

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

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

NAME : Mrs. SHILPA
AGE/ GENDER : 29 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01522090
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1325068
REG. NO./LAB NO. : 012412070013
REGISTRATION DATE : 07/Dec/2024 10:37 AM
COLLECTION DATE : 07/Dec/2024 10:41 AM
REPORTING DATE : 07/Dec/2024 04:50 PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

UREA

UREA: SERUM by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)	15.64	mg/dL	10.00 - 50.00
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RECHECKED



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Test Name	Value	Unit	Biological Reference interval
CREATININE			
CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETRY RECHECKED.	1.08	mg/dL	0.40 - 1.20




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BARCODE NO.	: 01522090	REPORTING DATE	: 07/Dec/2024 04:49PM
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GLOMERULAR FILTRATION RATE (GFR) - ESTIMATED

ESTIMATED GLOMERULAR FILTRATION RATE 71 mL/min/1.73m2 KIDNEY FAILURE: < 15.0
 (eGFR): SERUM
 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 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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