CLIENT CODE.



PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

REPORTING DATE

■ 0171-2532620, 8222896961 ■ pkrjainhealthcare@gmail.com

: 11/Jul/2024 10:31PM

NAME : Mrs. USHA

AGE/ GENDER : 65 YRS/FEMALE **PATIENT ID** : 1545940

COLLECTED BY REG. NO./LAB NO. : 122407110023

REFERRED BY **REGISTRATION DATE** : 11/Jul/2024 04:00 PM BARCODE NO. : 12503557 **COLLECTION DATE** : 11/Jul/2024 09:28PM

CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

: P.K.R JAIN HEALTHCARE INSTITUTE

Test Name Value Unit **Biological Reference interval**

CLINICAL CHEMISTRY/BIOCHEMISTRY

KIDNEY FUNCTION TEST (BASIC)

UREA: SERUM	43.8	mg/dL	10.00 - 50.00
by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)			
CREATININE: SERUM	1.94 ^H	mg/dL	0.40 - 1.20
by ENZYMATIC, SPECTROPHOTOMETERY			
BLOOD UREA NITROGEN (BUN): SERUM	20.47	mg/dL	7.0 - 25.0
by CALCULATED, SPECTROPHOTOMETERY			
BLOOD UREA NITROGEN (BUN)/CREATININE	10.55	RATIO	10.0 - 20.0
RATIO: SERUM			
by CALCULATED, SPECTROPHOTOMETERY			
UREA/CREATININE RATIO: SERUM	22.58	RATIO	
by CALCULATED, SPECTROPHOTOMETERY			
URIC ACID: SERUM	8.11 ^H	mg/dL	2.50 - 6.80
by URICASE - OXIDASE PEROXIDASE	0.11		
ADVICE	KINDLY CORRELATE CLINICALLY		



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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





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INTERPRETATION:

CLIENT CODE.

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.

Ž.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 ***

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



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