



Labsmart Software

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<https://www.yourlabname.in/>**Mr. Saubhik Bhaumik**Age / Sex : 28 YRS / M
Referred by : Dr. Sachin Patil (MBBS)
Reg. no. : 1014

1014

Registered on : 17/10/2024 06:28 PM
Collected on : 17/10/2024
Received on : 17/10/2024
Reported on : 23/10/2024 05:09 PM

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**BIOCHEMISTRY****KIDNEY FUNCTION TEST (KFT)**

TEST	VALUE	UNIT	REFERENCE
BUN	15.88	mg/dl	7.9 - 20
SERUM UREA	34	mg/dl	19 - 45
SERUM CREATININE	1.17	mg/dl	0.72 - 1.18
EGFR Method: Calculated	L 87.08	ml/min/1.73m²	> 90
EGFR CATEGORY Method: Calculated	G2		
SERUM CALCIUM	10	mg/dl	8.8 - 10.6
SERUM POTASSIUM	4	mmol/L	3.5 - 5.1
SERUM SODIUM	142	mmol/L	136 - 146
SERUM URIC ACID	7.1	mg/dl	3.5 - 7.2
UREA / CREATININE RATIO	29.06		
BUN / CREATININE RATIO	13.57		

Creatinine is a nitrogenous waste product formed in muscle from creatine phosphate. Endogenous production of creatinine is proportional to muscle mass and body weight.

Causes of Increased Serum Creatinine Level

1. Pre-renal, renal, and post-renal azotemia
2. Large amount of dietary meat
3. Active acromegaly and gigantism

Causes of Decreased Serum Creatinine Level

1. Pregnancy
2. Increasing age (reduction in muscle mass)

GFR is measured to (i) detect suspected incipient kidney disease (i.e. early detection), (ii) monitor the course of established kidney disease, (iii) plan renal replacement therapy in advanced renal disease, and (iv) adjust the dosage of certain drugs which are nephrotoxic.

BUN/creatinine ratio is to discriminate pre-renal and post-renal azotemia from renal azotemia.

~~~ End of report ~~~

Mr. Sachin Sharma  
DMLT, Lab InchargeDr. A. K. Asthana  
MBBS, MD Pathologist**NOT VALID FOR MEDICO LEGAL PURPOSE**

Work timings: Monday to Sunday, 8 am to 8 pm

Please correlate clinically. Although the test results are checked thoroughly, in case of any unexpected test results which could be due to machine error or typing error or any other reason please contact the lab immediately for a free evaluation.