

Patient Name : Mr.KALAM	Visit No : CHA250046591
Age/Gender : 42 Y/M	Registration ON : 17/Mar/2025 07:51AM
Lab No : 10143886	Sample Collected ON : 17/Mar/2025 07:58AM
Referred By : Dr.RB SINGH	Sample Received ON : 17/Mar/2025 07:58AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 10:24AM
Doctor Advice : ALK PHOS,PHOS,CALCIUM,NA+K+,URINE COM. EXMAMINATION	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	10	mg/dl	8.8 - 10.2	dapta / arsenazo III

PHOSPHORUS				
Phosphorus Serum	3.40	mg/dl	2.68 - 4.5	Phosphomolybdate

INTERPRETATION:

-Approximately 80% of the phosphorus in the human body is found in the calcium phosphate salts which make up the inorganic substance of bone. The remainder is involved in the esterification of carbohydrate metabolism intermediaries and is also found as component of phospholipids. Phosphoproteins, nucleic acids and nucleotides.
-Hypophosphatemia can be caused by shift of phosphate from extracellular to intracellular spaces, increased renal loss (renal tubular defects, hyperparathyroidism) or gastrointestinal loss (diarrhea, vomiting) and decreased intestinal absorption.

LIMITATIONS:

-Interferences: bilirubin (up to 20 mg/dL) hemolysis (haemoglobin up to 1000 mg/dL) and lipemia (triglycerides up to 1000 mg/dL) do not interface. Other drugs and substances may interface.
-Clinical diagnosis should no be made on the findings of a single test result, but should integrate both clinical laboratory data.

URINE EXAMINATION REPORT

Colour-U	YELLOW		Light Yellow
Appearance (Urine)	CLEAR		Clear
Specific Gravity	1.005		1.005 - 1.025
pH-Urine	Acidic (6.0)		4.5 - 8.0
PROTEIN	Absent	mg/dl	ABSENT Dipstick
Glucose	Absent		
Ketones	Absent		Absent
Bilirubin-U	Absent		Absent
Blood-U	Absent		Absent
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0
Leukocytes-U	Absent		Absent
NITRITE	Absent		Absent
MICROSCOPIC EXAMINATION			
Pus cells / hpf	Nil	/hpf	< 5/hpf
Epithelial Cells	4-5	/hpf	0 - 5
RBC / hpf	Nil		< 3/hpf

[Checked By]

Print.Date/Time: 17-03-2025 11:55:09

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 10:48AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct

ALK PHOS				
ALK PHOS	85.00	U/L	30 - 120	PNPP, AMP Buffer

INTERPRETATION:

- Alkaline phosphatase is an enzyme found in your bloodstream. ALP helps break down proteins in the body and exists in different forms, depending on where it originates. Liver is one of the main sources of ALP, but some is also made in bones, intestines, pancreas, and kidneys. In pregnant women, ALP is made in the placenta.
- Higher than normal levels of ALP in blood may indicate a problem with liver or gallbladder. This could include hepatitis (liver inflammation), cirrhosis (liver scarring), liver cancer, gallstones, or a blockage in bile ducts. High levels may also indicate an issue related to the bones such as rickets, Paget's disease, bone cancer, or an overactive parathyroid gland. In rare cases, high ALP levels can indicate heart failure, kidney cancer, other cancer, mononucleosis, or bacterial infection. Having lower than normal ALP levels in blood is rare, but can indicate malnutrition, which could be caused by celiac disease or a deficiency in certain vitamins and minerals.

*** End Of Report ***

CHARAK



MC-2491

Print.Date/Time: 17-03-2025 11:55:11

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