

### **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



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

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

NAME : Mr. NARESH SHARMA

**AGE/ GENDER** : 66 YRS/MALE **PATIENT ID** : 1697943

COLLECTED BY : SURJESH REG. NO./LAB NO. : 012412130015

 REFERRED BY
 : 13/Dec/2024 09:18 AM

 BARCODE NO.
 : 01522390
 COLLECTION DATE
 : 13/Dec/2024 09:27 AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 13/Dec/2024 01:57 PM

**CLIENT ADDRESS**: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

# CLINICAL CHEMISTRY/BIOCHEMISTRY CREATININE

CREATININE: SERUM
by ENZYMATIC, SPECTROPHOTOMETRY

2.31<sup>H</sup> mg/dL 0.40 - 1.40

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## **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



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

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

**NAME** : Mr. NARESH SHARMA

**AGE/ GENDER** : 66 YRS/MALE **PATIENT ID** : 1697943

**COLLECTED BY** : SURJESH REG. NO./LAB NO. :012412130015

REFERRED BY **REGISTRATION DATE** : 13/Dec/2024 09:18 AM BARCODE NO. :01522390 **COLLECTION DATE** : 13/Dec/2024 09:27AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 13/Dec/2024 03:03PM

**CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

**Value** Unit **Biological Reference interval Test Name** 

### CLINICAL PATHOLOGY

#### MICROALBUMIN/CREATININE RATIO - RANDOM URINE

MICROALBUMIN: RANDOM URINE by SPECTROPHOTOMETRY	238.81 <sup>H</sup>	mg/L	0 - 25
CREATININE: RANDOM URINE by SPECTROPHOTOMETRY	94.4	mg/dL	20 - 320
MICROALBUMIN/CREATININE RATIO - RANDOM URINE	252.98 <sup>H</sup>	mg/g	0 - 30

by SPECTROPHOTOMETRY

INTERPRETATION:-

MERCHE REPUTION		
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, but of cardiovascular disease in patients with dibetes & hypertension.

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

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

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

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



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