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Mr. DEEPAK KUMAR RAVEENDRA PID NO : 43844 Age : 39 Years Sex : Male	Reference : Dr. AMIZAH Sample Collected At : CITICARE MEDICAL CENTER Unit G03, Al Barsha South Bldg, Al Barsha South Third, Dubai	VID : 5050101293 Registered on : 04-May-2025 06:33 PM Collected on : 04-May-2025 12:00 AM Reported on : 04-May-2025 08:51 PM
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Investigation	Observed Value	Flag	Unit	Biological Reference Interval
CREATININE (SERUM) (Serum, Kinetic colorimetric assay based on Jaffe method)	0.828	L	mg/dL	0.9 - 1.3

- INTERPRETATION :
- 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, a-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.
 - Low serum Creatinine levels is seen in cases of low muscle mass like muscular atrophy, or aging.
 - High serum creatinine levels is seen in Acute and Chronic kidney disease, obstruction.
 - 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) (Serum, Kinetic test with urease and glutamate dehydrogenase)	23		mg/dL	12.86 - 42.86
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URIC ACID (SERUM) (Serum, UV Enzymatic)	5.55		mg/dL	3.4 - 7
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- INTERPRETATION:
- Increased in Gout, asymptomatic hyperuricemia, leukemia, polycythemia, hemolytic anemia, sickle cell anemia, resolving pneumonia, toxemia of pregnancy, psoriasis, lymphoma, metabolic acidosis, chronic lead poisoning.
 - Decreased in disorders of copper accumulation , kidney tubule disorder, Acromegaly, Celiac disease, Xanthine oxidase deficiency.
 - Its used to monitor gout and also chemotherapeutic treatment of neoplasm to avoid renal urate deposition with possible renal failure (tumor lysis syndrome).
- Note:
- A purine rich diet as well as sever exercise increases uric acid values.
 - High protein-weight reduction diet and alcohol consumption can cause raised uric acid levels.
- References:
- Package Insert
 - Wallach's Interpretation of diagnostic tests, Ed11, 2020.
 - Henry's Clinical Diagnosis and Management by Laboratory Methods. 23rd ed; 2017.
 - Tietz fundamentals of clinical chemistry 6th edition. Burtis CA, Ashwood ER, Bruns DE, 2008.

DR. ADLEY MARK FERNANDES M.D (Pathology) Pathologist	 DR. VYOMA SHAH M.D (Pathology) Clinical Pathologist	Page 1 of 4 ELOISA MAY DELMO Laboratory Technologist
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This is an Electronically Authenticated Report.

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 unless specified by (*).

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