



# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

**A PIONEER DIAGNOSTIC CENTRE**

☎ 0171-2532620, 8222896961 ✉ pkrjainhealthcare@gmail.com

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

<b>NAME</b>	: Mrs. PAPINDER KAUR	<b>PATIENT ID</b>	: 1548705
<b>AGE/ GENDER</b>	: 38 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 122407140004
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 14/Jul/2024 10:31 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 14/Jul/2024 10:34AM
<b>BARCODE NO.</b>	: 12503594	<b>REPORTING DATE</b>	: 14/Jul/2024 07:33PM
<b>CLIENT CODE.</b>	: P.K.R JAIN HEALTHCARE INSTITUTE		
<b>CLIENT ADDRESS</b>	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### KIDNEY FUNCTION TEST (BASIC)


UREA: SERUM <i>by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)</i>	35.97	mg/dL	10.00 - 50.00
CREATININE: SERUM <i>by ENZYMATIC, SPECTROPHOTOMETRY</i>	1.22 <sup>H</sup>	mg/dL	0.40 - 1.20
BLOOD UREA NITROGEN (BUN): SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	16.81	mg/dL	7.0 - 25.0
BLOOD UREA NITROGEN (BUN)/CREATININE RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	13.78	RATIO	10.0 - 20.0
UREA/CREATININE RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	29.48	RATIO	
URIC ACID: SERUM <i>by URICASE - OXIDASE PEROXIDASE</i>	4.18	mg/dL	2.50 - 6.80


#### NOTE 2

#### ADVICE

RESULT RECHECKED TWICE  
KINDLY CORRELATE CLINICALLY



  
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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 inappropriate antidiuretic hormone) 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.

#### **INAPPROPRIATE 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).



  
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## CLINICAL PATHOLOGY PROTEINS: 24 HOURS URINE

URINE VOLUME: 24 HOUR

by SPECTROPHOTOMETRY

1800

mL

PROTEINS: 24 HOURS URINE

by BIURET, SPECTROPHOTOMETRY

754.38<sup>H</sup>

mg/ 24 HOURS

25 -160

### INTERPRETATION:

TYPES OF PROTEINURIA	TOTAL PROTEINS IN mg/24 HOURS	CONDITIONS
MINIMAL PROTEINURIA:	150 - 500 mg/24 hours	Chronic pyelonephritis, Chronic Interstitial Nephritis, Renal Tubular disease, Postural
MODERATE PROTEINURIA:	500 - 1000 mg/24 hours	Nephrosclerosis, Multiple Myeloma, Toxic Nephropathy, Renal Calculi
HEAVY PROTEINURIA:	1000 - 3000 mg/24 hours	Nephrotic Syndrome, Acute Rapidly Progressive & Chronic Glomerulonephritis, Diabetes mellitus, Lupus erythematosus, Drugs like Pencillamine, Heavy metals like Gold & Mercury.

### NOTE:

- Excretion of total protein in individuals is highly variable with or without kidney disease.
- Conditions affecting protein excretion other than kidney disease are urinary tract infection, diet, menstruation & physical activity.

### COMMENT:

- Diagnosis of kidney disease and response to therapy is usually obtained by quantitatively analyzing the amount of protein excreted in urine over a 24 hour period.

\*\*\* End Of Report \*\*\*



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