

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT



	Dr. Vinay Ch MD (Pathology & Chairman & Con		Dr. Yugam MD (CEO & Consultant	(Pathology)				
NAME	: Mr. SANJEEV KUMAR							
AGE/ GENDER	: 62 YRS/MALE	PA	TIENT ID	: 1456563				
COLLECTED BY	:	RE	G. NO./LAB NO.	: 012408250006				
REFERRED BY	:	RE	GISTRATION DATE	: 25/Aug/2024 07:49 AM				
BARCODE NO.	:01515654	CO	LLECTION DATE	: 25/Aug/2024 07:49AM				
CLIENT CODE.	: KOS DIAGNOSTIC LAB	RE	PORTING DATE	: 25/Aug/2024 11:43AM				
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT								
Test Name		Value	Unit	Biological Reference interval				
CLINICAL CHEMISTRY/BIOCHEMISTRY								
KIDNEY FUNCTION TEST (BASIC)								
UREA: SERUM by urease - glutamate dehydrogenase (gldh)		89.41 ^H	mg/dL	10.00 - 50.00				
CREATININE: SERUM		3.38 ^H	mg/dL	0.40 - 1.40				
BLOOD UREA NITROGEN (BUN): SERUM by CALCULATED, SPECTROPHOTOMETERY		41.78 ^H	mg/dL	7.0 - 25.0				
BLOOD UREA NITROGEN (BUN)/CREATININE		12.36	RATIO	10.0 - 20.0				
RATIO: SERUM by CALCULATED, SPECTROPHOTOMETERY								
UREA/CREATININE RATIO: SERUM by CALCULATED, SPECTROPHOTOMETERY		26.45	RATIO					
URIC ACID: SERUM by URICASE - OXIDASI		9.89 ^H	mg/dL	3.60 - 7.70				





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DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

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NAME : Mr. SANJEEY KUMAR AGE/ GENDER : 62 YES/MALE PATIENT ID : 1450563 COLLECTED BY : REG. NO./LAB NO. : 012408250006 REFERERE BY : REGISTRATION DATE : 25/Aug/2024 07:49 AM BACODE NO. : 01515654 COLLECTION DATE : 25/Aug/2024 07:49 AM CILENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE : 25/Aug/2024 07:49 AM CILENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTE Imit Biological Reference Interval MTEMENTIO Value Unit Biological Reference Interval MTEMENTIONE - 0 - 0 - 0 NOREASED RATIO (>201 WITH NORMAL CREATINNE: - 0 - 0 1. Percental arguing in the order of post contal actions: - 0 - 0 2. Catabolic States with nutcrease in creatinne) e.g. heart failure, salt depletion, dehydration, blood loss) due to decreased - 0 1. Percental arguing (Canon function production production. - 0 3. Contain drugs (e.g. totracycline, glucocordicody - 0 - 0 3. Reduced muce mass (UM rises disproportionately more mai		Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Patholog	MD	Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	
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MITERPETATION: Normal range for a healthy person on normal diet: 12 - 20 To Differentiate between pre- and postrenal azotemia. INCREASED RATIO (-20:1) WITH NORMAL CREATININE: 1. Prerentiate between pre- and postrenal azotemia. INCREASED RATIO (-20:1) WITH NORMAL CREATININE: 2. Catabolic states with increased tissue breakdown. 3.GI hemorrhage. 4.High protein Intake. 5.Impaired renal function plus . 6.Excess protein intake or production or tissue breakdown (e.g. infection, GI bleeding, thyrotoxicosis, Cushings syndrome, high protein diet, burns, surgery, cachexia, high fever). 7. Urine reabsorption (e.g. ureterocolostomy) 8.Reduced muscle mass (subnormal creatinine production) 9.Certain drugs (e.g. tetracycline, glucocorticoids) INCREASED RATIO (-20:1) WITH ELEVATED CREATININE LEVELS: 1.Postrenal azotemia (BUR rises dispropritonately more than creatinine) (e.g. obstructive uropathy). 2.Prerenal azotemia superimposed on renal disease. 2.Ow protein diet and staration. 3.Severe liver disease. 4.Other causes of decreased urea synthesis. 5. Repeated dialysis (urea rather than creatinine diffuses out of extracellular fluid). 6. Increases of decreased urea synthesis. 7. Skape (agdinor of inappropiate antidiuretic harmone) due to tubular secrection of urea.	CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANT	Т		
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	 Ž.Catabolic states wi 3.GI hemorrhage. 4.High protein intake 5.Impaired renal fun 6.Excess protein inta burns, surgery, cache 7.Urine reabsorption 8.Reduced muscle m 9.Certain drugs (e.g. 1) INCREASED RATIO (1.Postrenal azotemia 2.DecREASED RATIO (1.Acute tubular necri 2.Low protein diet ar 3.Severe liver disease 4.Other causes of de 5.Repeated dialysis (6.Inherited hyperam 7.SIADH (syndrome c 8.Pregnancy. DECREASED RATIO (1.Phenacimide thera 2.Rhabdomyolysis (ri 3.Muscular patients INAPPROPIATE RATIO 1.Diabetic ketoacido should produce an ir 	th increased tissue breakdown. ction plus . ke or production or tissue breakdown (e.g. infectivity) (e.g. ureterocolostomy) ass (subnormal creatinine production) tetracycline, glucocorticoids) 20:1) WITH ELEVATED CREATININE LEVELS: (BUN rises disproportionately more than creating superimposed on renal disease. 10:1) WITH DECREASED BUN : osis. d starvation. 2. creased urea synthesis. urea rather than creatinine diffuses out of extra monemias (urea is virtually absent in blood). of inappropiate antidiuretic harmone) due to tub 10:1) WITH INCREASED CREATININE: py (accelerates conversion of creatine to creating eleases muscle creatinine). who develop renal failure. b: sis (acetoacetate causes false increase in creating apy (interferes with creatinine measurement).	nine) (e.g. obstructive uropa ncellular fluid). ular secretion of urea. ine).	thy).	

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