



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Name: Jess Ann Biviano | DOB: 2/26/1986 | MRN: 1413312 | PCP: Erik Way, MD | Legal Name: Jessica Ann Biviano

CYSTATIN C

Collected on Aug 05, 2025 8:50 AM



Lauren K Bonci, APRN-NP Aug 11, 8:57 AM

Jess- here's what I found to help explain the elevated 24 hour creatinine and CK:

Most Likely Diagnoses:

1. Benign macro-CK isoenzyme presence: Macro-CK, particularly type 1 (immunoglobulin-bound CK), can cause mild, persistent elevations in serum CK without true muscle injury or renal dysfunction. This phenomenon is more common in women and may be associated with autoimmune conditions. The CK elevation is typically modest, as seen here, and does not correlate with clinical symptoms or other markers of muscle damage.[1]
2. High muscle mass or recent exercise: Individuals with increased muscle mass or those who have recently engaged in physical activity may have mildly elevated CK levels. This is a physiological response and not indicative of pathology. The literature on exertional rhabdomyolysis notes that CK can be elevated after exercise, but levels in rhabdomyolysis are typically much higher than observed here.[2]
3. Minor muscle injury or intramuscular injection: Small, subclinical muscle injuries or recent intramuscular injections can cause transient, mild CK elevations without other laboratory abnormalities.

I don't think we need to do any additional testing or evaluation at this time, but please let me know if you have any questions or concerns.

Results

Cystatin C, S

Normal value: 0.61 - 0.95 mg/L

Value

0.70

CREATININE, SERUM OR PLASMA

Normal value: 0.59 - 1.01 mg/dL

Value

0.73

EGFRNormal value: ≥ 60

Value

114**INTERPRETIVE INFORMATION: Cystatin and Creatinine with eGFR**

The estimated glomerular filtration rate (eGFR) was calculated using the 2021 CKD-EPI eGFR creatinine-cystatin equation. This equation is validated in individuals 18 years of age and older. Accurate estimation of GFR requires stable day-to-day filtration markers (creatinine and cystatin C). Filtration markers are influenced by non-GFR determinants including generation from cells and diet, tubular secretion and reabsorption, and extra-renal elimination. These determinants may affect eGFR accuracy. The eGFR is normalized to a body surface area of 1.73 square meters.

GFR Categories in Chronic Kidney Disease (CKD)

GFR (mL/min/1.73

Category: square meters): Interpretation:

G1 90 or greater Normal to high*

G2 60-89 Mild decrease*

G3a 45-59 Mild to moderate decrease

G3b 30-44

Moderate to severe decrease

G4 15-29 Severe decrease

G5 14 or less Kidney failure

*In the absence of evidence of kidney damage, neither GFR category

G1 nor G2 fulfill the criteria for CKD (Kidney Int Suppl

2013;3:1-150)

Performed By: ARUP Laboratories

500 Chipeta Way

Salt Lake City, UT 84108

Laboratory Director: Jonathan R. Genzen, MD, PhD

CLIA Number: 46D0523979

Ordering provider: Lauren K Bonci, APRN-NP

Collection date: Aug 05, 2025 8:50 AM

Specimens: Blood (Venous)

Result date: Aug 07, 2025 4:06 AM

Result status: Final

Resulting lab:

ARUP LAB SALT LAKE CITY

500 Chipeta Way

Salt Lake City UT 84108

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