



BML490331

Laboratory Investigation Report

Name : Mr. JOHN RANA BINOTAPA
DOB : 29/05/1983
Age / Gender : 41 Y / Male
Referred by : DR. HUMAIRA MUMTAZ
Centre : CITICARE MEDICAL CENTER

Ref No. :
Sample No. : 2411501189
Collected : 17/11/2024 19:10
Registered : 18/11/2024 09:39
Reported : 18/11/2024 14:16

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
CREATININE (SERUM)	0.93		mg/dL	0.74 - 1.35	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.

UREA (SERUM)	32		mg/dL	12.86 - 42.86 Please note change. Source: Roche IFU	Kinetic test with urease and glutamate dehydrogenase
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Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

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



BHAVYA THENDANKANDY
Biochemistry Technologist

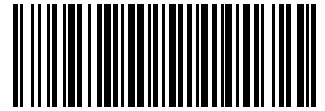
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Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.





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Test	Result	Flag	Unit	Reference Range	Methodology
LIPID PROFILE TEST					
CHOLESTEROL (TOTAL)	186		mg/dl	Desirable: < 200 Borderline High: 200 - 239 High: = 240 Please note change. Source: Roche IFU.	Enzymatic colorimetric assay
HDL CHOLESTEROL	28	L	mg/dl	40 - 60 Please note change. Source: Roche IFU.	Homogeneous enzymatic colorimetric assay
LDL CHOLESTEROL DIRECT	103		mg/dl	Optimal: < 100 Near/Above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: = 190 Please note change. Source: Roche IFU.	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL	66	H	mg/dL	< 30	Calculation
NON-HDL CHOLESTEROL	169	H	mg/dL	< 140	Calculation
TRIGLYCERIDES	329	H	mg/dl	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500 Source: Roche IFU.	Enzymatic colorimetric assay
TOTAL CHOLESTEROL / HDL RATIO	6.6	H		< 4.5	Calculation
LDL / HDL RATIO	3.7	H		< 3.5	Calculation

Sample Type : Serum

End of Report

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Pathologist

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Bhavya Thendankandy
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