

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

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

NAME	: Mr. ABHINAV	PATIENT ID	: 1756532
AGE/ GENDER	: 15 YRS/MALE	REG. NO./LAB NO.	: 012502140011
COLLECTED BY	:	REGISTRATION DATE	: 14/Feb/2025 08:57 AM
REFERRED BY	:	COLLECTION DATE	: 14/Feb/2025 09:12AM
BARCODE NO.	: 01525482	REPORTING DATE	: 14/Feb/2025 01:34PM
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 CHEMISTRY/BIOCHEMISTRY

ALBUMIN

ALBUMIN: SERUM by BROMOCRESOL GREEN	3.1 ^L	gm/dL	3.50 - 5.50
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BARCODE NO.	: 01525482	REPORTING DATE	: 14/Feb/2025 12:05PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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Test Name	Value	Unit	Biological Reference interval
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CREATININE

CREATININE: SERUM	0.56	mg/dL	0.40 - 1.40
by ENZYMATIC, SPECTROPHOTOMETRY			




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REFERRED BY	:	COLLECTION DATE	: 14/Feb/2025 09:12AM
BARCODE NO.	: 01525482	REPORTING DATE	: 14/Feb/2025 03:48PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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Test Name	Value	Unit	Biological Reference interval
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CLINICAL PATHOLOGY
PROTEINS: 24 HOURS URINE

URINE VOLUME: 24 HOUR by SPECTROPHOTOMETRY	1200	mL	
PROTEINS: 24 HOURS URINE by BIURET, SPECTROPHOTOMETRY	2131.2^H	mg/ 24 HOURS	25 -160

INTERPRETATION:

TYPES OF PROTEINURIA	TOTAL PROTEINS IN mg/24 HOURS	CONDITIONS
MINIMAL PROTEINURIA:	150 - 500 mg/24 hours	Chronic pyelonephritis, Chronic Interstitial Nephritis, Renal Tubular disease, Postural
MODERATE PROTEINURIA:	500 - 1000 mg/24 hours	Nephrosclerosis, Multiple Myeloma, Toxic Nephropathy, Renal Calculi
HEAVY PROTEINURIA:	1000 - 3000 mg/24 hours	Nephrotic Syndrome, Acute Rapidly Progressive & Chronic Glomerulonephritis, Diabetes mellitus, Lupus erythematosus, Drugs like Pencillamine, Heavy metals like Gold & Mercury.

NOTE:
 1.Excretion of total protein in individuals is highly variable with or without kidney disease.
 2.Conditions affecting protein excretion other than kidney disease are urinary tract infection, diet, menstruation & physical activity.

COMMENT:
 1.Diagnosis of kidney disease and response to therapy is usually obtained by quantitatively analyzing the amount of protein excreted in urine over a 24 hour period.

*** End Of Report ***





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