

## **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

**PATIENT ID AGE/ GENDER** : 67 YRS/MALE :1728187

**COLLECTED BY** : SURJESH : 012501190022 REG. NO./LAB NO.

**REGISTRATION DATE** REFERRED BY : 19/Jan/2025 12:18 PM BARCODE NO. :01524085 **COLLECTION DATE** : 19/Jan/2025 12:33PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 19/Jan/2025 01:39PM

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

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

### **CLINICAL CHEMISTRY/BIOCHEMISTRY CREATININE**

CREATININE: SERUM  $2.07^{H}$ 0.40 - 1.40mg/dL by ENZYMATIC, SPECTROPHOTOMETRY





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)





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

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### CLINICAL PATHOLOGY

### MICROALBUMIN/CREATININE RATIO - RANDOM URINE

MICROALBUMIN: RANDOM URINE	11.7	mg/L	0 - 25
CREATININE: RANDOM URINE by SPECTROPHOTOMETRY	36.8	mg/dL	20 - 320
MICROALBUMIN/CREATININE RATIO -	31 70H	mg/g	0 - 30

RANDOM URINE

by SPECTROPHOTOMETRY

**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, but of cardiovascular disease in patients with dibotes & bypertension.

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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