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NAME	: Mr. VINOD WADHWA	PATIENT ID	: 1545336
AGE/ GENDER	: 65 YRS/MALE	REG. NO./LAB NO.	: 042407110002
COLLECTED BY	:	REGISTRATION DATE	: 11/Jul/2024 08:49 AM
REFERRED BY	:	COLLECTION DATE	: 11/Jul/2024 04:25PM
BARCODE NO.	: A0524935	REPORTING DATE	: 11/Jul/2024 05:32PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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CLINICAL PATHOLOGY

MICROALBUMIN/CREATININE RATIO - RANDOM URINE

MICROALBUMIN: RANDOM URINE <i>by SPECTROPHOTOMETRY</i>	378.49 ^H	mg/L	0 - 25
CREATININE: RANDOM URINE <i>by SPECTROPHOTOMETRY</i>	63.21	mg/dL	20 - 320
MICROALBUMIN/CREATININE RATIO - RANDOM URINE <i>by SPECTROPHOTOMETRY</i>	598.78 ^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.
 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 (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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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.