CLIENT CODE : CN00000122

CLIENT'S NAME AND ADDRESS :
PHSS PVT. LTD.
HOUSE NO. 132, WARD NO. 34, OLD BANESHWOR

KATHMANDU
NP
014116024, 9841515934

SRL LIMITED.
3RD FLOOR, NARAIN GOPAL CHOWK, MAHARAJ GANJ, INFRON OF US EMBASSY
KATHMANDU, 3
NEPAL, NEPAL
Email : info@srldiagnostics.com.np

PATIENT NAME : BANA SHRESTHA PATIENT ID : BANAF31124747

ACCESSION NO : 0047RL005293 AGE : 71 Years SEX : Female DATE OF BIRTH :

DRAWN : RECEIVED : 31/12/2018 15:14 REPORTED : 31/12/2018 17:48

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status Preliminary	Results		Biological Reference Interval	Units
KIDNEY PANEL - 1				
SERUM BLOOD UREA NITROGEN				
BLOOD UREA NITROGEN	29	High	8 - 23	mg/dL
CREATININE, SERUM				
CREATININE	0.68		0.50 - 0.90	mg/dL
BUN/CREAT RATIO				
BUN/CREAT RATIO	42.65	High	5.0 - 15.0	
URIC ACID, SERUM				
URIC ACID	9.9	High	2.6 - 6.0	mg/dL
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN	6.5		6.4 - 8.3	g/dL
ALBUMIN, SERUM				
ALBUMIN	3.8		3.2 - 4.6	g/dL
GLOBULIN				
GLOBULIN	2.7		2.0 - 4.1	g/dL
ELECTROLYTES (NA/K/CL), SERUM				
SODIUM	133	Low	135 - 145	mmol/L
POTASSIUM	4.5		3.50 - 5.00	mmol/L
CHLORIDE	99		93 - 108	mmol/L

Interpretation(s)
SERUM BLOOD UREA NITROGEN-Causes of Increased levels
Pre renal
• High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
• Renal Failure
Post Renal
• Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels
• Liver disease
• SIADH.
CREATININE, SERUM-Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
• Myasthenia Gravis
• Muscular dystrophy
URIC ACID, SERUM-Causes of Increased levels
Dietary
• High Protein Intake.
• Prolonged Fasting,
• Rapid weight loss.
Gout
Lesch nyhan syndrome.
Type 2 DM.
Metabolic syndrome.

Causes of decreased levels

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• Low Zinc Intake
• OCP's
• Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels
• Drink plenty of fluids
• Limit animal proteins
• High Fibre foods
• Vit C Intake
• Antioxidant rich foods
TOTAL PROTEIN, SERUM-Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom''''''''s disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.
ALBUMIN, SERUM-Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc.
ELECTROLYTES (NA/K/CL), SERUM-ELECTROLYTES (NA/K/CL), SERUM

Sodium levels are Increased in dehydration, cushing''''''''s syndrome, aldosteronism & decreased in Addison''''''''s disease, hypopituitarism,liver disease. Hypokalemia (low K) is common in vomiting, diarrhea, alcoholism, folic acid deficiency and primary aldosteronism. Hyperkalemia may be seen in end-stage renal failure, hemolysis, trauma, Addison''''''''s disease, metabolic acidosis, acute starvation, dehydration, and with rapid K infusion.Chloride is increased in dehydration, renal tubular acidosis (hyperchloremia metabolic acidosis), acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfuction, salicylate intoxication and with excessive infusion of isotonic saline or extremely high dietary intake of salt.Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting,

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