

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

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

| | | | |
|-----------------------|----------------------------------------|--------------------------|------------------------|
| NAME | : Mr. JAGDISH LAL | PATIENT ID | : 1555075 |
| AGE/ GENDER | : 60 YRS/MALE | REG. NO./LAB NO. | : 012407200049 |
| COLLECTED BY | : | REGISTRATION DATE | : 20/Jul/2024 12:20 PM |
| REFERRED BY | : | COLLECTION DATE | : 20/Jul/2024 12:21 PM |
| BARCODE NO. | : 01513501 | REPORTING DATE | : 20/Jul/2024 12:52 PM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

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

HAEMATOLOGY

HAEMOGLOBIN (HB)

| | | | |
|--------------------------------------------|------------------|-------|-------------|
| HAEMOGLOBIN (HB) by CALORIMETRIC | 9.6 ^L | gm/dL | 12.0 - 17.0 |
|--------------------------------------------|------------------|-------|-------------|

INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

ANEMIA (DECREASED HAEMOGLOBIN):

- 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
- 2) Nutritional deficiency (iron, vitamin B12, folate)
- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs
- 5) Kidney failure
- 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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CLINICAL CHEMISTRY/BIOCHEMISTRY

UREA

| | | | |
|-------------------------------------------------------------------------|---------------------|-------|---------------|
| UREA: SERUM <i>by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)</i> | 135.51 ^H | mg/dL | 10.00 - 50.00 |
|-------------------------------------------------------------------------|---------------------|-------|---------------|



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| CREATININE | | | |
| CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETRY | 3.81 ^H | mg/dL | 0.40 - 1.40 |




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URIC ACID

| | | | |
|----------------------------------------|-------------------------|--------------|--------------------|
| URIC ACID: SERUM | 14.3^H | mg/dL | 3.60 - 7.70 |
| <i>by URICASE - OXIDASE PEROXIDASE</i> | | | |

INTERPRETATION:-

1.GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint.
 2.Uric Acid is the end product of purine metabolism . Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation.

INCREASED:-

(A).DUE TO INCREASED PRODUCTION:-

- 1.Idiopathic primary gout.
- 2.Excessive dietary purines (organ meats,legumes,anchovies, etc).
- 3.Cytolytic treatment of malignancies especially leukemias & lymphomas.
- 4.Polycythemia vera & myeloid metaplasia.
- 5.Psoriasis.
- 6.Sickle cell anaemia etc.

(B).DUE TO DECREASED EXCRETION (BY KIDNEYS)

- 1.Alcohol ingestion.
- 2.Thiazide diuretics.
- 3.Lactic acidosis.
- 4.Aspirin ingestion (less than 2 grams per day).
- 5.Diabetic ketoacidosis or starvation.
- 6.Renal failure due to any cause etc.

DECREASED:-

(A).DUE TO DIETARY DEFICIENCY

- 1.Dietary deficiency of Zinc, Iron and molybdenum.
- 2.Fanconi syndrome & Wilsons disease.
- 3.Multiple sclerosis .
- 4.Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

(B).DUE TO INCREASED EXCRETION

- 1.Drugs:-Probenecid , sulphipyrazone, aspirin doses (more than 4 grams per day), corticosteroids and ACTH, anti-coagulants and estrogens etc.

NOTE:- RECHECK TWICE.

*** End Of Report ***



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