

Dr. Vinay Chopra
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 Chairman & Consultant Pathologist

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 MD (Pathology)
 CEO & Consultant Pathologist

NAME	: Mr. PARSA RAM	PATIENT ID	: 1620283
AGE/ GENDER	: 75 YRS/MALE	REG. NO./LAB NO.	: 012409210047
COLLECTED BY	:	REGISTRATION DATE	: 21/Sep/2024 11:36 AM
REFERRED BY	:	COLLECTION DATE	: 21/Sep/2024 11:39AM
BARCODE NO.	: 01517413	REPORTING DATE	: 21/Sep/2024 01:17PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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CLINICAL PATHOLOGY

MICROALBUMIN/CREATININE RATIO - RANDOM URINE

MICROALBUMIN: RANDOM URINE by SPECTROPHOTOMETRY	13.08	mg/L	0 - 25
CREATININE: RANDOM URINE by SPECTROPHOTOMETRY	88.22	mg/dL	20 - 320
MICROALBUMIN/CREATININE RATIO - RANDOM URINE by SPECTROPHOTOMETRY	14.83	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.

*** End Of Report ***




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