VIJAYA DIAGNOSTIC CENTRE®

10-14-0575, Ward No 10, Reddy and Reddy's Colony, next to India Oil Petrol Station, Tirupati

TEST REPORT

Name	: **Mr. D V H L NARASHIMA RAO**	Registered on	: 12-Sep-2024 08:40
Age/Gender	: **81 Years / Male**	Collected on	: 12-Sep-2024 08:47
Registration ID	: **243330052021**	Released on	: 12-Sep-2024 10:00
Ref. By	: Dr. MURALI KRISHNA	Printed on	: 12-Sep-2024 10:17
Sample Type	: Serum	Regn Centre	: **Tirupathi-333**

URIC ACID

TEST NAME		RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Uric Acid	:	**8.1**	mg/dL	3.5 - 7.2

Method: Uricase-Peroxidase

Interpretation / Comments :

- Useful for monitoring therapeutic management of gout and chemotherapeutic treatment of neoplasms.

MC-6283

DR. M RAJA RATNA KISHORE
MD (Path) PDF (Oncopath)
Registration No: APMC/FMR/75926

* Suggested Clinical Correlation, If Necessary Kindly Discuss with signatory

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UREA

TEST NAME		RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Urea	:	**72**	mg/dL	17 - 43

Method: Urease/GLDH

Interpretation / Comments :

- In conjunction with serum creatinine,urea level aids in differential diagnosis of pre-renal,renal and post-renal hyperuremia.

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CREATININE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Creatinine	: **1.7**	mg/dL	0.7 - 1.2
Method: Jaffe Kinetic IDMS traceable			
e-GFR (Glomerular Filtration Rate)	: **39.5**	ml/min/1.73 m²	Normal kidney function : >/= 90 (Please refer to Interpretations for reference ranges of e-GFR in different stages of CKD and also average e-GFR based on age.)
Method: Calculation, CKD EPI equation			

Interpretation / Comments:

Stages of chronic kidney disease (CKD)		
Stages	Description	e-GFR
1	Possible kidney damage (eg: Proteinuria) with normal kidney function	>/= 90
2	Mild loss of kidney function	60 - 89
3a	Mild to moderate loss of kidney function	45 - 59
3b	Moderate to severe loss of kidney function	30 - 44
4	Severe loss of kidney function	15 - 29
5	Kidney failure	< 15

Chart for average e-GFR based on age	
Age (Yrs)	Average e-GFR
20 - 29	116
30 - 39	107
40 - 49	99
50 - 59	93
60 - 69	85
>/= 70	75

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CREATININE

- Serum Creatinine is useful in the diagnosis of renal insufficiency and is more specific and sensitive indicator of renal disease than serum Urea /BUN.
- Use of simultaneous Urea / BUN and creatinine levels provide more information in the diagnosis of renal insufficiency.
- GFR is generally considered the best index of overall kidney function.
- Chronic kidney disease is defined as the presence of persistent and usually progressive reduction in GFR.
- Repeated determination of GFR in conjunction with creatinine assay establish whether the patient has stable or progressive disease.
- GFR is useful for people with chronic kidney disease (CKD) and those with risk factors for CKD (diabetes, hypertension, cardiovascular disease and family history of kidney disease) to assess the kidney function.
- The CKD-EPI equation is the most widely used IDMS traceable equations for estimating GFR in patients above 18 years of age. This equation includes variables for age and gender, and it may be observed that Kidney may be involved despite a serum creatinine concentration appearing to be within or just above the Biological Reference Interval. The results of e-GFR by CKD-EPI equation are normalized to 1.73 m² body surface area. CKD-EPI equation is not valid for individuals under 18 years of age.
- Limitations of CKD-EPI equation includes imprecise estimates in some individuals especially those suffering from physiologic limitations of creatinine as filtration markers, thus showing large difference between measured GFR and e-GFR (estimated GFR).
- Estimates for GFR based on serum creatinine will be less accurate for patients at the extremes of muscle mass (such as frail elderly, critically ill, cancer patients) and also those with unusual diets, sudden acute renal failure, patients on dialysis and patients with severe liver disease.
- Confirmatory tests with exogenous measured GFR or directly measured creatinine clearance should be performed for such individuals.
- The influence of creatinine measurement imprecision at low creatinine conecentrations (and hence high e-GFR) has a possible contribution to the variability at higher e-GFR values.

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ELECTROLYTES

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Sodium	: **133**	mmol/L	136 - 146
Method: Indirect ISE			
Potassium	: 4.4	mmol/L	3.5 - 5.1
Method: Indirect ISE			
Chlorides	: 102	mmol/L	101 - 109
Method: Indirect ISE			

Interpretation / Comments :

- Sodium : Levels of sodium when evaluated with electrolytes aid in assessing acid base balance, water balance and water intoxication.
- Potassium : Useful in evaluation of electrolyte balance, cardiac arrhythmia, muscular weakness, hepatic encephalopathy and renal failure.
- Chloride : Useful when assayed along with sodium, potassium and bicarbonate in assessment of electrolyte, acid base and water balance.

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---------- End of Report ----------

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