

Patient Name : Demo Patient Name
Age / Sex : 73 Y / F
Referred By : DEMO HOSPITAL
Centre : HOD Head Office

Lab No : Demo Visit No
Registration On : 21-Jan-25 10:03
Patient ID : UHID.DEMO.001

Albumin Creatinine Ratio

Urine Sample

Accession No: DEMO_BARCODE Collected On: 21-Jan-25 10:03 Received On: 21-Jan-25 18:49 Approved On: 21-Jan-25 20:24

Observation	Result	Unit	Biological Ref. Interval	Method
Urinary Microalbumin	0.7	mg/dl	< 1.7	Immunoturbidimetric
Urinary Creatinine	31.6	mg/dL	16-327	Enzymatic
Albumin Creatinine Ratio	22.15	mg/g creatinine	<30	Calculated

Classification of ACR (mg/g) by UK Kidney Association (2017):

ACR (mg/g) Category	Interpretation
<30 A1	Normal to Mildly Increased
30-300 A2	Moderately Increased
>300 A3	Severely Increased

Clinical Significance: A routine dipstick is not sensitive enough to detect small amounts of urine protein. Therefore, it is recommended that screening in adults with CKD or at risk for CKD be done by testing for albuminuria. Albumin-to-creatinine ratio (ACR) is the first method of preference to detect elevated protein. The recommended method to evaluate albuminuria is to measure urinary ACR in a spot urine sample. ACR is calculated by dividing albumin concentration in milligrams by creatinine concentration in grams. Although the 24-hour collection has been the "gold standard," alternative methods for detecting protein excretion such as urinary albumin-to-creatinine ratio (ACR) correct for variations in urinary concentration due to hydration as well as provide more convenience than timed urine collections. The spot specimen correlates well with 24-hour collections in adults.

Remarks: Please correlate results clinically.



This is a Demo Signature
and the doctor's signature should appear here

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

