIOCHEMISTICI          |        |      |        |  |                |
|------------------------|--------|------|--------|--|----------------|
| Test                   | Result | Flag | Unit   | Reference Range  | Methodology    |
| ELECTROLYTES (Na,K,Cl) |        |      |        |  |                |
| SODIUM (NA)            | 137    |      | mmol/L | 136 - 145<br>Please note change.<br>Source: Roche IFU. | ISE (Indirect) |
| POTASSIUM (K)          | 4.5    |      | mmol/L | 3.5 - 5.1<br>Please note change.<br>Source: Roche IFU. | ISE (Indirect) |
| CHLORIDE (CL)          | 100    |      | mmol/L | 98 - 107<br>Please note change.<br>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

This is an electronically authenticated report

P.O Box: 49527

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

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**Pradeep Dhamotharan** Laboratory Technologist Printed on: 01/11/2024 14:40

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.

Dubai, UAE





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