Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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

NAME	**: Mr. OM PARKASH DAHIYA**		
AGE/ GENDER	: 73 YRS/MALE	**PATIENT ID**	: 1689133
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012412030011**
REFERRED BY	:	**REGISTRATION DATE**	: 03/Dec/2024 08:38 AM
BARCODE NO.	: 01521882	**COLLECTION DATE**	: 03/Dec/2024 08:47AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 03/Dec/2024 11:18AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

CREATININE

CREATININE: SERUM *by ENZYMATIC, SPECTROPHOTOMETRY*	1.01	mg/dL	0.40 - 1.40

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GLOMERULAR FILTERATION RATE (GFR) - ESTIMATED

ESTIMATED GLOMERULAR FILTERATION RATE (eGFR): SERUM	73.4	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:
1. 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.
2. eGFR calculated using the 2009 CKD-EPI creatinine equation and GFR category reported as per KDIGO guideline 2012
3. 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
4. eGFR category G1 OR G2 does not fullfill 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

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Test Name	Value	Unit	Biological Reference interval

CLINICAL PATHOLOGY

PROTEIN/CREATININE RATIO: RANDOM URINE

PROTEINS: RANDOM URINE *by SPECTROPHOTOMETRY*	**55.61^{H}**	mg/dL	5 - 25
CREATININE: RANDOM URINE *by SPECTROPHOTOMETRY*	27.12	mg/dL	20 - 320
PROTEIN/CREATININE RATIO: RANDOM URINE *by SPECTROPHOTOMETRY*	**2.05^{H}**		< 0.20

INTERPRETATION:

PROTEIN/CREATININE RATIO	REMARKS
< 0.20	NORMAL
0.20 – 1.00	LOW GRADE PROTEINURIA
1.00 – 5.00	MODERATE PROTEINURIA
>5.00	NEPHROSIS

NOTE:
Urinary total proteins are nearly negligible in healthy adults. The Protein Creatinine ratio is a simple and convenient method to quantitate and monitor proteinuria in adults with chronic kidney disease. Patients with 2 or more positive results within a period of 1-2 weeks should be labeled as having persistent proteinuria and investigated further

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Test Name	Value	Unit	Biological Reference interval

MICROALBUMIN - RANDOM URINE

MICROALBUMIN: RANDOM URINE *by NEPHLOMETRY*	**460.5^{H}**	mg/L	0 - 25

***INTERPRETATION*:-**

PHYSIOLOGICALLY NORMAL:	mg/L	0 - 30
MICROALBUMINURIA:	mg/L	30 - 300
GROSS PROTEINURIA:	mg/L	> 300

1.Long standing un-treated Diabetes and Hypertension can lead to renal dysfunction.

2. Diabetic nephropathy or kidney disease is the most common cause of end stage renal disease(ERSD) or kidney failure.

3. Presence of Microalbuminuria is an early indicator of onset of compromised renal function in these patients.

4.Microalbuminuria is the condition when urinary albumin excre tion is between 30-300 mg & above this it is called as macroalbuminuria, the presence of which indicates serious kidney disease.

5.Microalbuminuria is not only associated with kidney disease but of cardiovascular disease in patients with dibetes & hypertension.

6.Microalbuminuria reflects vascular damage & appear to be a marker of of early arterial disease & endothelial dysfunction.

NOTE:- IF A PATIENT HAS = 1+ PROTEINURIA (30 mg/dl OR 300 mg/L) BY URINE DIPSTICK (URINEANALYSIS), OVERT PROTEINURIA IS PRESENT AND TESTING FOR MICROALBUMIN IS INAPPROPIATE. IN SUCH A CASE, URINE PROTEIN:CREATININE RATIO OR 24 HOURS TOTAL URINE MICROPROTEIN IS APPROPIATE.

RECHECKED.

*** End Of Report ***

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