

**First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation<sup>#</sup>**

Patient Name : XXXXXXXXXXXXXXXX  
 Referred By : XXXXXXXXXXXXXXXX  
 Sample Collected At : XXXXXXXXXXXXXXXX

Sample Collected on (SCT) : XXXXXXXXXXXXXXXX  
 Sample Received on (SRT) : XXXXXXXXXXXXXXXX  
 Report Released on (RRT) : XXXXXXXXXXXXXXXX  
 Sample Type | Barcode : XXXXXXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CREATININE - SERUM <b>Bio. Ref. Interval. :-</b>	PHOTOMETRY	0.73	mg/dL

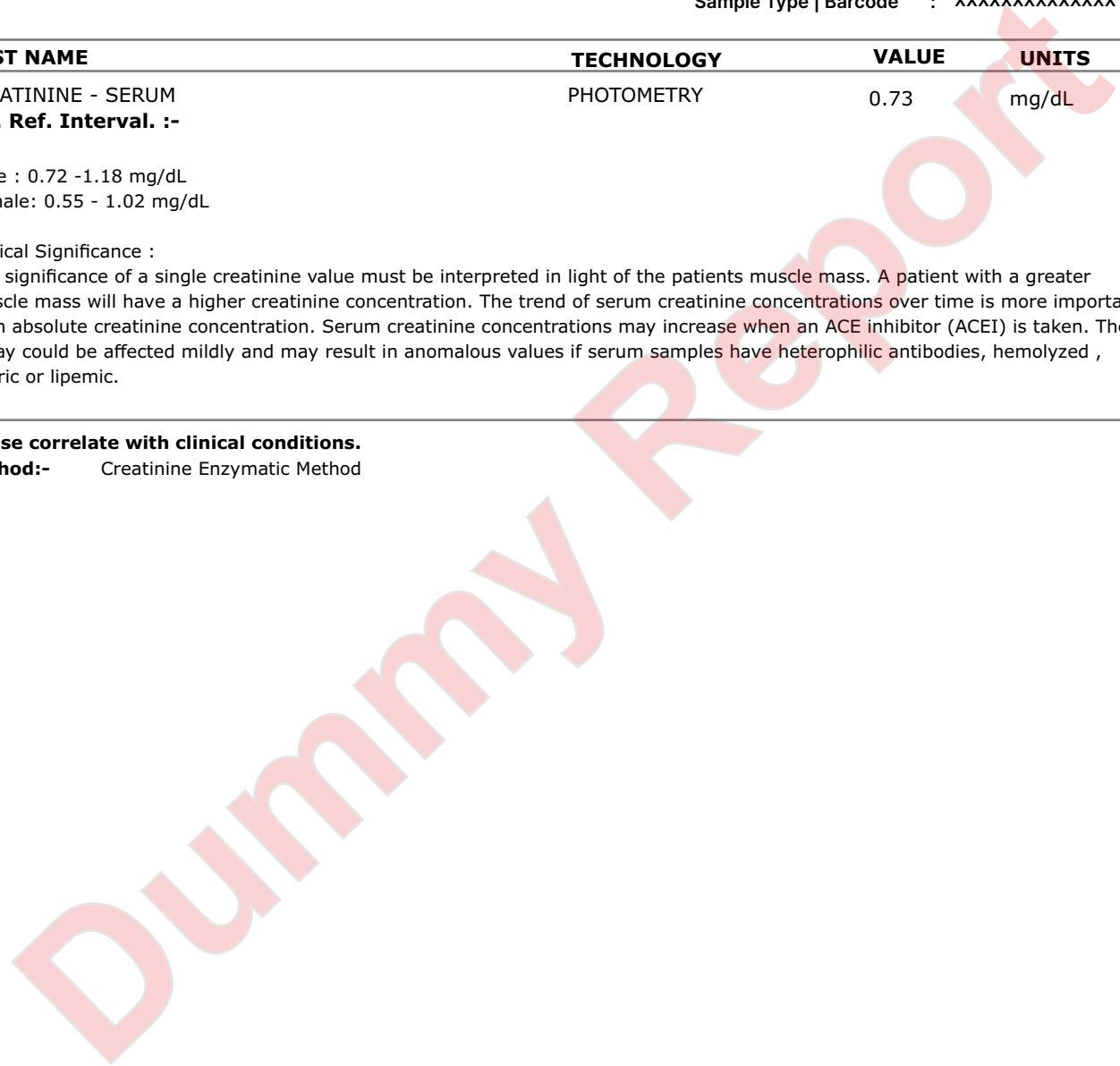
Male : 0.72 -1.18 mg/dL  
 Female: 0.55 - 1.02 mg/dL

**Clinical Significance :**

The significance of a single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACEI) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic.

**Please correlate with clinical conditions.**

**Method:-** Creatinine Enzymatic Method



Tests Done : SERUM CREATININE

Doctor 1 Sign

Doctor 2 Sign

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR) <b>Bio. Ref. Interval. :-</b>	CALCULATED	107	mL/min/1.73 m2

- > = 90 : Normal
- 60 - 89 : Mild Decrease
- 45 - 59 : Mild to Moderate Decrease
- 30 - 44 : Moderate to Severe Decrease
- 15 - 29 : Severe Decrease

**Clinical Significance**

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

**Reference**

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

**Please correlate with clinical conditions.**

**Method:-** 2021 CKD EPI Creatinine Equation

~~ End of report ~~