



	Dr. Vinay Cho MD (Pathology & Chairman & Cons			D (Pathology)	
NAME	: Mrs. HARJEET KAUR				
AGE/ GENDER	: 72 YRS/FEMALE	PATIEN	NT ID	: 1808248	
COLLECTED BY	:	REG. NO	0./LAB NO.	: 012503270048	
<b>REFERRED BY</b>	: DR KAPIL CHOUDHARY	REGIST	<b>TRATION DATE</b>	: 27/Mar/2025 12:05 PM	
BARCODE NO.	: 01527880	COLLEC	CTION DATE	: 27/Mar/2025 12:06PM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB		TING DATE	: 27/Mar/2025 12:27PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT			
Test Name		Value	Unit	<b>Biological Reference interval</b>	
		CLINICAL PATH	IOLOGY		
	URINE ROU'	FINE & MICROSC	OPIC EXAMI	NATION	
PHYSICAL EXAM	INATION				
QUANTITY RECIE	VED TANCE SPECTROPHOTOMETRY	10	ml		
COLOUR	TANCE SPECTROPHOTOMETRY	PALE YELLOW		PALE YELLOW	
TRANSPARANCY	TANCE SPECTROPHOTOMETRY	CLEAR		CLEAR	
SPECIFIC GRAVIT		1.01		1.002 - 1.030	
CHEMICAL EXAM					
REACTION		ACIDIC			
PROTEIN	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)	
SUGAR	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)	
рН	TANCE SPECTROPHOTOMETRY	<=5.0		5.0 - 7.5	
BILIRUBIN	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)	
NITRITE	TANCE SPECTROPHOTOMETRY.	Negative		NEGATIVE (-ve)	
UROBILINOGEN	TANCE SPECTROPHOTOMETRY	Normal	EU/dL	0.2 - 1.0	
KETONE BODIES	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)	
BLOOD	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)	
ASCORBIC ACID	TANCE SPECTROPHOTOMETRY	NEGATIVE (-ve)		NEGATIVE (-ve)	

**MICROSCOPIC EXAMINATION** 



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Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist EXCELLENCE IN HEALTHCARE & DIAGNOSTICS

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

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RED BLOOD CELL by MICROSCOPY ON C	S (RBCs) CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	/HPF	0 - 3	
PUS CELLS		2-3	/HPF	0 - 5	

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	/1111	0-5
PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	2-3	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	3-5	/HPF	ABSENT
CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	ABSENT		ABSENT



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**GROSS PROTEINURIA:** 



> 300

		Chopra gy & Microbiology) Consultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)	
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Test Name		Value	Unit	<b>Biological Reference i</b>	nterval
	N	IICROALBUMIN - F	ANDOM URINH	E	
MICROALBUMIN: I	RANDOM URINE	10.6	mg/L	0 - 25	
<u>INTERPRETATION</u> :- PHYSIOLOGICALLY N	IORMAL:	mg/L		0 - 30	
MICROALBUMINURI		mg/L		30 - 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.

mg/L

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. Microal buminuria 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.







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