

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

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

NAME : Mr. VARINDER SHARMA  
AGE/ GENDER : 67 YRS/MALE  
COLLECTED BY :  
REFERRED BY : DR. GURDAS KUMAR  
BARCODE NO. : 01517995  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1629355  
REG. NO./LAB NO. : 012409300022  
REGISTRATION DATE : 30/Sep/2024 09:35 AM  
COLLECTION DATE : 30/Sep/2024 09:40AM  
REPORTING DATE : 30/Sep/2024 11:09AM

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

## CLINICAL CHEMISTRY/BIOCHEMISTRY

### GLOMERULAR FILTRATION RATE (GFR) - ESTIMATED

ESTIMATED GLOMERULAR FILTRATION RATE (eGFR): SERUM 21.1<sup>L</sup> mL/min/1.73m2 KIDNEY FAILURE: < 15.0

by SPECTROPHOTOMETRY-ENZYMATIC, MDRD CALCULATION

#### INTERPRETATION:

CKD STAGE	DESCRIPTION	GFR ( mL/min/1.73m2 )	ASSOCIATED FINDINGS
G1	Normal kidney function	>90	No proteinuria
G2	Kidney damage with normal or high GFR	>90	Presence of Protein , Albumin or cast in urine
G3a	Mild decrease in GFR	60 -89	
G3b	Moderate decrease in GFR	30-59	
G4	Severe decrease in GFR	15-29	
G5	Kidney failure	<15	

#### 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 eGFR with Cystatin C for confirmation of CKD
- eGFR category G1 OR G2 does not fulfill the criteria for CKD, in the absence of evidence of Kidney Damage
- In a suspected case of Acute Kidney Injury (AKI), measurement of eGFR should be done after 48-96 hours of any Intervention or procedure
- 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
- 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 \*\*\*



DR.VINAY CHOPRA  
CONSULTANT PATHOLOGIST  
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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

