INVESTIGATION REPORT

Lab Id.	: O 1420441	**Receipt No.**	: 102276
Name	: Mr. SHAFAYAT OSHMAN	**UHID**	: BD1/ 533913
Age / Sex	: 20 Yrs./ M	**Sample Date**	: 01/03/15 07:47AM
Referred by	: Dr.JASMIN MANZOOR - DDSC (UK), MDSC (USA)	**Result Date**	: 01/03/15 01:26PM
Clinical History	:		

BIOCHEMISTRY

Investigation	Result	Unit	Reference Value
CREATININE-SERUM	1.06	mg/dl	0.5-1.3
eGFR	>60 * (101)	ml/min/1.73m2	

Estimated GFR - Interpretive Guide

An eGFR recommended by the National Kidney Disease Education Program (NKDEP), calculated from serum creatinine is a practical way to detect, evaluate, and manage people with chronic kidney disease (CKD), especially people with risk factors for CKD - diabetes, hypertension, cardiovascular disease, or family history of kidney disease - in whom CKD might otherwise go undetected and untreated.

In adults ages 18 years and older the Modification of Diet in Renal Disease (MDRD) Study equation has been shown to be reliable in estimating GFR from serum creatinine, when the patient's age, gender, and race are also known. Use of the MDRD Study equation to estimate GFR is the best means currently available to more appropriately utilize serum creatinine values as a measure of kidney function. The MDRD Study equation has been validated extensively in population with impaired kidney function (eGFR <60 mL/min/1.73m2), and ages between 18 and 70 years. The MDRD Study equation has shown good performance for patients with all common causes of kidney disease, including kidney transplant recipients.

Clinical situations where eGFR results may be unreliable and/or misleading:

- Acute changes in kidney function (eg. acute kidney failure)
- Dialysis-dependent patients
- Exceptional dietary intake (eg. vegetarian diet, high protein diet, creatinine supplements)
- Extremes of body size
- Diseases of skeletal muscle, paraplegia, those with high muscle mass and amputees
- Severe liver disease
- Pregnant women

The MDRD formula has generally not been used for drug dosing adjustment. Alternative means of calculating GFR should be used for this purpose. Estimated GFR derived from the MDRD Study equation can be used in patients who are in the hospital. However, it is important to pay attention to potential inaccuracies due to the non-steady state of serum creatinine, co-morbidities that cause malnutrition, and the use of medications that interfere with the measurement of serum creatinine.

* The NKDEP presently recommends reporting estimated GFR values ***above 60 mL/min/1.73 m2*** simply as "above 60 mL/min/1.73 m2", not an exact number.

Interference with creatinine assay: Spectral Interferences (e. g., billirubin, some drugs)
Chemical Interferences (e. g., glucose, ketones, billirubin, some drugs)

----------End of Report----------

MD. RAIHAN KABIR
PRINCIPAL BIOCHEMIST

Dr. BEHTERIN REHNUMA
REGISTRAR-BIOCHEMISTRY

Dr. MOHAMMAD IBRAHIM
CONSULTANT-BIOCHEMISTRY

Plot 81, Block E, Bashundhara R/A, Dhaka-1229, Bangladesh, Phone: +880-2-8401661, Fax: +880-2-8401161, E-mail: info@apollodhaka.com, Web: www.apollodhaka.com