Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.SHYAM BIHARI	Visit No	: CHA250035836
Age/Gender	: 78 Y/M	Registration ON	: 27/Feb/2025 10:41PM
Lab No	**: 10133132**	Sample Collected ON	: 27/Feb/2025 10:43PM
Referred By	: Dr.KGMU	Sample Received ON	: 27/Feb/2025 11:15PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 28/Feb/2025 09:20AM
Doctor Advice	: URINARY FOR NA+/K+,NA+K+,URINE OSMOLALITY (sPOT),OSMOLALITY (SERUM)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
URINARY FOR NA+/ K+				
URINE SODIUM	89.50	mmol/l	40 - 220	ISE
URINE POTASSIUM	**11.41**	mmol/l	25 -120	ISE
OSMOLALITY (SERUM)				
OSMOLALITY Serum	**272.70**	ml osmol/kg H2O	280 - 295	

INTERPRETATION:

- Osmolality refers to the osmotic concentration of a fluid. It depends on the number of active ions or molecules in a solution.
- It gives information about a patient's ability to maintain a normal fluid balance status.
- Increased serum (hyperosmolality) levels are seen in renal disease, Congestive heart failure, Dehydration, Diabetes insipidus, Diabetes mellitus/hyperglycemia, hypernatremia.
- Decreased serum (hypoosmolality) levels are seen in Hyponatremia, SIADH, and excessive water replacement/overhydration/water intoxication.

Serum Osmolality	Urine Osmolality	Clinical Significance
Normal or increased	increased	Fluid volume deficit
Decreased	Decreased	Fluid volume excess
Normal	Decreased	Increased fluid intake or diuretics
Increased or normal	Decreased(with no increase in fluid intake)	Kidneys unable to concentrate urine or lack of ADH(diabetes insipidus)
Decreased	Increased	SIADH

[Checked By]

Print.Date/Time: 28-02-2025 09:55:09
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE OSMOLALITY				
URINE OSMOLALITY (SPOT)	**246.7**	M osmol/kg	500 - 800	Spectrophotometry & ISE

INTERPRETATION:

Serum Osmolality	Urine Osmolality	Clinical Significance
Normal or increased	Increased	Fluid volume deficit
Decreased	Decreased	Fluid volume excess
Normal	Decreased	Increased fluid intake or diuretics
Increased or normal	Decreased (with no increase in fluid intake)	Kidneys unable to concentrate urine or lack of ADH (diabetes insipidus)
Decreased	Increased	SIADH

-Osmolality refers to the osmotic concentration of a fluid. It depends on the number of active ions or molecules in a solution.
-It yields important information about a patient's ability to maintain a normal fluid balance status.
-A urine osmolality test may be done on an early morning urine sample as water depletion during the night should concentrate the urine. The test may also be done using multiple timed sample or on a cumulative sample collected over a 24 hour period.
-Urine osmolality is a more accurate measurement of urine concentration than specific gravity, and urine osmolality can be compared with the serum osmolality to obtain an accurate picture of a patient's fluid balance.
-With restricted fluid intake, urine osmolality should be greater than 800mOsm/Kg. A 24 hour urine osmolality should average between 500 and 800 mOsm/Kg. A random urine osmolality should average 300 and 900 mOsm/Kg.
-Increased urine osmolality (hyperosmolality) levels are seen in Addison's disease, Dehydration, Diabetes mellitus/hyperglycemia, hypernatremia, Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH).
-Decreased urine osmolality (hypo-osmolality) levels are seen in Sodium loss due to diuretic use and a low salt diet, Diabetes insipidus, Excessive water replacement/overhydration/water intoxication.

[Checked By]

Print.Date/Time: 28-02-2025 09:55:10
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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	**129.0**	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.6	MEq/L	3.5 - 5.5	ISE Direct

***** End Of Report *****

MC-2491

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