

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

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

<b>NAME</b>	: Dr. SUBHASH SHARMA	<b>PATIENT ID</b>	: 1664213
<b>AGE/ GENDER</b>	: 78 YRS/Male	<b>REG. NO./LAB NO.</b>	: 012411070048
<b>COLLECTED BY</b>	: SURJESH	<b>REGISTRATION DATE</b>	: 07/Nov/2024 12:50 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 07/Nov/2024 01:07PM
<b>BARCODE NO.</b>	: 01520305	<b>REPORTING DATE</b>	: 07/Nov/2024 06:57PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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### CLINICAL PATHOLOGY

#### PROTEIN/CREATININE RATIO: 24 HOURS URINE

URINE VOLUME: 24 HOUR by SPECTROPHOTOMETRY	3100	mL	
PROTEINS: 24 HOURS URINE by SPECTROPHOTOMETRY	<b>664.33<sup>H</sup></b>	mg/ 24 HOURS	25 -160
CREATININE: 24 HOUR URINE by SPECTROPHOTOMETRY	<b>1037.88<sup>L</sup></b>	mg/24 Hours	1070 - 2150
PROTEIN/CREATININE RATIO: 24 HOURS URINE by SPECTROPHOTOMETRY	<b>0.64<sup>H</sup></b>		< 0.20

#### INTERPRETATION:


PROTEIN/CREATININE RATIO	REMARKS
< 0.20	NORMAL
0.20 – 1.00	LOW GRADE PROTEINURIA
1.00 – 5.00	MODERATE PROTEINURIA
>5.00	NEPHROSIS

#### NOTE:

Urinary total proteins are nearly negligible in healthy adults. The Protein Creatinine ratio is a simple and convenient method to quantitate and monitor proteinuria in adults with chronic kidney disease. Patients with 2 or more positive results within a period of 1-2 weeks should be labeled as having persistent proteinuria and investigated further



  
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<b>COLLECTED BY</b>	: SURJESH	<b>REGISTRATION DATE</b>	: 08/Nov/2024 12:52 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 08/Nov/2024 01:00PM
<b>BARCODE NO.</b>	: 01520305	<b>REPORTING DATE</b>	: 08/Nov/2024 02:54PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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#### MICROALBUMIN/CREATININE RATIO - 24 HOURS URINE

URINE VOLUME: 24 HOUR by SPECTROPHOTOMETRY	3100	mL	
MICROALBUMIN: 24 HOUR URINE by SPECTROPHOTOMETRY	35.09 <sup>H</sup>	mg/24 hours	0 - 30
CREATININE: 24 HOUR URINE by SPECTROPHOTOMETRY	1037.88 <sup>L</sup>	mg/24 Hours	1070 - 2150
MICROALBUMIN/CREATININE RATIO: 24 HOUR URINE by SPECTROPHOTOMETRY	3.38	mg/g	0.00 - 30.00

#### 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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