

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

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

| | | | |
|-----------------------|--|--------------------------|------------------------|
| NAME | : Mr. DALVEER SINGH | PATIENT ID | : 1757714 |
| AGE/ GENDER | : 40 YRS/MALE | REG. NO./LAB NO. | : 012502150006 |
| COLLECTED BY | : | REGISTRATION DATE | : 15/Feb/2025 08:11 AM |
| REFERRED BY | : | COLLECTION DATE | : 15/Feb/2025 08:12AM |
| BARCODE NO. | : 01525534 | REPORTING DATE | : 15/Feb/2025 09:23AM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

| | | | |
|--|-------------|----|---------------|
| QUANTITY RECEIVED | 10 | ml | |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| TRANSPARANCY | CLEAR | | CLEAR |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| SPECIFIC GRAVITY | 1.02 | | 1.002 - 1.030 |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |

CHEMICAL EXAMINATION

| | | | |
|--|----------------|-------|----------------|
| REACTION | ACIDIC | | |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| PROTEIN | Negative | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| SUGAR | Negative | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| pH | 5.5 | | 5.0 - 7.5 |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| BILIRUBIN | Negative | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| NITRITE | Negative | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| UROBILINOGEN | Normal | EU/dL | 0.2 - 1.0 |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| KETONE BODIES | Negative | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| BLOOD | Negative | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |
| ASCORBIC ACID | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY | | | |

MICROSCOPIC EXAMINATION

| | | | |
|------------------------|----------------|------|-------|
| RED BLOOD CELLS (RBCs) | NEGATIVE (-ve) | /HPF | 0 - 3 |
|------------------------|----------------|------|-------|




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| by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | | | |
| PUS CELLS | 2-3 | /HPF | 0 - 5 |
| by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | | | |
| EPITHELIAL CELLS | 1-2 | /HPF | ABSENT |
| by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | | | |
| CRYSTALS | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | | | |
| CASTS | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | | | |
| BACTERIA | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | | | |
| OTHERS | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | | | |
| TRICHOMONAS VAGINALIS (PROTOZOA) | ABSENT | | ABSENT |
| by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT | | | |




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MICROALBUMIN/CREATININE RATIO - RANDOM URINE

| | | | |
|---|--------|-------|----------|
| MICROALBUMIN: RANDOM URINE by SPECTROPHOTOMETRY | 7.21 | mg/L | 0 - 25 |
| CREATININE: RANDOM URINE by SPECTROPHOTOMETRY | 103.32 | mg/dL | 20 - 320 |
| MICROALBUMIN/CREATININE RATIO - RANDOM URINE by SPECTROPHOTOMETRY | 6.98 | 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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