DIAGNOSTIC REPORT

Cert. No. MC-2984

SRL Diagnostics

CLIENT CODE : C000017735

CLIENT'S NAME AND ADDRESS :
MATHEW JOSEPH
SEC 8 KHARGHAR

410210

9870331316

SRL Ltd
BHOOMI TOWER, 1ST FLOOR, HALL NO.1, PLOT NO.28 SECTOR 4, KHARGHAR
NAVI MUMBAI, 410210
MAHARASHTRA, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956

PATIENT NAME : MATHEW JOSEPH PATIENT ID : **JOSEM16030540**

ACCESSION NO : **0040UJ002614** AGE : 16 Years SEX : Male DATE OF BIRTH : 16/03/2005

DRAWN : 09/10/2021 07:32 RECEIVED : 09/10/2021 07:34 REPORTED : 09/10/2021 19:37

REFERRING DOCTOR : DR. KAMINI MEHTA CLIENT PATIENT ID :

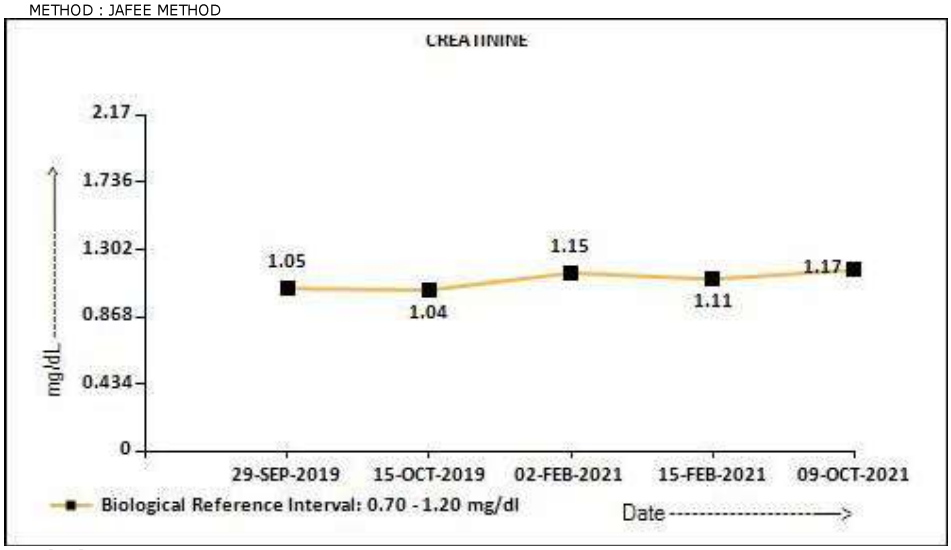
Test Report Status **Final**	Results	Biological Reference Interval	Units

BIO CHEMISTRY

CREATININE, SERUM

CREATININE	1.17	0.70 - 1.20	mg/dL

METHOD : JAFEE METHOD



MICROALBUMIN, URINE

SPOT URINE MICROALBUMIN	**37.0**	**High**	< 20	mg/L
METHOD : IMMUNOTURBIDIMETRIC ASSAY				
CREATININE,URINE	63.4		Undefined	mg/dL
METHOD : JAFEE METHOD				
MICROALBUMIN/CREATININERATIO	**58.36**	**High**	Normal : < 30 Microalbuminuria : 30 - 299 Clinical Albuminuria : > or = 300	mg/g creat

Comments

NOTE: ABOVE REPORTED VALUES OF URINE MICROALBUMIN AND CREATININE ARE OBTAINED FROM SPOT URINE SPECIMEN RECEIVED.

* URINARY PROTEIN CREATININE RATIO

PROTEIN, URINE	6.6	< 15.0	mg/dL
METHOD : BIURET			
CREATININE,URINE	63.4	Undefined	mg/dL

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PROTEIN/CREATININERATIO	0.10	Undefined	

Comments

NOTE: ABOVE REPORTED VALUES OF URINE PROTEIN AND CREATININE ARE OBTAINED FROM SPOT URINE SPECIMEN RECEIVED.

Interpretation(s)
CREATININE, SERUM-
Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
• Myasthenia Gravis
• Muscular dystrophy
MICROALBUMIN, URINE-
Microalbuminuria is defined as an increase in urinary excretion of albumin above the reference interval for healthy nondiabetic subjects but at a concentration that is generally detectable by crude clinical tests such as dipstics designed to measure total protein.the diagnosis of microalbuminuria requires demonstartion of increased albumin secretion in atleasy two out of three urine samples collected in the absence of infection or an acute metabolic crisis.

It is now considered a clinically important indicator of detiriorating renal function in diabetic subjects..in .diabetic..patients. Regular screening of urinary albumin secretion is valuable in monitoring both type 1 and type 2 diabetes.

Screening should comence 5 years after diagnosis in patients with type 1 diabetes and at diagnosis in patients with type 2 diabetes without proteinuria.

Screening is not indicated in patients with established proteinuria. All the patients with diabetes mellitus should be screened on annual basis upto the age of 75 years.

It is important to consider causes of increased albumin excretion, specially in cases of type 1 diabetes present for less than 5 years. These can include nondiabetic renal disease,menstural contamination, vaginal discharge,uncontrolled hypertension, urinary tract infection, heart failure, and strenous exercise.

CLINICAL PATH

URINALYSIS

COLOR	PALE YELLOW	
METHOD : PHYSICAL		
APPEARANCE	Clear	
METHOD : PHYSICAL		
PH	6.0	4.7 - 7.5
METHOD : DOUBLE INDICATOR PRINCIPLE		
SPECIFICGRAVITY	1.010	1.003 - 1.035
METHOD : PKA CHANGE IN RELATION TO IONIC CONCENTRATION		
GLUCOSE	NOT DETECTED	NOT DETECTED
METHOD : GOD-POD METHOD		
PROTEIN	NOT DETECTED	NOT DETECTED
METHOD : 0.3% TETRABROMPHENOL BLUE INDICATOR		
KETONES	NOT DETECTED	NOT DETECTED
METHOD : REACTION OF ACETOACETIC ACID WITH NITROPRUSSIDE		

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BLOOD	NOT DETECTED	NOT DETECTED	
METHOD : REACTION OF DISOPROPYLBENZENE DIHYDROPEROXIDE AND 3,3',5,5' TETRAMETHYL BENZIDINE			
BILIRUBIN	NOT DETECTED	NOT DETECTED	
METHOD : COUPLING OF BILIRUBIN WITH DIAZOTIZED DICHLOROANALINE			
UROBILINOGEN	NORMAL	NORMAL	
METHOD : EHRLICH REACTION REFLECTANCE			
NITRITE	NOT DETECTED	NOT DETECTED	
METHOD : REACTION WITH P-ARSANILIC ACID & COUPLING WITH TETRAHYDROBENZOQUINOLINOL			
WBC	0-1	0-5	/HPF
EPITHELIAL CELLS	0-1	0-5	/HPF
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
REMARKS	URINE ANALYSIS : MICROSCOPIC EXAMINATION IS CARRIED OUT ON CENTRIFUGED URINARY SEDIMENT.		

Interpretation(s)
URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders
Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever
Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.
Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.
Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.
Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.
Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.
pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.
Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.
Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.
Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of hemolytic anemia

****End Of Report****

Dr. Swapnil Sirmukaddam
MD,DNB(Path)
Consultant Pathologist

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CONDITIONS OF LABORATORY TESTING & REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All Tests are performed and reported as per the turnaround time stated in the SRL Directory of services (DOS).
3. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
4. A requested test might not be performed if:
   a. Specimen received is insufficient or inappropriate specimen quality is unsatisfactory
   b. Incorrect specimen type
   c. Request for testing is withdrawn by the ordering doctor or patient
   d. There is a discrepancy between the label on the specimen container and the name on the test requisition form
5. The results of a laboratory test are dependent on the quality of the sample as well as the assay technology.
6. Result delays could be because of uncontrolled circumstances. e.g. assay run failure.
7. Tests parameters marked by asterisks are excluded from the "scope" of NABL accredited tests. (If laboratory is accredited).
8. Laboratory results should be correlated with clinical information to determine Final diagnosis.
9. Test results are not valid for Medico- legal purposes.
10. In case of queries or unexpected test results please call at SRL customer care (Toll free: 1800-222-000). Post proper investigation repeat analysis may be carried out.

SRL Limited
Fortis Hospital, Sector 62, Phase VIII,
Mohali 160062

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