

# **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 : Mr. VINEET KUMAR

**AGE/ GENDER** : 35 YRS/MALE **PATIENT ID** : 1611716

COLLECTED BY: SURJESH REG. NO./LAB NO. : 012409130038

 REFERRED BY
 : 13/Sep/2024 11:48 AM

 BARCODE NO.
 : 01516887
 COLLECTION DATE
 : 13/Sep/2024 11:54AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 13/Sep/2024 12:48PM

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

Test Name Value Unit Biological Reference interval

# CLINICAL CHEMISTRY/BIOCHEMISTRY PROTEINS TOTAL

TOTAL PROTEINS: SERUM 7.02 gm/dL 6.20 - 8.00 by BIURET, SPECTROPHOTOMETRY



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

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





by BROMOCRESOL GREEN

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**ALBUMIN** 

ALBUMIN: SERUM 4.31 gm/dL 3.50 - 5.50



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

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

: 13/Sep/2024 12:48PM

**NAME** : Mr. VINEET KUMAR

**AGE/ GENDER** : 35 YRS/MALE **PATIENT ID** :1611716

**COLLECTED BY** : SURJESH :012409130038 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 13/Sep/2024 11:48 AM BARCODE NO. :01516887 **COLLECTION DATE** : 13/Sep/2024 11:54AM

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**URIC ACID** 

REPORTING DATE

URIC ACID: SERUM 7.06 mg/dL 3.60 - 7.70

by URICASE - OXIDASE PEROXIDASE

#### **INTERPRETATION:-**

CLIENT CODE.

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 \*\*\*



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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

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