Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME	**: Mr. SANJEEV KUMAR**		
AGE/ GENDER	: 63 YRS/MALE	**PATIENT ID**	: 1595303
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012409050005**
REFERRED BY	:	**REGISTRATION DATE**	: 05/Sep/2024 07:14 AM
BARCODE NO.	: 01516308	**COLLECTION DATE**	: 05/Sep/2024 07:16AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 05/Sep/2024 09:15AM
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)*	**71.01 H**	**mg/dL**	**10.00 - 50.00**
CREATININE: SERUM *by ENZYMATIC, SPECTROPHOTOMETERY*	**2.83 H**	**mg/dL**	**0.40 - 1.40**
BLOOD UREA NITROGEN (BUN): SERUM *by CALCULATED, SPECTROPHOTOMETERY*	**33.18 H**	**mg/dL**	**7.0 - 25.0**
BLOOD UREA NITROGEN (BUN)/CREATININE RATIO: SERUM *by CALCULATED, SPECTROPHOTOMETERY*	11.72	RATIO	10.0 - 20.0
UREA/CREATININE RATIO: SERUM *by CALCULATED, SPECTROPHOTOMETERY*	25.09	RATIO	
URIC ACID: SERUM *by URICASE - OXIDASE PEROXIDASE*	**9.31 H**	**mg/dL**	**3.60 - 7.70**

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INTERPRETATION:

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.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 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 (BUN rises disproportionately more than creatinine) (e.g. obstructive uropathy).
2.Prerenal azotemia superimposed on renal disease.

DECREASED RATIO (<10:1) WITH DECREASED BUN :

1.Acute tubular necrosis.
2.Low protein diet and starvation.
3.Severe liver disease.
4.Other causes of decreased urea synthesis.
5.Repeated dialysis (urea rather than creatinine diffuses out of extracellular fluid).
6.Inherited hyperammonemias (urea is virtually absent in blood).
7.SIADH (syndrome of inappropiate antidiuretic harmone) due to tubular secretion of urea.
8.Pregnancy.

DECREASED RATIO (<10:1) WITH INCREASED CREATININE:

1.Phenacimide therapy (accelerates conversion of creatine to creatinine).
2.Rhabdomyolysis (releases muscle creatinine).
3.Muscular patients who develop renal failure.

INAPPROPIATE RATIO:

1.Diabetic ketoacidosis (acetoacetate causes false increase in creatinine with certain methodologies,resulting in normal ratio when dehydration should produce an increased BUN/creatinine ratio).
2.Cephalosporin therapy (interferes with creatinine measurement).

*** End Of Report ***

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