

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

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 MD (Pathology)
 CEO & Consultant Pathologist

NAME	: Miss. AARUSHI	PATIENT ID	: 1801639
AGE/ GENDER	: 14 YRS/FEMALE	REG. NO./LAB NO.	: 012503220022
COLLECTED BY	:	REGISTRATION DATE	: 22/Mar/2025 10:49 AM
REFERRED BY	:	COLLECTION DATE	: 22/Mar/2025 10:50AM
BARCODE NO.	: 01527541	REPORTING DATE	: 22/Mar/2025 02:11PM
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 PATHOLOGY
MICROALBUMIN - 24 HOURS URINE

URINE VOLUME: 24 HOUR by NEPHLOMETRY	1600	mL	
MICROALBUMIN: 24 HOUR URINE by NEPHLOMETRY	19.04	mg/24 hours	0 - 30

INTERPRETATION:-

PHYSIOLOGICALLY NORMAL:	mg/24 hours	0 - 30
MICROALBUMINURIA:	mg/24 hours	30 - 300
GROSS PROTEINURIA:	mg/ 24 hours	> 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 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. TESTING FOR MICROALBUMIN IS INAPPROPRIATE. IN SUCH A CASE, URINE PROTEIN:CREATININE RATIO OR 24 HOURS TOTAL URINE MICROALBUMIN IS APPROPRIATE.

*** End Of Report ***




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