



BML491877

Laboratory Investigation Report

Name	: Mr. BASSEM JAMIL KABBANI	Ref No.	: 44967
DOB	: 12/11/1987	Sample No.	: 2411502772
Age / Gender	: 37 Y / Male	Collected	: 20/11/2024 21:56
Referred by	: Dr. Enomen Goodluck Ekata	Registered	: 21/11/2024 17:01
Centre	: CITICARE MEDICAL CENTER	Reported	: 21/11/2024 21:34

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
URIC ACID (SERUM)	5.1		mg/dL	3.4 - 7.0 Please note change. Source: Roche IFU.	Enzymatic colorimetric assay
CREATININE (SERUM)	1.01		mg/dL	0.9 - 1.3 Please note change. Source: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics	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)	47	H	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

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

Harshad Manikandan
HARSHAD MANIKANDAN
Laboratory Technician

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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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ENDOCRINOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
THYROID FUNCTION TEST (T3,T4,TSH)					
TRIIODOTHYRONINE, TOTAL (T3)	1.42		nmol/L	1.28 - 2.29 Please note change. Source: Roche IFU.	ECLIA
THYROXINE, TOTAL (T4)	94		nmol/L	71.6 - 128 Please note change. Source: Roche IFU.	ECLIA
THYROID STIMULATING HORMONE (TSH)	2.54		uIU/mL	0.27 - 4.2	ECLIA

Sample Type : Serum

End of Report

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