

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

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

NAME	: Mrs. NARESH SHARMA	PATIENT ID	: 1805239
AGE/ GENDER	: 71 YRS/FEMALE	REG. NO./LAB NO.	: 012503250017
COLLECTED BY	: SURJESH	REGISTRATION DATE	: 25/Mar/2025 09:44 AM
REFERRED BY	:	COLLECTION DATE	: 25/Mar/2025 09:55AM
BARCODE NO.	: 01527715	REPORTING DATE	: 25/Mar/2025 12:29PM
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

CREATININE

CREATININE: SERUM <i>by ENZYMATIC, SPECTROPHOTOMETRY</i>	1.88^H	mg/dL	0.40 - 1.20
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 MBBS , MD (PATHOLOGY)



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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BARCODE NO.	: 01527715	REPORTING DATE	: 25/Mar/2025 12:49PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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CLINICAL PATHOLOGY

MICROALBUMIN/CREATININE RATIO - RANDOM URINE

MICROALBUMIN: RANDOM URINE <i>by SPECTROPHOTOMETRY</i>	480.65^H	mg/L	0 - 25
CREATININE: RANDOM URINE <i>by SPECTROPHOTOMETRY</i>	68.85	mg/dL	20 - 320
MICROALBUMIN/CREATININE RATIO - RANDOM URINE <i>by SPECTROPHOTOMETRY</i>	698.11^H	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.

- Diabetic nephropathy or kidney disease is the most common cause of end stage renal disease(ERSD) or kidney failure.
- Presence of Microalbuminuria is an early indicator of onset of compromised renal function in these patients.
- 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.
- Microalbuminuria is not only associated with kidney disease but of cardiovascular disease in patients with diabetes & hypertension.
- 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 (URINEANALYSIS), 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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