

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 : Mrs. DARSHAN KAUR

AGE/ GENDER : 74 YRS/FEMALE **PATIENT ID** : 1621963

COLLECTED BY : SURJESH :012409230021 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 23/Sep/2024 09:32 AM BARCODE NO. :01517530 **COLLECTION DATE** : 23/Sep/2024 09:47AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 23/Sep/2024 11:04AM

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

Test Name Value Unit **Biological Reference interval**

CLINICAL CHEMISTRY/BIOCHEMISTRY **GLUCOSE FASTING (F)**

GLUCOSE FASTING (F): PLASMA 108.05^H mg/dL NORMAL: < 100.0

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD) PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0

INTERPRETATION
IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.

2. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.

3. A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.



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URIC ACID

URIC ACID: SERUM 8.45^H mg/dL 2.50 - 6.80

by URICASE - OXIDASE PEROXIDASE

NTERPRETATION:-

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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