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# Mr. Saubhik Bhaumik

Reg no	• 10/15
Referred by	· Dr. Sachin Patil (MBBS)
Age / Sex	: 27 YRS / M

# Scan to download Registered on : 08/11/2024 12:51 PM Collected on : 08/11/2024 Received on : 08/11/2024 Reported on : 08/11/2024

# BIOCHEMISTRY

TEST	VALUE	UNIT	REFERENCE
SERUM SODIUM	137	mmol/L	136 - 146

## **Physiologic Basis**

Sodium is the predominant extracellular cation. The serum sodium level is primarily determined by the volume status of the individual. Hyponatremia can be divided into hypovolemia, euvolemia, and hypervolemia categories.

## Interpretation

**Increased in**: Dehydration (excessive sweating, severe vomiting, or diarrhea), polyuria (diabetes mellitus, diabetes insipidus), hyperaldosteronism, inadequate water intake (coma, hypothalamic disease).

Drugs: steroids, licorice, oral contraceptives.

**Decreased in**: CHF, cirrhosis, vomiting, diarrhea, exercise, excessive sweating (with replacement of water but not salt, eg, marathon running), salt-losing nephropathy, adrenal insufficiency, nephrotic syndrome, water intoxication, syndrome of inappropriate antidiuretic hormone (SIADH), AIDS.

Drugs: thiazides, diuretics, ACE inhibitors, chlorpropamide, carbamazepine, antidepressants (SSRI), antipsychotics.

## Comments

Hyponatremia in a normovolemic patient with urine osmolality higher than serum (or plasma) osmolality suggests the possibility of SIADH, myxedema, hypopituitarism, or reset osmostat. Treatment of disorders of sodium balance relies on clinical assessment of the patient's extracellular fluid volume rather than the serum sodium.

~~~ End of report ~~~

Mr. Sachin Sharma DMLT, Lab Incharge

Dr. A. K. Asthana MBBS, MD Pathologist

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## NOT VALID FOR MEDICO LEGAL PURPOSE

Work timings: Monday to Sunday, 8 am to 8 pm

Please correlate clinically. Although the test results are checked thoroughly, in case of any unexpected test results which could be due to machine error or typing error or any other reason please contact the lab immediately for a free evaluation.