

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

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

**NAME** : Mrs. KAVITA AGGARWAL  
**AGE/ GENDER** : 59 YRS/FEMALE  
**COLLECTED BY** : SURJESH  
**REFERRED BY** :  
**BARCODE NO.** : 01514169  
**CLIENT CODE.** : KOS DIAGNOSTIC LAB  
**CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

**PATIENT ID** : 1566153  
**REG. NO./LAB NO.** : 012407310029  
**REGISTRATION DATE** : 31/Jul/2024 10:15 AM  
**COLLECTION DATE** : 31/Jul/2024 10:18AM  
**REPORTING DATE** : 31/Jul/2024 10:37AM

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

## HAEMATOLOGY

### HAEMOGLOBIN (HB)

**HAEMOGLOBIN (HB)** 11.2<sup>L</sup> gm/dL 12.0 - 16.0  
by CALORIMETRIC

#### 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 erythropoietin (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**



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

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



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

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

<b>NAME</b>	: Mrs. KAVITA AGGARWAL	<b>PATIENT ID</b>	: 1566153
<b>AGE/ GENDER</b>	: 59 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012407310029
<b>COLLECTED BY</b>	: SURJESH	<b>REGISTRATION DATE</b>	: 31/Jul/2024 10:15 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 31/Jul/2024 10:18AM
<b>BARCODE NO.</b>	: 01514169	<b>REPORTING DATE</b>	: 31/Jul/2024 11:40AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

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

## CLINICAL CHEMISTRY/BIOCHEMISTRY

### URIC ACID

<b>URIC ACID: SERUM</b>	6.97 <sup>H</sup>	mg/dL	2.50 - 6.80
-------------------------	-------------------	-------	-------------

by URICASE - OXIDASE PEROXIDASE

#### 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 , sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosteroids and ACTH, anti-coagulants and estrogens etc.

\*\*\* End Of Report \*\*\*



  
 DR. VINAY CHOPRA

CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY & MICROBIOLOGY)

  
 DR. YUGAM CHOPRA

CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY)

