



# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

**A PIONEER DIAGNOSTIC CENTRE**

☎ 0171-2532620, 8222896961

✉ pkrjainhealthcare@gmail.com

|                       |  |                          |                        |
|-----------------------|--|--------------------------|------------------------|
| <b>NAME</b>           | : Mrs. LOVELY SETH                             | <b>PATIENT ID</b>        | : 1612686              |
| <b>AGE/ GENDER</b>    | : 43 YRS/FEMALE                                | <b>REG. NO./LAB NO.</b>  | : 122409140007         |
| <b>COLLECTED BY</b>   | :  | <b>REGISTRATION DATE</b> | : 14/Sep/2024 08:44 AM |
| <b>REFERRED BY</b>    | :  | <b>COLLECTION DATE</b>   | : 14/Sep/2024 09:27AM  |
| <b>BARCODE NO.</b>    | : 12504684                                     | <b>REPORTING DATE</b>    | : 14/Sep/2024 05:50PM  |
| <b>CLIENT CODE.</b>   | : P.K.R JAIN HEALTHCARE INSTITUTE              |                          |                        |
| <b>CLIENT ADDRESS</b> | : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA |                          |                        |

## HAEMATOLOGY PERIPHERAL BLOOD SMEAR

### TEST NAME:

**PERIPHERAL BLOOD FILM/SMEAR (PBF)**

### RED BLOOD CELLS (RBC'S):

Mild anisocytosis with a few microcytes. Some cells reveal mild hypochromia. No polychromatic cells or normoblasts present.

### WHITE BLOOD CELLS (WBC'S):

No immature leucocytes seen.

### PLATELETS:

Platelets are appear adequate on smear.

### HEMOPARASITES:

NOT SEEN.

### IMPRESSION:

Mild microcytic hypochromic picture.



DR. VINAY CHOPRA  
CONSULTANT PATHOLOGIST  
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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**REGISTRATION DATE** : 14/Sep/2024 08:44 AM  
**COLLECTION DATE** : 14/Sep/2024 09:27AM  
**REPORTING DATE** : 14/Sep/2024 06:28PM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

## CLINICAL PATHOLOGY

### MICROALBUMIN/CREATININE RATIO - RANDOM URINE

|   |                     |       |          |
|---|---------------------|-------|----------|
| MICROALBUMIN: RANDOM URINE<br>by SPECTROPHOTOMETRY                      | 38.95 <sup>H</sup>  | mg/L  | 0 - 25   |
| CREATININE: RANDOM URINE<br>by SPECTROPHOTOMETRY                        | 20.48               | mg/dL | 20 - 320 |
| MICROALBUMIN/CREATININE RATIO -<br>RANDOM URINE<br>by SPECTROPHOTOMETRY | 190.19 <sup>H</sup> | 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 (URINE ANALYSIS), 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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