



## **Laboratory Investigation Report**

Name : Ms. GHAZALA MAJEED ABDUL MAJEED NAGI

DOB : 04/01/1957 Age / Gender : 67 Y / Female

Referred by : CITICARE MEDICAL CENTER
Centre : CITICARE MEDICAL CENTER

**Ref No.** : 27840

Registered

**Sample No.** : 2412508272

**Collected** : 03/12/2024 10:00

**Reported** : 03/12/2024 15:32

03/12/2024 13:46

## **BIOCHEMISTRY**

Test	Result	Flag	Unit	Reference Range	Methodology
URIC ACID (SERUM)	5.7		mg/dL	2.4 - 5.7	Enzymatic colorimteric assay
				Please note change.	
				Source: Roche IFU.	
CREATININE (SERUM)	1.22	н	mg/dL	0.6 - 1.2	Kinetic colorimetric assay based
				Please note change.	on Jaffe method
				Source: Tietz Fundamentals	
				of Clinical Chemistry and	
				Molecular Diagnostics	

## **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).
- 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).
- 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) 44 mg/dL 17.14 - 49.28

Please note change.

Kinetic test with urease and glutamate dehydrogenase

Source: Roche IFU

Sample Type : Serum

End of Report

Dr. Vyoma V Shah M.D (Pathology)

**Clinical Pathologist** 

This is an electronically authenticated report

P.O Box: 49527

Dr. Adley Mark Fernandes

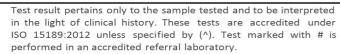
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**Pathologist** 

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BHAVYA THENDANKANDY Biochemistry Technologist Printed on: 04/12/2024 09:26



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