



Número de admisión:	9900001	Doctor(a):	NO PHYSICIAN
Nombre del Paciente:	Report Masked	Fecha de toma de muestra:	12/01/2022
Edad del paciente:	17	Hora de toma de muestra:	Not Given
Sexo de Paciente:	M	Fecha del informe:	8/9/2023

Perfil de calcio y magnesio en la orina

Metabolito	Rango de Referencia (mg/g Creatinine)	Resultado	Reference Population - Población de referencia - Adultos mayores de 17 años
Metabolismo de Minerales			
Calcio	10 - 220	3.00 L	
Magnesio	30 - 100	7.00 L	

Indicador de la Toma de Líquidos

Creatinina **100.00 mg/dL**

Interpretación del estudio de Calcio y Magnesio

Low calcium

The most common reason for low urine calcium is inadequate calcium intake in the diet. One of the most common reasons for inadequate intake is a milk and/or dairy free diet without calcium supplementation. Urine calcium has been shown to be a more sensitive indicator of calcium deficiency than serum calcium because low calcium intake stimulates release of calcium from the bones which maintains blood calcium levels until deficiency is severe. Less common reasons for calcium deficiency include hypoparathyroidism, pseudohypoparathyroidism, vitamin D deficiency, nephrosis, nephritis, bone cancer, hypothyroidism, celiac disease, and malabsorption disorders. Low calcium in the diet may increase the incidence of oxalate crystal formation in the tissues and kidney stones. Low calcium intake in the diet associated with milk free diet without calcium supplementation may lead to rickets (bone malformation and weakening) and, in autism, to abnormal eye pain which can result in the loss of eyes due to excessive eye-poking behavior. (Coleman, M. Clinical presentations of patients with autism and hypocalcemia. *Develop. Brain Dys.* 7: 63-70, 1994)

Low magnesium

The most common reason for low urine magnesium is low magnesium in the diet. Low magnesium in the diet may increase the incidence of oxalate crystal formation in the tissues and kidney stones. Less common causes of low magnesium include celiac disease, other malabsorption disorders, dysbiosis, vitamin D deficiency, pancreatic insufficiency, and hypothyroidism. Early signs of magnesium deficiency include loss of appetite, nausea, vomiting, migraine headaches, fatigue, and weakness. As magnesium deficiency worsens, numbness, tingling, muscle contractions and cramps, seizures, personality changes, abnormal heart rhythms, and coronary spasms can occur. Low urinary magnesium for long time periods is associated with increased risk of ischemic heart disease.

PERFORMING SITE:

Calcium: KS QUEST DIAGNOSTICS LENEXA. 10101 RENNER BLVD. LENEXA, KS 66219-9752. Laboratory Director: WILLIAM BECKER, DO.MPH CLIA 17D06-48226

Magnesium: AMD QUEST DIAGNOSTICS NICHOLS CHANTILLY. 14225 NEWBROOK DRIVE, CHANTILLY, VA 20151-2228. Laboratory Director: PATRICK W. MASON, MD. PHD. CLIA:49D0221801