



Labsmart Software Sample Letterhead

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<https://www.yourlabname.in/>**Mr. Saubhik Bhaumik**

Age / Sex : 27 YRS / M
Referred by : Dr. Sachin Patil (MBBS)
Reg. no. : 1031



1031

Registered on : 07/11/2024 12:09 PM
Collected on : 07/11/2024
Received on : 07/11/2024
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**BIOCHEMISTRY**

TEST	VALUE	UNIT	REFERENCE
SERUM PHOSPHORUS	3.3	mg/dl	2.5 - 4.5

Physiologic Basis

The plasma concentration of inorganic phosphate is determined by parathyroid gland function, action of vitamin D, intestinal absorption, renal function, bone metabolism, and nutrition. Serum phosphorus concentrations have a circadian rhythm (highest level in late morning, lowest in evening) and are subject to rapid change secondary to environmental factors such as diet (carbohydrate), phosphate binding antacids, and fluctuations in GH, insulin, and renal function.

Interpretation

Increased in	Decreased in
Renal failure, Massive blood transfusion, hypoparathyroidism, neoplasms, adrenal insufficiency, hypervitaminosis D, osteolytic metastases to bone, leukemia, Pseudohypoparathyroidism, Cirrhosis, lactic acidosis.	Hyperparathyroidism, hypovitaminosis D, starvation or cachexia, refeeding syndrome, bone marrow transplantation, GH deficiency, chronic alcoholism, Severe diarrhea, acute pancreatitis, severe hypercalcemia, acid-base disturbances, hypokalemia, hemodialysis.
Drugs: phosphate infusions or enemas, anabolic steroids, ergocalciferol, furosemide, hydrochlorothiazide, clonidine, verapamil, potassium supplements	Drugs: acetazolamide, phosphate-binding antacids, anticonvulsants, β -adrenergic agonists, catecholamines, estrogens, isoniazid, oral contraceptives, prolonged use of thiazides, glucose infusion, insulin therapy, salicylates (toxicity).

Comments

Shift of phosphorus from extracellular to intracellular compartments, decreased gastrointestinal absorption, and increased urinary losses, are the primary mechanisms of hypophosphatemia. Hypophosphatemia has been implicated as a cause of rhabdomyolysis, respiratory failure, hemolysis, and left ventricular dysfunction.

~~~ End of report ~~~

Mr. Sachin Sharma  
DMLT, Lab Incharge

Dr. A. K. Asthana  
MBBS, MD Pathologist

**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.