

## **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



Dr. Vinay Chopra
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NAME : Mr. VIPIN

**AGE/ GENDER** : 65 YRS/MALE **PATIENT ID** : 1797297

COLLECTED BY : REG. NO./LAB NO. : 012503190010

 REFERRED BY
 : 19/Mar/2025 08:21 AM

 BARCODE NO.
 : 01527371
 COLLECTION DATE
 : 19/Mar/2025 08:23AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 19/Mar/2025 02:27PM

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

Test Name Value Unit Biological Reference interval

## CLINICAL PATHOLOGY MICROALBUMIN - RANDOM URINE

MICROALBUMIN: RANDOM URINE 313.3<sup>H</sup> mg/L 0 - 25

by NEPHLOMETRY
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 excre tion 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 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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