



	<b>Dr. Vinay Ch</b> MD (Pathology & Chairman & Cons		Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mr. VARUN			
AGE/ GENDER	: 34 YRS/MALE	Р	ATIENT ID	: 1629455
COLLECTED BY	:	R	EG. NO./LAB NO.	: 042409300004
<b>REFERRED BY</b>	:		EGISTRATION DATE	: 30/Sep/2024 11:28 AM
BARCODE NO.	: A0465642		OLLECTION DATE	: 30/Sep/2024 03:52PM
CLIENT CODE.	: KOS DIAGNOSTIC SHAHBAD		EPORTING DATE	: 30/Sep/2024 03:54PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A			
Test Name		Value	Unit	Biological Reference interval
			ATHOLOGY	
		OUTINE & MICR	OSCOPIC EXAMINAT	TION
PHYSICAL EXAMINA	TION			
QUANTITY RECIEVE		10	ml	
-	TANCE SPECTROPHOTOMETRY		0.00	
COLOUR by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	AMBER YELL	1010	PALE YELLOW
TRANSPARANCY		CLEAR		CLEAR
-	TANCE SPECTROPHOTOMETRY	/		
SPECIFIC GRAVITY	TANCE SPECTROPHOTOMETRY	1.01		1.002 - 1.030
CHEMICAL EXAMINA				
REACTION		ACIDIC		
	TANCE SPECTROPHOTOMETRY	ACIDIO		
PROTEIN		Negative		NEGATIVE (-ve)
-	TANCE SPECTROPHOTOMETRY	Nogotivo		
SUGAR by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
рН		<=5.0		5.0 - 7.5
	TANCE SPECTROPHOTOMETRY			
BILIRUBIN	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
NITRITE		Negative		NEGATIVE (-ve)
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY.	, i i i i i i i i i i i i i i i i i i i		
		Normal	EU/dL	0.2 - 1.0
KETONE BODIES	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
	TANCE SPECTROPHOTOMETRY	Negative		
BLOOD		Negative		NEGATIVE (-ve)
	TANCE SPECTROPHOTOMETRY			
ASCORBIC ACID by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	NEGATIVE (-	-ve)	NEGATIVE (-ve)

MICROSCOPIC EXAMINATION



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DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.







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

	Dr.	Yugam	n Chopra
		MD	(Pathology)
CEO	& Co	onsultant	t Pathologist

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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMB	ALA CANTT		
Test Name		Value	Unit	<b>Biological Reference interval</b>
	PB(c)		/LIDE	0.3

RED BLOOD CELLS (RBCs) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	/HPF	0 - 3	
PUS CELLS	2-3	/HPF	0 - 5	
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT EPITHELIAL CELLS	0-2	/HPF	ABSENT	
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT CRYSTALS	NEGATIVE (-ve)		NEGATIVE (-ve)	
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)	
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT				
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)	ABSENT		ABSENT	

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT



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CLIENT CODE.	: KOS DIAGNOST	IC SHAHBAD	<b>REPORTING DATE</b>	: 30/Sep/2024 06:59PM		
CLIENT ADDRESS	: 6349/1, NICHO	LSON ROAD, AMBALA CAN	TT			
Test Name		Value	Unit	Biological Reference interval		
	Γ	/ICROALBUMIN/CREA	TININE RATIO - RANDON	/ URINE		
MICROALBUMIN: RANDOM URINE by SPECTROPHOTOMETRY		8.62	mg/L	0 - 25		
CREATININE: RANDOM URINE by SPECTROPHOTOMETRY		42.25	mg/dL	20 - 320		
	REATININE RATIO -	20.4	mg/g	0 - 30		
RANDOM URINE	IETRY					
RANDOM URINE		mg/L	0 - 30			
RANDOM URINE by SPECTROPHOTOM INTERPRETATION:-	NORMAL:	mg/L mg/L	0 - 30 30 - 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 excre tion is between 30-300 mg & above this it is called as macroalbuminuria, the

4.Microalbuminulia is the condition when unary albuminescretion is between 30-300 mg & above this it is called as macroalbuminulia, 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.Microalbuminuria 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. APPROPIATE

\*\*\* End Of Report \*\*\*





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