Quest Diagnostics

Report Status: Final

Patient Information	Specimen Information	Client Information
DOB: **AGE:** Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	REQUEST A TEST - PWN HEALTH 7027 MILL RD STE 201 BRECKSVILLE, OH 44141-1852

Kidney Profile

Lab: IG

Summary:

Patient's results are prognostic of No Chronic Kidney Disease. There were no previous eGFR values found for this patient. KDIGO guidelines do not recommend referral to a nephrologist at this time.

KDIGO and the National Kidney Foundation provide the following evidence-based suggestions for testing for complications and comorbidities

CKD Stage 1 - 2	CKD Stage 3A	CKD Stage 3B	CKD Stage 4 - 5
If uACR ≥ 30 mg/g: • Lipid Panel Annually • Hemoglobin A1c As Needed to Monitor Glycemic Control	• Lipid Panel Annually • Hemoglobin A1c As Needed to Monitor Glycemic Control • Hemoglobin At Least Annually • Carbon Dioxide At Least Once If uACR ≥30 mg/g: • Potassium, Serum, Monitor for Hyperkalemia	• Lipid Panel Annually • Hemoglobin A1c As Needed to Monitor Glycemic Control • Hemoglobin At Least Once • Carbon Dioxide At Least Once • Calcium At Least Once • Phosphate At Least Once • Parathyroid Hormone At Least Once • Vitamin D, 25-Hydroxy, Total At Least Once If uACR ≥30 mg/g: • Potassium, Serum, Monitor for Hyperkalemia	• Lipid Panel Annually • Hemoglobin A1c As Needed to Monitor Glycemic Control • Hemoglobin At Least Once • Carbon Dioxide At Least Once • Calcium At Least Once • Phosphate At Least Once • Parathyroid Hormone At Least Once • Vitamin D, 25-Hydroxy, Total At Least Once If uACR ≥30 mg/g: • Potassium, Serum, Monitor for Hyperkalemia Monitor Anticoagulant Therapy Closely: • Warfarin: Prothrombin Time with INR • Low-Molecular-Weight Heparin: Anti-factor Xa

Results:

	Current Result		Reference Interval			Historical Result
Test Name	**Optimal**	**Non-Optimal**	Optimal	Non-Optimal	**Units**	
CREATININE	0.84		0.60-1.35	≤0.59 OR ≥1.36	mg/dL	
eGFR NON-AFR. AMERICAN	115		≥60	<60	mL/min/1.73m2	
eGFR AFRICAN AMERICAN	133		≥60	<60	mL/min/1.73m2	
CREATININE, RANDOM URINE	214		20-320	≤19 OR ≥321	mg/dL	
ALBUMIN, URINE	**0.9**				mg/dL	
ALBUMIN/CREATININE RATIO, RANDOM URINE	4		<30	≥30	mcg/mg creat	

Guidelines from the **Kidney Disease: Improving Global Outcomes (KDIGO) Initiative** and National Kidney Foundation (NKF) recommend a frequency of monitoring Chronic Kidney Disease based on Serum Creatinine and Albumin-Creatinine Ratio.

Based on this Patient''s Serum Creatinine and Albumin-Creatinine Ratio, KDIGO and NKF guidelines recommend follow-up screening with the kidney profile 1 time per year if patient has risk factors for CKD.

Overlay of patient's results on risk map is based on an eGFR for a non-African American patient. For African American patients, refer to the eGFR for an African American patient in the Results section.

CKD Stage and eGFR Range (mL/min/1.73 m²)			Albuminuria Categories and ACR Ranges (mg/g creatinine)		
			Normal	Moderately Increased	Severely Increased
			<30	30-300	>300
1 and 2	≥90		1	1	2,R
3A	45-59		1,C	2	3,R
3B	30-44		2	3	3,R
4	15-29		3,R	3,R	≥4,R
5	<15		≥4,R	≥4,R	≥4,R

- Low risk: monitor yearly if evidence of kidney damage (e.g., indicated by imaging or biopsy)
- Moderately high risk: monitor yearly
- High risk: monitor 2 times yearly
- Very high risk: monitor 3 times yearly
- Very high risk: monitor ≥4 times yearly

- C: Confirm using eGFR based on (1) cystatin C or (2) creatinine plus cystatin C
- R: refer to specialist

CLIENT SERVICES:

SPECIMEN:

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Patient Resources

Newly Diagnosed?	Manage Your Chronic Kidney Disease
· **Introduction to Chronic Kidney Disease** (https://www.kidney.org/phi/form?version=health) · **What is eGFR and uACR? A pamphlet describing how these two tests can help you manage your Chronic Kidney Disease** (https://www.kidney.org/atoz/content/understanding-your-lab-values)	· **Nutrition and Kidney Disease: Learn about a kidney-friendly diet, so you can stay healthy with kidney disease whether you are at home or dining out** (https://www.kidney.org/nutrition/Kidney-Disease-Stages-1-4) · **Exercise and Chronic Kidney Disease: Exercise is important for everyone, especially for people with kidney disease** (https://www.kidney.org/atoz/content/exercisewyska)
Webinars and Podcasts	**Communities and Peer Mentoring**
· **UNC Patient Education Podcast: Hear from real patients about how they don't let kidney disease stop them from living normal lives** (https://unckidneycenter.org/kidneyhealthlibrary/patient-education-podcasts/) · **Webinars from the Kidney Fund** (https://www.kidneyfund.org/training/webinars/)	· **NKF Kidney Disease Community: Online message board for people living with CKD** (https://healthunlocked.com/nkf-ckd) · **NKF PEERs: Connect with mentors who are living with CKD** (https://www.kidney.org/patients/peers)

Clinician Resources

Newly Diagnosed?	Manage Your Chronic Kidney Disease
· **Kidney Profile Test Summary** (https://testdirectory.questdiagnostics.com/test/test-guides/TS_KidneyProfile/kidney-profile) · **Chronic Kidney Disease Test Guide** (https://testdirectory.questdiagnostics.com/test/test-guides/TG_CKD/laboratory-testing-for-chronic-kidney-disease-diagnosis-and-management)	· **National Kidney Foundation Practice Tools** (https://www.kidney.org/professionals/tools) · **CKD Inform Package: A collection of evidence-based resources to help PCPs diagnose CKD earlier and develop treatment protocols to slow progression** (https://www.kidney.org/CKDinform)
Webinars and Podcasts	**Communities and Peer Mentoring**
· **National Kidney Foundation CME Webinars** (https://education.kidney.org/course-catalog-list)	· **KDIGO Guidelines for Chronic Kidney Disease Management** (https://kdigo.org/guidelines/ckd-evaluation-and-management/)

Comments

ALBUMIN, URINE	**Lab: IG**
Reference Range Not established	
ALBUMIN/CREATININE RATIO, RANDOM URINE	**Lab: IG**

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The ADA defines abnormalities in albumin
excretion as follows:

Category         Result (mcg/mg creatinine)

Normal                    <30
Microalbuminuria         30-299
Clinical albuminuria   > OR = 300

The ADA recommends that at least two of three
specimens collected within a 3-6 month period be
abnormal before considering a patient to be
within a diagnostic category.
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PERFORMING SITE:

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