



BML485454

Laboratory Investigation Report

Name : Ms. AZRA SHAMSI
DOB : 17/08/1948
Age / Gender : 76 Y / Female
Referred by : DR HUMAIRA
Centre : CITICARE MEDICAL CENTER

Ref No. : 43640
Sample No. : 2411496169
Collected : 05/11/2024 14:53
Registered : 05/11/2024 22:39
Reported : 05/11/2024 23:38

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
URIC ACID (SERUM)	4.6		mg/dL	2.4 - 5.7 Please note change. Source: Roche IFU.	Enzymatic colorimetric assay
CREATININE (SERUM)	1.11	H	mg/dL	0.5 - 0.9 Please note change. Source: Roche IFU.	Kinetic colorimetric assay based on Jaffe method

INTERPRETATION NOTES :

1. Creatinine measurements are used as an aid in diagnosis and monitoring of renal disorders, Chronic Kidney disease (CKD) and in monitoring of renal dialysis and also used for the calculation of the fractional excretion of other urine analytes (e. g., albumin, α -amylase).
2. Creatinine is a break-down product of creatine phosphate in muscle, and is produced at a fairly constant rate by the body (depending on muscle mass). It is freely filtered by the glomeruli and, under normal conditions, is not reabsorbed by the tubules to any appreciable extent. A small but significant amount is also actively secreted. Its concentration is thus, inversely related to glomerular filtration rate (GFR).
3. Physiological factors affecting serum creatinine concentration include age, gender, race, muscularity, exercise, pregnancy, certain drugs, diet, dehydration and nutritional status.
4. Low serum Creatinine levels is seen in cases of low muscle mass like muscular atrophy, or aging.
5. High serum creatinine levels is seen in Acute and Chronic kidney disease, obstruction.
6. Since a rise in blood creatinine is observed only with marked damage of the nephrons, it is not suited to detect early stage kidney disease.

BLOOD UREA NITROGEN (SERUM)

UREA	46		mg/dL	17.14 - 49.28 Please note change. Source: Roche Cobas IFU	Kinetic test with urease and glutamate
BUN	21		mg/dL	8 - 23 Please note change in reference range. Source: Roche Cobas IFU	Calculation
CALCIUM	9.6		mg/dL	8.8 - 10.2 Please note change. Source: Roche IFU.	NM-BAPTA

INTERPRETATION NOTES :

Increased level is seen in Hyperparathyroidism, Infections that cause granulomas such as tuberculosis and certain fungal and mycobacterial infections, Multiple myeloma, T cell lymphoma and certain other cancers, Metastatic bone tumor, Paget disease, Use of certain medicines such as lithium, tamoxifen, and thiazides.

Decreased level is seen in Kidney failure, Low blood level of albumin, Liver disease, Magnesium deficiency, Pancreatitis, Vitamin D deficiency

Sample Type : Serum

End of Report

Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

This is an electronically authenticated report

Vyoma V. Shah
Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

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Nazar Mohamed Ali
NAZAR MOHAMED ALI
Laboratory Technologist

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Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.

