

REPORT

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|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Master. SAI DEEKSHITH | Sample ID | : A0286846 |
| Age/Gender | : 4 Years 6 Months/Male | Reg. No | : 0312405200026 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 20-May-2024 02:49 PM |
| Primary Sample | : | Received On | : 20-May-2024 03:50 PM |
| Sample Tested In | : Urine | Reported On | : 20-May-2024 05:13 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|----------------------------------|-------------|-------|------------|-------------------------|
| Protein - Random Urine | 9.32 | mg/dL | 1-14 | Pyrogallol Red |
| Creatinine - Random Urine | 37.14 | mg/dL | 24-392 | kinetic Jaffe reaction. |
| Protein/Creatinine Ratio | 0.25 | | < 0.20 | Calculated |

Interpretation:

The urine protein test measures the amount of protein being excreted in the urine. Proteinuria is frequently seen in chronic diseases, such as diabetes and hypertension, with increasing amounts of protein in the urine reflecting increasing kidney damage. With early kidney damage, the affected person is often asymptomatic. As damage progresses, or if protein loss is severe, the person may develop symptoms such as edema, shortness of breath, nausea, and fatigue. Excess protein overproduction, as seen with multiple myeloma, lymphoma, and amyloidosis, can also lead to proteinuria. Creatinine, a byproduct of muscle metabolism, is normally released into the urine at a constant rate.

Correlate Clinically.

Result rechecked and verified for abnormal cases

*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY