

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

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

NAME : Dr. POONAM SHARMA

AGE/ GENDER : 60 YRS/Female **PATIENT ID** : 1605162

COLLECTED BY : SURJESH REG. NO./LAB NO. : 012409070050

 REFERRED BY
 : 07/Sep/2024 12:56 PM

 BARCODE NO.
 : 01516503
 COLLECTION DATE
 : 07/Sep/2024 01:15PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 07/Sep/2024 02:09PM

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

Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

URIC ACID

URIC ACID: SERUM 5.17 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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