

# **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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NAME : Mrs. KAVITA DEVI

AGE/ GENDER : 44 YRS/FEMALE PATIENT ID : 1585900

COLLECTED BY : REG. NO./LAB NO. : 012408200055

 REFERRED BY
 : 20/Aug/2024 05:57 PM

 BARCODE NO.
 : 01515383
 COLLECTION DATE
 : 20/Aug/2024 06:00PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 20/Aug/2024 07:01PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

## CLINICAL CHEMISTRY/BIOCHEMISTRY

**URIC ACID** 

URIC ACID: SERUM 5.06 mg/dL 2.50 - 6.80

by URICASE - OXIDASE PEROXIDASE

#### <u> INTERPRETATION:-</u>

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 leukemais & lymphomas.
- 4. Polycythemai vera & myeloid metaplasia.
- 5.Psoriasis.
- 6. Sickle cell anaemia etc.

#### (B).DUE TO DECREASED EXCREATION (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 EXCREATION

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

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



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