

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

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 MD (Pathology)
 CEO & Consultant Pathologist

NAME	: Mrs. MEENA DEVI	PATIENT ID	: 1602787
AGE/ GENDER	: 60 YRS/FEMALE	REG. NO./LAB NO.	: 012409050056
COLLECTED BY	: SURJESH	REGISTRATION DATE	: 05/Sep/2024 12:38 PM
REFERRED BY	:	COLLECTION DATE	: 05/Sep/2024 12:42PM
BARCODE NO.	: 01516359	REPORTING DATE	: 05/Sep/2024 01:20PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

URIC ACID

URIC ACID: SERUM	3.18	mg/dL	2.50 - 6.80
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by URICASE - OXIDASE PEROXIDASE

INTERPRETATION:-

- GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint.
- 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:-

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

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

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

DECREASED:-

(A).DUE TO DIETARY DEFICIENCY

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

(B).DUE TO INCREASED EXCRETION

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

*** End Of Report ***



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