

Dr. Vinay Chopra  
MD (Pathology & Microbiology)  
Chairman & Consultant Pathologist

Dr. Yugam Chopra  
MD (Pathology)  
CEO & Consultant Pathologist

NAME : Mr. NARESH SHARMA  
AGE/ GENDER : 70 YRS/MALE  
COLLECTED BY : SURJESH  
REFERRED BY :  
BARCODE NO. : 01515980  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1596088  
REG. NO./LAB NO. : 012408300040  
REGISTRATION DATE : 30/Aug/2024 11:50 AM  
COLLECTION DATE : 30/Aug/2024 11:52AM  
REPORTING DATE : 30/Aug/2024 01:15PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

CREATININE

CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETRY	2.12 <sup>H</sup>	mg/dL	0.40 - 1.40
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<b>BARCODE NO.</b>	: 01515980	<b>REPORTING DATE</b>	: 30/Aug/2024 01:37PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
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### CLINICAL PATHOLOGY

#### MICROALBUMIN/CREATININE RATIO - RANDOM URINE

<b>MICROALBUMIN: RANDOM URINE</b> by SPECTROPHOTOMETRY	780.57 <sup>H</sup>	mg/L	0 - 25
<b>CREATININE: RANDOM URINE</b> by SPECTROPHOTOMETRY	196.58	mg/dL	20 - 320
<b>MICROALBUMIN/CREATININE RATIO - RANDOM URINE</b> by SPECTROPHOTOMETRY	397.07 <sup>H</sup>	mg/g	0 - 30

#### INTERPRETATION:-

PHYSIOLOGICALLY NORMAL:	mg/L	0 - 30
MICROALBUMINURIA:	mg/L	30 - 300
GROSS PROTEINURIA:	mg/L	> 300

Long standing un-treated Diabetes and Hypertension can lead to renal dysfunction.

2. Diabetic nephropathy or kidney disease is the most common cause of end stage renal disease(ERSD) or kidney failure.

3. Presence of Microalbuminuria is an early indicator of onset of compromised renal function in these patients.

4. Microalbuminuria is the condition when urinary albumin excretion is between 30-300 mg & above this it is called as macroalbuminuria, the presence of which indicates serious kidney disease.

5. Microalbuminuria is not only associated with kidney disease but of cardiovascular disease in patients with diabetes & hypertension.

6. Microalbuminuria reflects vascular damage & appear to be a marker of early arterial disease & endothelial dysfunction.

**NOTE:-** IF A PATIENT HAS = 1+ PROTEINURIA (30 mg/dl OR 300 mg/L) BY URINE DIPSTICK (URINE ANALYSIS), OVERT PROTEINURIA IS PRESENT AND TESTING FOR MICROALBUMIN IS INAPPROPRIATE. IN SUCH A CASE, URINE PROTEIN:CREATININE RATIO OR 24 HOURS TOTAL URINE MICROPROTEIN IS APPROPRIATE.

RECHECKED.

\*\*\* End Of Report \*\*\*



  
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