

Dr. Vinay Chopra
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 Chairman & Consultant Pathologist

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NAME	: Baby. IBADAT KAUR	PATIENT ID	: 1575416
AGE/ GENDER	: 3 YRS/FEMALE	REG. NO./LAB NO.	: 042408090001
COLLECTED BY	:	REGISTRATION DATE	: 09/Aug/2024 09:50 AM
REFERRED BY	:	COLLECTION DATE	: 09/Aug/2024 11:23AM
BARCODE NO.	: A0465172	REPORTING DATE	: 09/Aug/2024 11:59AM
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
PROTEINS: RANDOM URINE

PROTEINS: RANDOM URINE 74.91^H mg/dL 5 - 25
 by BIURET, SPECTROPHOTOMETRY

INTERPRETATION:

TYPES OF PROTEINURIA	TOTAL PROTEINS IN mg/24 HOURS	CONDITIONS
MINIMAL PROTEINURIA:	150 - 500 mg/24 hours	Chronic pyelonephritis, Chronic Interstitial Nephritis, Renal Tubular disease, Postural
MODERATE PROTEINURIA:	500 - 1000 mg/24 hours	Nephrosclerosis, Multiple Myeloma, Toxic Nephropathy, Renal Calculi
HEAVY PROTEINURIA:	1000 - 3000 mg/24 hours	Nephrotic Syndrome, Acute Rapidly Progressive & Chronic Glomerulonephritis, Diabetes mellitus, Lupus erythematosus, Drugs like Pencillamine, Heavy metals like Gold & Mercury.


NOTE:
 1.Excretion of total protein in individuals is highly variable with or without kidney disease.
 2.Conditions affecting protein excretion other than kidney disease are urinary tract infection, diet, menstruation & physical activity.


COMMENT:
 1.Diagnosis of kidney disease and response to therapy is usually obtained by quantitatively analyzing the amount of protein excreted in urine over a 24 hour period.

NOTE:- IF A PATIENT HAS = 1+ PROTEINURIA (30 mg/dl) 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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