HealthFlow

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**Mrs. Anita Kumari**

| | | |
|---|---|---|
| AGE / SEX | PATIENT ID | BILL NO |
| **34 Y / Female** | **HF-P-004821** | **HF-26-000114** |
| REFERRED BY | SAMPLE | REPORTED |
| **Dr. S. Nair** | **Serum** | **12 Jul 2026, 13:35** |

## Renal Function Test with Electrolytes

*Spectrophotometry / ISE · Beckman AU*

| TEST | RESULT | UNIT | REFERENCE RANGE |
|---|---|---|---|
| Blood Urea | 48 ↑ | mg/dL | 10 - 40 |
| Serum Creatinine | 1.6 ↑ | mg/dL | 0.5 - 1.5 |
| Serum Uric Acid | 6.2 | mg/dL | 2.6 - 7.0 |
| **SERUM ELECTROLYTES** | | | |
| Serum Sodium | 138 | mmol/L | 135 - 155 |
| Serum Potassium | 5.6 ↑ | mmol/L | 3.5 - 5.5 |
| Serum Chloride | 101 | mmol/L | 96 - 108 |

**CLINICAL NOTES**

- Renal function tests should be interpreted in conjunction with the patient's clinical findings and other laboratory investigations.
- Serum creatinine and estimated glomerular filtration rate (eGFR), where available, should be interpreted together when assessing kidney function.
- Electrolyte abnormalities may occur in renal disease as well as non-renal conditions. Clinical correlation is advised.

SAMPLE FORMAT

**Mr. R. Verma**
DMLT · Lab Technician

**Dr. R. Sharma**
MD (Pathology) · Consultant

- END OF REPORT -



SAMPLE report format for demonstration only. Fictional patient and results, not a real medical report. Reference ranges are examples; every lab sets its own by method and population. Not valid for medico-legal purposes. Powered by HealthFlow.