



	Dr. Vinay Ch MD (Pathology & Chairman & Cor		Dr. Yugam MD (CEO & Consultant	(Pathology)
NAME	: Mr. ASHOK KUMAR			
AGE/ GENDER	: 72 YRS/MALE	PAT	IENT ID	: 1484197
COLLECTED BY	:	REG	NO./LAB NO.	: 012407190014
REFERRED BY	:	REG	STRATION DATE	: 19/Jul/2024 08:15 AM
BARCODE NO.	: 01513407	COL	LECTION DATE	: 19/Jul/2024 08:17AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		ORTING DATE	: 19/Jul/2024 10:28AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CLIN	ICAL CHEMISTRY	/BIOCHEMISTR	(
	КІ	DNEY FUNCTION T	EST (COMPLETE)	
UREA: SERUM		23.74	mg/dL	10.00 - 50.00
	by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)		ma/dl	0.40 - 1.40
CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETERY		1.22	mg/dL	0.40 - 1.40
	DGEN (BUN): SERUM ECTROPHOTOMETRY	11.09	mg/dL	7.0 - 25.0
-	DGEN (BUN)/CREATININE	9.09 ^L	RATIO	10.0 - 20.0
RATIO: SERUM		7.07		
by CALCULATED, SP UREA/CREATININE F	ECTROPHOTOMETRY RATIO: SERLIM	19.46	RATIO	
by CALCULATED, SPE		17.40	KATIO	
		5.6	mg/dL	3.60 - 7.70
by URICASE - OXIDASE PEROXIDASE CALCIUM: SERUM		8.81	mg/dL	8.50 - 10.60
by ARSENAZO III, SPE			, i i i i i i i i i i i i i i i i i i i	
PHOSPHOROUS: SEF	RUM DATE, SPECTROPHOTOMETRY	3.21	mg/dL	2.30 - 4.70
ELECTROLYTES				
SODIUM: SERUM		140.8	mmol/L	135.0 - 150.0
by ISE (ION SELECTIV		4.20		
POTASSIUM: SERUM by ISE (ION SELECTIV		4.39	mmol/L	3.50 - 5.00
CHLORIDE: SERUM		105.6	mmol/L	90.0 - 110.0
by ISE (ION SELECTIV	-			
ESTIMATED GLOIME	RULAR FILTERATION RATE			

INTERPRETATION:

To differentiate between pre- and post renal azotemia.

INCREASED RATIO (>20:1) WITH NORMAL CREATININE:

1. Prerenal azotemia (BUN rises without increase in creatinine) e.g. heart failure, salt depletion, dehydration, blood loss) due to decreased glomerular filtration rate.

2. Catabolic states with increased tissue breakdown.

3. GI haemorrhage.



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





	Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist		Dr. Yugam Chopra MD (Pathology) t CEO & Consultant Pathologist						
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Test Name			Value	Unit	t	Biolog	gical Refe	rence inte	erval
 Reduced muscle m Certain drugs (e.g. INCREASED RATIO (>2 Postrenal azotemia 	tetracycline, gluco 0:1) WITH ELEVATE (BUN rises dispro	eatinine productior corticoids) D CREATININE LEVI portionately more f	ïLS:) (e.g. obstructive	uropathy).				
 Reduced muscle m Certain drugs (e.g. INCREASED RATIO (>2 Postrenal azotemia Prerenal azotemia DECREASED RATIO (Acute tubular necr Low protein diet ar Severe liver disease Other causes of de Repeated dialysis (Inherited hyperam SIADH (syndrome of Pregnancy. DECREASED RATIO (Rhabdomyolysis (r Muscular patients INAPPROPIATE RATIO Diabetic ketoacido Should produce an in Cephalosporin ther ESTIMATED GLOMERI G1 	ass (subnormal cre tetracycline, gluco 0:1) WITH ELEVATE (BUN rises dispro superimposed on 1 0:1) WITH DECREA osis. Id starvation. 2: creased urea synth urea rather than c monemias (urea is f inappropiate ant 0:1) WITH INCREAS py (accelerates col eleases muscle cre who develop renal creased BUN/creates apy (interferes with ULAR FILTERATION I Normal	eatinine production corticoids) D CREATININE LEVI cortionately more to renal disease. SED BUN : mesis. reatinine diffuses of virtually absent in idiuretic harmone) SED CREATININE: nversion of creatine atinine). failure. auses false increas cinine ratio). h creatinine measu RATE: DESCRIPTION al kidney function	ELS: han creatinine but of extracelli blood). due to tubular e to creatinine) e in creatinine rement).	ular fluid). secretion of urea. with certain meth min/1.73m2) >90	odologies, ASSOCIA	TED FINDING	<u>s</u>	io when de	shydra⁺
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Test Name		Value Unit	Biological Reference interval		

COMMENTS:

Estimated Glomerular filtration rate (eGFR) is the sum of filtration rates in all functioning nephrons and so an estimation of the GFR provides a measure of functioning nephrons of the kidney.
 eGFR calculated using the 2009 CKD-EPI creatinine equation and GFR category reported as per KDIGO guideline 2012
 In patients, with eGFR creatinine between 45-59 ml/min/1.73 m2 (G3) and without any marker of Kidney damage, It is recommended to measure of CFD with the commended to measure

KOS Diagnostic Lab (A Unit of KOS Healthcare)

3. In patients, with eGFR cleaning between 45-59 minimit 1.73 m2 (G3) and without any marker of Kidney damage, it is recommended to measure eGFR with Cystatin C for confirmation of CKD
4. eGFR category G1 OR G2 does not fulfill the criteria for CKD, in the absence of evidence of Kidney Damage
5. In a suspected case of Acute Kidney Injury (AKI), measurement of eGFR should be done after 48-96 hours of any Intervention or procedure
6. eGFR calculated by Serum Creatinine may be less accurate due to certain factors like Race, Muscle Mass, Diet, Certain Drugs. In such cases, eGFR should be calculated using Serum Cystatin C
7. A decrease in eGFR implies either progressive renal disease, or a reversible process causing decreased nephron function (eg, severe dehydration).

ADVICE:

KDIGO guideline, 2012 recommends Chronic Kidney Disease (CKD) should be classified based on cause, eGFR category and Albuminuria (ACR) category. GFR & ACR category combined together reflect risk of progression and helps Clinician to identify the individual who are progressing at more rapid rate than anticipated

End Of Report ***





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