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

Lab No. : GR20009 Age: 25 Years Gender: Female Received : 22/1/2022 9:22:57AM Reported : 22/1/2022 9:52:28AM

A/c Status ; P Ref By : SELF Report Status : Revised

Test Name	Results	Units	Bio. Ref. Interval
FIBROBLAST GROWTH FACTOR 23 FGF 23	78.00	pg/mL	23.20 - 95.40
(CLIA)			

Note

- 1. Patient samples may contain heterophilic antibodies or mouse monoclonal antibodies that could react in immunoassays to give a falsely elevated or depressed result.
- 2. Results should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.
- 3. Test conducted on Plasma.

Comment:

Fibroblast growth factor 23 (FGF23) is a member of the fibroblast growth factor (FGF) family which plays an important role in the regulation of phosphate and 1,25-dihydroxy vitamin D metabolism. High serum phosphate (phosphorus) concentrations stimulate FGF23 expression and secretion. Measurement of FGF23 can assist in diagnosis and management of disorders of phosphate and bone metabolism in patients with either normal or impaired renal function.

FGF-23 in Chronic Kidney Disease (CKD)

FGF-23 is a promising biomarker of Chronic Kidney Disease (CKD). Elevated levels are consistently associated with increased adverse outcome and is a predictor of mortality in CKD. It is also associated with Cardiovascular complications of CKD and correlates well with established biomarkers of both CKD and Heart failure. In patients with renal impairment, FGF-23 contributes to renal osteodystrophy. It aggravates 1,25 dihydroxy Vitamin D deficiency with consequent secondary hyperparathyroidism.

FGF-23 in differential diagnosis of Hypophosphatemia

The differential diagnosis for hypophosphatemia is quite broad, but etiologies largely include increased renal excretion (both FGF23-mediated and non-FGF23-mediated), impaired intake or intestinal absorption of phosphate, and transcellular shifts of phosphorus. FGF23-mediated causes include Autosomal Dominant Hypophosphatemic Rickets (ADHR), X-linked Hypophosphatemic rickets (XLH), Autosomal Recessive Rickets (ARHR), Fibrous Dysplasia (FD), and Tumor-Induced Osteomalacia Hypophosphatemic These FGF23-mediated hypophosphatemic disorders share common features which may include rickets or osteomalacia, bony deformities, short stature, and bone pain. Biochemically these characterized by low serum phosphorus, increased urinary phosphorus excretion, normal serum and urine calcium, high alkaline phosphatase (ALP), normal PTH, normal 25(OH)D, decreased or inappropriately normal 1,25(OH)2D, and increased FGF23.



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: 22/1/2022 8:21:00AM Name **Dummy** Collected

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Test Name Results Bio. Ref. Interval Units

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This is a revised report & supersedes all the previously issued reports



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.

(#) Sample drawn from outside source.

