



TEST REPORT

Name : **Mr. VAMSHI**
 Age/Gender : **24 Years / Male**
 Registration ID : **251460027922**
 Ref. By : Dr KRISHNA KISHORE G
 Sample Type : Serum

Registered on : 14-Oct-2025 14:26
 Collected on : 14-Oct-2025 14:28
 Released on : 14-Oct-2025 15:14
 Printed on : 15-Oct-2025 11:58
 Regn Centre : **Mahabubnagar-146**

CREATININE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Creatinine	: 0.8	mg/dL	0.6 - 1.1
e-GFR (Glomerular Filtration Rate)	: 127.5	ml/min/1.73 m ²	>/= 90

Method : Creatinine deiminase-BPB, Reflectance Spectro Photometry.

Method: Calculation, CKD EPI equation

Interpretation / Comments :

- Serum Creatinine is useful in the diagnosis of renal insufficiency and is more specific and sensitive indicator of renal disease than serum Urea /BUN.
- Use of simultaneous Urea / BUN and creatinine levels provide more information in the diagnosis of renal insufficiency.
- Amount of Creatinine produced in the body is relatively constant (unlike Urea) and is primarily a function of muscle mass (Creatinine being a waste product formed in muscles.).
- Age, gender, Race, Muscle mass, Exercise, Certain Drugs, diet, Dehydration are amongst the physiological factors affecting serum creatinine concentration.
- GFR (Glomerular Filtration Rate) is generally considered the best index of overall kidney function. Repeated determination in conjunction with creatinine assay establish whether the patient has stable or progressive disease.
- The CKD-EPI equation is the most widely used IDMS traceable equations for estimating GFR in patients above 18 years of age. This equation includes variables for age and gender, and it may be observed that Kidney may be involved despite a serum creatinine concentration appearing to be within or just above the Biological Reference Interval. The results of e-GFR by CKD-EPI equation are normalized to 1.73 m² body surface area. CKD-EPI equation is not valid for individuals under 18 years of age.
- Estimates for GFR based on serum creatinine will be less accurate for patients at the extremes of muscle mass (such as frail elderly, critically ill, cancer patients) and also those with unusual diets, sudden acute renal failure, patients on dialysis and patients with severe liver disease.
- Confirmatory tests with exogenous measured GFR or directly measured creatinine clearance should be performed for such individuals.
- The influence of creatinine measurement imprecision at low creatinine concentrations (and hence high e-GFR) has a possible contribution to the variability at higher e-GFR values.



DR. BALAGOUNI SHRUTHI

Consultant Pathologist
 Registration No: TSMC/FMR/06449

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



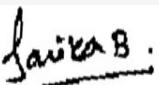
VIJAYA DIAGNOSTIC CENTRE®

Name : **Mr. VAMSHI**
Age/Gender : **024Y / Male**
Registration ID : **251460027922**
Ref. By : Dr KRISHNA KISHORE G
Patient Id : 6852594

D No 1-4-92 & 92/2, Shetty Complex Road, Opp. BRS Party Office, New Town, Mahabubnagar - 509001, Telangana

Registration Date Time : 14-Oct-2025 15:19
Study Date Time : 14-Oct-2025 18:00
Report Date Time : 15-Oct-2025 11:12
Modality : MR
Accn No. : 41545810

report done


Dr Sarika Bolenwar
MBBS, DMRD, DNB
Registration Number: 83539



15th Oct 2025 11:12

Study Sharing Link: <https://tinyurl.com/bdh6rhfy>

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



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Registration Date Time : 14-Oct-2025 15:19
Study Date Time : 14-Oct-2025 17:18
Report Date Time : 15-Oct-2025 11:12
Modality : MR
Accn No. : 41545809

DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES MRI 1.5T HIP JOINTS/ PELVIS

Technique:

Multiplanar, multiecho MRI of the hip joints was performed using SET1W, FSET2W, STIR and PD sequences.

Hx: Left hip pain and swelling, lymphangioma ,status post sclerotherapy.

Findings:

Lobulated T1 Hypo, T2 and STIR hyperintense serpiginous lesion noted in the subcutaneous plane of the lateral aspect of the hip and gluteal region measuring 123 x 33 mm in size .Post-contrast enhancement seen.
Mild diffusion restriction noted in the central portion

Evaluation of bone marrow signal demonstrates no evidence of non-displaced /occult fracture of the pelvis or hips.

Bilateral acetabulum are normal in contour and signals.

Bilateral femoral head are normal in contour and show normal signals.

No evidence of avascular necrosis.

No protrusio acetabuli seen bilaterally.

Bilateral ischiofemoral space appears normal.

Insertions of bilateral abductors at the greater trochanter show no abnormal signal changes.

Bilateral gluteal muscles appears normal.

Bilateral gluteal aponeurotic fascia and proximal iliotibial band appears normal.

Bilateral adductor group of muscles appear normal.

Bilateral ischial tuberosity at the hamstring attachment show no abnormal signals.

No bony masses identified.

No significant joint effusion noted.

Impression:

*Lobulated T1 Hypo, T2 and STIR hyperintense serpiginous lesion noted in the subcutaneous plane of the lateral aspect of the hip and gluteal region measuring 123 x 33 mm in size .Post-contrast enhancement seen.
Mild diffusion restriction noted in the central portion --consistent with lymphangioma

- Suggested Clinical correlation



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