16, Vijayaraghava Road, I Lane, T.Nagar, Chennai - 600017
CIN - U85100TN2022PTC150858
support@mfine.co, www.mfine.co
Toll Free Number - 990 0599005

Mr. AGAMREDDY	Collected : 17-02-2024 14:30	Lab ID : 40200403681
DOB :	Received : 17-02-2024 23:16	Sample Quality : Adequate
Age : 24 Years	Reported : 17-02-2024 23:30	Location : BANGALORE
Gender : Male	Status : Final	Ref By : SELF
CRM : 223002426750		Client : Mind and Brain Hospital -BS9438

Parameter	Result	Unit	Biological Ref. Interval
Electrolytes with KFT			
ELECTROLYTES			
Sodium (Na+), Serum *Direct ISE*	139.20	mmol/L	136-145

Clinical significance:-

Sodium is the primary extracellular cation. Hypernatremia (high sodium) is often attributable to excessive loss of sodium-poor body fluids. Hypernatremia is often associated with hypercalcemia and hypokalemia and is seen in liver disease, cardiac failure, pregnancy, burns, and osmotic diuresis. Hypernatremia occurs in dehydration, increased renal sodium conservation in hyperaldosteronism, Cushing syndrome, and diabetic acidosis. Severe hypernatremia may be associated with volume contraction, lactic acidosis, and increased hematocrit.

Potassium (K+), Serum *Direct ISE*	4.62	mmol/L	3.5 - 5.1

Clinical significance:-

Potassium is the major cation of the intracellular fluid. Disturbance of potassium homeostasis has serious consequences. Decreases in extracellular potassium are characterized by muscle weakness, irritability, and eventual paralysis. Hypokalemia (low potassium) is common in vomiting, diarrhea, alcoholism, and folic acid deficiency. Hyperkalemia may be seen in end-stage renal failure, hemolysis, trauma, Addison disease, metabolic acidosis, acute starvation, dehydration, and with rapid potassium infusion.

Chloride, Serum *Direct ISE*	99.10	mmol/L	96-106

Clinical Significance:
Chloride is the major anion in the extracellular water space. Chloride is increased in dehydration, renal tubular acidosis (hyperchloremia metabolic acidosis), acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication, and with excessive infusion of isotonic saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology.Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure.

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

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Dr Lucky Sinha MBBS ,MD(Pathology)
Laboratory Director

MC-3875