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NAME : Mr. OM PARKASH DAHIYA  
AGE/ GENDER : 73 YRS/MALE  
COLLECTED BY :  
REFERRED BY :  
BARCODE NO. : 01516987  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1598896  
REG. NO./LAB NO. : 012409150011  
REGISTRATION DATE : 15/Sep/2024 08:45 AM  
COLLECTION DATE : 15/Sep/2024 08:48AM  
REPORTING DATE : 15/Sep/2024 01:48PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL PATHOLOGY

MICROALBUMIN - RANDOM URINE

MICROALBUMIN: RANDOM URINE  
by NEPHLOMETRY  
131.32<sup>H</sup> mg/L 0 - 25

INTERPRETATION:-

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

1. 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.

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



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