

Patient Name	: Mr. SHYAM BIHARI	Visit No	: CHA250037406
Age/Gender	: 78 Y 2 D/M	Registration ON	: 01/Mar/2025 11:14PM
Lab No	: 10134701	Sample Collected ON	: 01/Mar/2025 11:17PM
Referred By	: Dr. KGMU	Sample Received ON	: 01/Mar/2025 11:29PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 02/Mar/2025 09:35AM
Doctor Advice	: MAGNESIUM		



Test Name	Result	Unit	Bio. Ref. Range	Method
MAGNESIUM				
SERUM MAGNESIUM	1.90	mg/dl	1.70 - 2.70	Xylidyl blue

COMMENTS:

-Magnesium is primarily an intracellular ion associated with gastrointestinal (GI) absorption and renal excretion. It is the fourth most abundant cation in the body and is second to potassium within cell. It is stored in bones, skeletal muscles and other cells and only a part in extracellular fluid. Mg²⁺ is a cofactor of many enzyme system concerned with cell respiration, glycolysis, transmembrane transport of other cations such as calcium and sodium. The activity of Na-K-ATPase pump depends on magnesium.

-Assessment of magnesium level is used for the diagnosis and monitoring of hypomagnesemia or hypermagnesemia.

-Magnesium deficiency leads to impairment of neuromuscular functions resulting in hyperirritability, tetany, convulsion or electrocardiographic changes. It is also associated with cardiovascular diseases such as hypertension, myocardial infarction, cardiac dysrhythmias, coronary vasospasm & premature atherosclerosis. Diabetic ketoacidosis, chronic alcoholism, malnutrition, lactation malabsorption are other conditions linked with it.

-Increased serum magnesium concentration has been observed in dehydration, Addison's disease, rhabdomyolysis or acute or chronic renal failure.

*** End Of Report ***

CHARAK

[Checked By]

Print.Date/Time: 02-03-2025 10:10:11

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sham

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PATHOLOGIST

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