Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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

NAME	**: Mr. KAWALJEET SINGH**		
AGE/ GENDER	: 48 YRS/MALE	**PATIENT ID**	: 194496
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012503200001**
REFERRED BY	:	**REGISTRATION DATE**	: 20/Mar/2025 06:54 AM
BARCODE NO.	: 01527412	**COLLECTION DATE**	: 20/Mar/2025 11:31AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 20/Mar/2025 11:47AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA *by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)*	**138.03^{H}**	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0

INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.

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REFERRED BY	:	**REGISTRATION DATE**	: 20/Mar/2025 06:53 AM
BARCODE NO.	: 01527412	**COLLECTION DATE**	: 20/Mar/2025 10:36AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 20/Mar/2025 12:15PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL PATHOLOGY

MICROALBUMIN/CREATININE RATIO - RANDOM URINE

MICROALBUMIN: RANDOM URINE *by SPECTROPHOTOMETRY*	11.45	mg/L	0 - 25
CREATININE: RANDOM URINE *by SPECTROPHOTOMETRY*	57.77	mg/dL	20 - 320
MICROALBUMIN/CREATININE RATIO - RANDOM URINE *by SPECTROPHOTOMETRY*	19.82	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 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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