



Name : **BABY. RENCY JOY**  
Age/Gender : **7MONTHS/FEMALE**  
Sample Type : **SERUM**  
Reff By : **C/O.SRADDHA HOSPITAL**  
TypedBy : **Bharat Saini**

Bill Number : **M2518**  
Bill Date : **23-Jun-2024 01:55 PM**  
Sample Collection : **23-Jun-2024 02:25 PM**  
Sample Received : **23-Jun-2024 02:26 PM**  
Reporting Date : **23-Jun-2024 02:40 PM**

**SERUM CALCIUM**

**INVESTIGATION**

**RESULT**

**UNITS**

**NORMAL RANGE**

SERUM CALCIUM  
(Method: Arsenazo)

10.7

mg/dl

8.4 - 11.5

Method: Arsenazo

-----End of the Report-----

Authorized Signatory



LAB INCHARGE



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### **SERUM MAGNESIUM**

<b>INVESTIGATION</b>	<b>RESULT</b>	<b>UNITS</b>	<b>NORMAL RANGE</b>
MAGNESIUM (Method: Methyl thymol Blue)	2.31	mg/dl	1.6 - 2.8

#### **Comments:**

- Magnesium, primarily an intracellular cation ( 60% found in bone) is a cofactor in numerous enzyme systems and has a role in energy producing oxidative phosphorylation.
- In extracellular fluid, it influences neuromuscular response and irritability.
- Magnesium concentration is determined by intestinal absorption, renal excretion, and exchange with bone and intracellular fluid.
- Approximately 35% of plasma magnesium is protein-bound, mainly to albumin, and therefore changes in albumin concentration may affect magnesium.

#### **Increased in:**

Dehydration, tissue trauma, renal failure, hypoadrenocorticism, hypothyroidism, drugs: aspirin (prolonged use), lithium, magnesium salts, progesterone, triamterene.

#### **Decreased in:**

Chronic diarrhea, enteric fistula, starvation, chronic alcoholism, total parenteral nutrition with inadequate replacement, hypoparathyroidism (especially post parathyroid surgery), acute pancreatitis, chronic glomerulonephritis, hyperaldosteronism, diabetic ketoacidosis, CHF, critical illness, Gitelman syndrome (familial hypokalemia-hypomagnesemia-hypocalciuria), hereditary isolated magnesium wasting, induced hypothermia, drugs: albuterol, amphotericin B, calcium salts, cisplatin, citrates (blood transfusion), cyclosporine, diuretics, ethacrynic acid

#### **Note :**

A magnesium deficit may exist with little or no apparent change in serum level. : There is a progressive reduction in serum magnesium level during normal pregnancy (related to hemodilution).

Please Correlate With Clinical Findings If Necessary Discuss

-----End of the Report-----



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Name : **BABY. RENCY JOY**  
Age/Gender : **7MONTHS/FEMALE**  
Sample Type : **Fluoride Plasma**  
Reff By : **C/O.SRADDHA HOSPITAL**  
TypedBy : **Bharat Saini**

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**RANDOM BLOOD SUGAR ( RBS )**

<b>INVESTIGATION</b>	<b>RESULT</b>	<b>UNITS</b>	<b>NORMAL RANGE</b>
RANDOM BLOOD SUGAR (Method: GOD/POD)	118	mg/dl	80 - 150

Sugessted Clinical Correlation If necesarry Kindly Discuss.

-----End of the Report-----

**Authorized Signatory**



**LAB INCHARGE**