

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr.REHAN AHMAD

Age/Gender : 14 Y 3 D/M Lab No : 10138394 Referred By : Dr.HARI OM SINGH

Refer Lab/Hosp · CHARAK NA

. MAGNESIUM,CALCIUM,NA+K+ Doctor Advice

Visit No : CHA250041099

Registration ON : 07/Mar/2025 11:44AM

Sample Collected ON : 07/Mar/2025 11:45AM

Sample Received ON : 07/Mar/2025 11:52AM

Report Generated ON : 07/Mar/2025 12:38PM

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Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	10.2	mg/dl	8.8 - 10.2	dapta / arsenazo III
MAGNESIUM				
SERUM MAGNESIUM	1.95	mg/dl	1.70 - 2.70	Xylidyl blue

COMMENTS:

P.R.

-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

abdulant Carlot in the body and is second to potassial within cell. It is stored in bulles, skeletal mascles and other cells and only a part restricted in bulles, skeletal mascles and other cells and only a part restricted in bulles, skeletal mascles and other cells and only a part restricted in bulles, skeletal mascless and other cells and only a part restricted in the body and selections 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 vasopasm & 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

CHARAK



PATHOLOGIST

DR. NISHANT SHARMA DR. SHADAB **PATHOLOGIST**

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)



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Report Generated ON : 07/Mar/2025 01:50PM



Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	5.0	MEq/L	3.5 - 5.5	ISE Direct

*** End Of Report ***



CHARAK





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