

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. NIRMAL SINGH

AGE/ GENDER : 70 YRS/MALE **PATIENT ID** : 1645645

COLLECTED BY REG. NO./LAB NO. :012410170001

REFERRED BY **REGISTRATION DATE** : 17/Oct/2024 05:28 AM BARCODE NO. :01519020 **COLLECTION DATE** : 17/Oct/2024 05:31AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 17/Oct/2024 09:33AM

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

Test Name Value Unit **Biological Reference interval**

CLINICAL CHEMISTRY/BIOCHEMISTRY

CHOLESTEROL: SERUM

OPTIMAL: < 200.0 CHOLESTEROL TOTAL: SERUM 211.61^H mg/dL

by CHOLESTEROL OXIDASE PAP **BORDERLINE HIGH: 200.0 - 239.0** HIGH CHOLESTEROL: > OR = 240.0

INTERPRETATION:

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	CHOLESTEROL IN ADULTS (mg/dL)	CHOLESTEROL IN ADULTS (mg/dL)
DESIRABLE	< 200.0	< 170.0
BORDERLINE HIGH	200.0 – 239.0	171.0 – 199.0
HIGH	>= 240.0	>= 200.0

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.

2. As per National Lipid association - 2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended. high total cholesterol is recommended.



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST





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MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

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NAME : Mr. NIRMAL SINGH

AGE/ GENDER : 70 YRS/MALE **PATIENT ID** : 1645645

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URIC ACID

URIC ACID: SERUM 8.59^H mg/dL 3.60 - 7.70

by URICASE - OXIDASE PEROXIDASE

INTERPRETATION:-

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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