

|            |              |               |                       |
|------------|--------------|---------------|-----------------------|
| Name       | : Dummy-Z805 | Collected     | : 13/3/2018 7:34:00AM |
| Lab No.    | : LPLT12349  | Received      | : 13/3/2018 6:14:00PM |
| Age:       | 28 Years     | Reported      | : 13/3/2018 7:57:22PM |
| Gender:    | Female       | Report Status | :                     |
| A/c Status | : P          | Ref By        | : -----               |

| Test Name  | Results | Units | Bio. Ref. Interval |
|--|---------|-------|--------------------|
| <b>ACUTE KIDNEY INJURY PANEL</b><br>(CMIA, Nephelometry, Jaffe's reaction, Indirect ISE) |         |       |                    |
| Cystatin C   |         | mg/L  | 0.53 - 0.95        |
| NGAL   |         | ng/mL | <131.70            |
| Creatinine, Serum  |         | mg/dL | 0.51 - 0.95        |
| Creatinine, Random Urine   |         | mg/dL | 16.00 - 327.00     |
| Sodium   |         | mEq/L | 136.00 - 146.00    |
| Sodium, Random Urine   |         | mEq/L | 15.00 - 267.00     |
| Fractional excretion of Sodium (FeNa)  |         | %     |                    |

**Note**

1. Glucocorticoids reduce production of Cystatin C which may result in overestimation of renal function in renal transplant patients who are regularly given glucocorticoids.
2. Thyroid dysfunction may affect Cystatin C concentration
3. Patients on diuretic therapy, may have FeNa >1%, hence it is a less reliable measure of prerenal cause of Acute Kidney injury.
4. Test conducted on serum and urine

**Interpretation**

| FeNa in % | REMARKS   |
|-----------|---|
| < 1       | Prerenal cause of Acute Kidney injury & others like Contrast nephropathy, Rhabdomyolysis, Hemolysis & Tumor lysis                                     |
| > 1       | Intrinsic renal cause of Acute kidney tubular injury due to exogenous nephrotoxins like Aminoglycoside antibiotics, Cysplatin, Tenofovir, Zoledronate |

**Comments**

Acute kidney injury (AKI) is not a single disease but a heterogenous group of conditions that share common diagnostic features like increase in Blood Urea Nitrogen, concentration and or increase in plasma or serum



LPL - PRODUCTION TEST COLLECTION  
CENTRE  
SECTOR - 18, BLOCK-E ROHINI  
DELHI 110085

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| creatinine and reduction in urine volume. AKI can range in severity from asymptomatic with transient changes in laboratory parameters to overwhelming rapidly fatal derangements in effective circulating volume regulation and electrolyte and acid base balance. AKI is categorized as pre-renal azotemia, renal parenchymal disease and post renal obstruction. AKI can also result from bites from snakes, spiders, caterpillars and bees; infectious causes like malaria and leptospirosis and crush injuries. |         |       |                    |

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Result/s to follow:  
ACUTE KIDNEY INJURY PANEL

**IMPORTANT INSTRUCTIONS**

\*Test results released pertain to the specimen submitted.\*All test results are dependent on the quality of the sample received by the Laboratory.  
\*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.\*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.\*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.\*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.\*Test results may show interlaboratory variations.\*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).\*Test results are not valid for medico legal purposes. \*Contact customer care Tel No. +91-11-39885050 for all queries related to test results.

