Patient Name	:	MUKIM IDRISHI	Lab ID No. :	**748 / HPS - 12/14**
Referred by	:	NAGRE NURSING HOME	Registered On :	14-Dec-2022 / 9:55 pm
Sample Collection Site	:	.OUTSIDE COLLECTION	Collected On :	14-Dec-2022 / 10:00 pm
Sex / Age	:	Male / 50 Years	Reported On :	15-Dec-2022 / 12:27 am

Biochemistry Assay - Ammonia

Test	Observed Values	Units	Biological Reference Interval
Ammonia	176	umol/Lit	Males : 11 -- 99 umol/Lit Females : 10 -- 85 umol/Lit

Remarks : *** Rechecked**

Method: Automated Biochemistry Assay on Cobas Integra (Roche).

General Interpretation
Ammonia is liberated by bacteria in the gut, Secondly by protein metabolism ans is rapidly metabolised in liver. Increased levels are seen in Liver diseases like Liver failure, Hepatic encephalopathy, Fulminant hepatic failure, Reye's syndrome, Portacaval shunting, Cirrhosis, Urea cycle metabolic defects and drugs like diuretics, fluorouracil and acetazolamide. Decreased with drugs intake like kanamycin or neomycin which decrease Gut bacteria production and decreased gut absorbtion due to lactulose.

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HEALTHCARE PATHOLOGY

Dr J. S. Ohri
MD (Path); Mumbai.
MMC Reg No: 80931

Patient Name	:	MUKIM IDRISHI	Lab ID No.	:	**748 / HPS - 12/14**
Referred by	:	NAGRE NURSING HOME	Registered On	:	14-Dec-2022 / 9:55 pm
Sample Collection Site	:	.OUTSIDE COLLECTION	Collected On	:	14-Dec-2022 / 10:00 pm
Sex / Age	:	Male / 50 Years	Reported On	:	14-Dec-2022 / 10:30 pm

Electrolyte Test -- ISE Module

Test	Observed Values	Units	Biological Reference Interval
Sodium, Serum	143.0	mmol/Lit	135 -- 146 mmol/Lit
Potassium, Serum	4.00	mmol/Lit	3.6 -- 5.3 mmol/Lit
Chloride, Serum	109.0	mmol/Lit	97 -- 107 mmol/Lit

Remarks : *** Rechecked**

Method: Ion Selective Electrode Analysis on serum/plasma sample

General Interpretation
Sodium levels are directly related to the osmotic pressure of the plasma & loss of sodium leads to dehydration and retention of sodium leads to edema. Conditions that promote hypernatremia include diabetes insipidus, Cushing's disease and hyperaldosteronism. Low serum sodium (hyponatremia) may result from Addison's disease, excessive diuretic therapy, the syndrome of inappropriate secretion of antidiuretic hormone (SIADH), burns, diarrhea, vomiting and cystic fibrosis.
Potassium is a STAT test because values below 3.0 mmol/l are associated with arrhythmia (irregular heartbeat), tachycardia (rapid heartbeat), and cardiac arrest and serum values above 6.0 mmol/L are associated with bradycardia (slow heartbeat) and heart failure. Hypokalemia is caused by overhydration, loop diuretics, SIADH, Bartter's Syndrome, Insulin infusion in diabetes, Alkalosis, vomiting. Hyperkalemia is caused by dehydration, Diabetes insipidus, hemolysis, hypoadrenalism, acidosis and rhabdomyolysis.
Chloride is one of the important minerals in the blood with sodium, potassium & calcium. Chloride helps keep the amount of fluid inside and outside of cells in balance. It also helps maintain proper blood volume, blood pressure, and pH of body fluids. Chloride contributes to body functions like the maintenance of osmotic pressure, acid-base balance, muscular activity and the movement of water between fluid comparents. It is associated with sodium in the blood and was the first electrolyte to be routinely measured in the blood. Chloride ions are secreted in the gastric juice as HCL, which is essential for the digestion of food.

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